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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

SCHEDULE I - EARNED INCOME

Source	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
BLUETKEMEYER INSMANCE JAMEN SILVERBENG MO	Treass Income	102 000
Transferances Arrect		
Janqueon Family INSURONES -	Rysinement Bever	* 24,000
`		
Frank of Missional -	Transchum Beuser	12,000
Cown Rioce Acres - 7 mm	Gross Tucons	1,000 =

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BLOCK A

Asset and/or income Source

traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the od, and (b) any other asset or sources of income which generated more than \$200 in "unearned" account and its value at the end of the reporting period. For an active business that is not publicly land, provide a complete address. Provide full duction of income with a fair market value exceeding \$1,000 at the end of the reporting periinstruction bookiet. not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds the provide the value and income information on not exercised, to select the specific investments). (i.e., plans in which you have the power, even if plans (such as 401(k) plans) that are self directed ticker symbols). For **all IRAs** and other retirement names of stocks and mutual funds (do not use income during the year. For rental property or Identify (a) each asset held for investment or pro-➤

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your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or **Exclude:** Your personal residence(s) (unless there is rental income); any debt owed to you by Government retirement programs. less in personal savings accounts; and any finan-cial interest in or income derived from U.S.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

None

\$1 - \$1,000

\$1,001 -- \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

Over \$50,000,000

NONE

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Examples:

SP Mega Corp. Stock Simon & Schuster

1st Bank of Paducah, KY Accounts

Indelinite

Value of Asset BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

year and is included only because it generated income, the value should be If an asset was sold during the reporting None."

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	1, 1	1 1	4.4					INTEREST	plas plas you apply apply on me apply on m
							×	CAPITAL GAINS	BLOCI ppe of II columns plans or you to you to is, you me issets inc stype of it appropria and inter ould be I' one it ass ome durit
1			14.5		100			EXCEPTED/BLIND TRUST	ype of Incy columns the plans or acc you to che its, you may vous sussets include the period incomposite appropriate and interest hould be liste one" if asset one"
	TARM		S Caro	\$ 600		Royalties		Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	BLOCK C Type of Income Type of Income I columns that apply. For irement plans or accounts that do t allow you to choose specific restments, you may write "NA." For other assets including all IRAs, licate the type of income by check— the appropriate box below. I the appropriate as income. I asset did not generate any income during calendar year.
			£	 				None –	For Charles
• •	:				L			\$1 - \$200 =	For retirement pl not allow you to ments, you may For all other ass indicate the as checking the a Dividends and vested, should Check "None" if or generated.
	\times			 				\$201 - \$1,000 =	Ame remen wyou nother a e the all the nds all "None rated.
		1	100		L		×	\$1,001 - \$2,500 <	ment you not need as the
								\$2,501 - \$5,000 <	BLI
					×			\$5,001 - \$15,000 ≤	BLOCK D unt of in plans or a to choose to choose ay write "h ssets, inch category appropria dinterest id be liste if no incor
					Γ	-		\$15,001 - \$50,000 ≦	BLOCK D unt of Inc. plans or acco to choose sp to choose sp to sets, Includ category of appropriate Interest, e d be listed if no income
	14	1.0	11		Τ			\$15,001 - \$50,000 ≦ \$50,001 - \$100,000 ≦	BLOCK D Amount of income ement plans or accounts a you to choose specific you may write "NA" for ther assets, including a the category of income the appropriate box and interest, even should be listed as it lone" if no income was atted.
			\times	X		×		\$100,001 - \$1,000,000	unts that unts that call in the call in th
	1	\$ P +	Ý.			1		\$1,000,001 – \$5,000,000 ×	BLOCK D Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, Including all IFAs, indicate the category of income below. Checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								Over \$5,000,000 ≚	t do est- me. 14.5 , by by
	6-BATTA						S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Drank Lustication Page 4 of 8

Continuation Sheet (if needed)

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Asset and/or Income Source			<	<u>a</u> ≺	ear ear	Year-End Value of Asset	SSe G	→						٩ ,	Type of Income	B 6 (Ф		≥	Amount of Income	Į,	ð	'n	ğ	Ō		Transaction
S, S,	>	П С														ND THOST	1		=		<					∪0,000 × ×	m or ⊃a
, T	None	\$1 - \$1,000	\$1,001 - \$15,000 \$15,001 - \$50,000	\$50,001 \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	\$1,000,001 - \$5,0	\$5,000,001 - \$25, \$25,000,001 - \$50	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS EXCEPTED/BLINE	EXCEPTED/BLINE	Other Type of Inco (Specify)	None \$1 - \$200	\$201 - \$1,000		\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,0 \$1,000,001 - \$5,000	\$1,000,001 \$5,000 Over \$5,000,000	
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SCHEDULE IV- TRANSACTIONS

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Page 5 of 60

												17825	- DROBERTY W/SON	1 (43)	JT COOK ROLE ARESE LLC	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	ates rental income. If only a portion of an asset is sold, please so indicate (<i>l.e.</i> , "partial sale"). See example below. Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange trans- action. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
X													4 (3) 4 (4)					PURCHASE		Type of Transaction
																×		SALE		Type ansac
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											**************************************							Check Box if (Gain Exceede		
															Jan-09	10-12-09		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
		34.																\$1,001- \$15,000	.	
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SCHEDULE V- LIABILITIES

Name Page 6 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

					+. $+$	틸	기위			-	
SP, DC, JT	Creditor	Type of Liability	\$10,001- \$15,000 00	\$15,001- \$50,000 C \$50,001-	\$100,000 U \$100,001-	\$250,000 m \$250,001- \$500,000 m	\$500,001- \$1,000,000 •	\$1,000,001- \$5,000,000 =	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000 C	\$50,000,000 X
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.	11 1		×						
T	BANK OF IT, ENGLASON, MO	Moranse on FARTER IN			×	4/2		3 F			
		MARIES COUNTY 1110					Ξ.			- 1	
		(CODER RIDGE ADRES LLC)						7 H .	·		l.,,,,,,
,		(' '	14 TH	44 T	:		·	,			
47	MISSOURI TWOEPENDENT BANK	BANK STOCK LOAN			1 11,			X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibit	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	
Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
- Nave		
- Addition		
A A MARIA A MANAGAMA A		

Name	WILLIAM.
LUGTKEMEYER	LLIAN BROWS
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SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor. Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	Z	Z	Z	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	Y	Υ	2 Days
American 7 SM DEL	Anx.1	IT, Lomes - 1 se AVIV	7	-6	~	0
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SCHEDULE VIII—POSITIONS

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

		SWERM PARTHOR	Position	
		BLUGTKEMEYER JASHEAUSE AGENCY, LLD JAN 1 to MAN 1	Name of Organization	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer; or publication of a book. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
80-9	State of Missource	LEGISLATOR'S (CETIREMENT DENGENT
1-99	STATE OF MISSOUR	DEFERRED RETREMENT TRUEFIT
1693	American Family	LAS EmployEE of STATE of MISSOURI
		FARMINATION BENEAUTEQUAL TO 1 USAN'S
		PORICY PENSIONS \$125,000" POLABLE
		OUSUR 5 44005 BEGINNING 6-09.