PRELIMINARY INFORMATION --ANSWER EACH OF THESE QUESTIONS

Status

	esponse.	appropriate schedule attached for each "Yes" response.	and the	answered	Each question in this part must be answered and the appropriate schedu
<b>₹</b>	<b>□</b>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Š	% ⊠	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.
<b>§</b>	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	\ <u>\$</u>	§ . ⊠	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
<b>№</b>	¥ <b>65</b>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.		ĕ <u>s</u>	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.
			!	[50]	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?

**EXEMPTION**—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes

<u>₹</u>

Yes

<u>₹</u>

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Scott Gordon Pern P (2)

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.

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Source (include date of receipt for booograps)	Tunn	Amount	unt
The state of the s	i jeo	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Examples: First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
Т	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	×	¥
Commonwealth of Peninsylvania House of Representatives : Harrisbura.PA	Salaru	5	779.8,23.48
Plano. TX Hegis Therapies	Jazi		125,598.74
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Trivestor shares Find	Eventiving to K Sayings	Harrishum, PA	Union, Mechanics burg, PA	Harris by	property; harrisbyrg, PA		Examples:	SP Mega Corp. Stock	account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  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 with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or Income Source  identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the
×	*	*	*	*	><	×	Indefinite	×	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  \$1,000,001 - \$5,000,000  \$1,000,001 - \$5,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000  \$25,000,001 - \$50,000,000	BLOCK B  Value of Asset  cate value of asset at close sporting year. If you use a lation method other than fair ket value, please specify the hod used.  asset was sold during the hod used in asset was sold during the lating year and is included because it generated orne, the value should be ne."
X	<b>*</b>	*	×	*	*	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C  Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
X	X	× ×	×	× ×	×.	×	×	×	None	Amount of Income  For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disciosed as income. Check "None" if no income was earned or generated.

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Continuation Sheet (if needed)

Name Scott Gordon Perry Page 4 of 5.

	S E							DC 77,	S.P.	
Hydrotech Mechanical Systems  Hydrotech Mechanical Systems  Troin Mechanical Contracting  Franklin town, Ph	Pennsylvania 539 Pennsylvania 539 Pennsylvania 539 Pennsylvania 539 Pennsylvania 539	American Balanced Hund Inc. Northwestern Mutral 65 Whole Life	American Funds Capital world Growth Funds Smallap world Funds	American Funds Capital	Moderate Grand Fund	Vangvard Growth	Variguard Total Stack			BLOCK A  Asset and/or Income Source
×	× ×	× ×	× ×	> >	< ><	<b>X</b> .	×.	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 - \$25,000,000 Over \$50,000,000	8 CDEFGH	BLOCK B  Value of Asset
<b>X</b> X	<b>&gt; &gt;</b>	×. ×.		> >	< ><	× .	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		BLOCK C  Type of Income
×× ××		× × × × × × × × × × × × × × × × × × ×		×> 	< ><		× × × ×	None	Current Year Prece	Amount of Income
								\$2,501 - \$5,000  <  \$5,001 - \$15,000	Preceding Year	

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## SCHEDULE III — LIABILITIES

Name Scott Gordon Perry Pr

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owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household turni-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 ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

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			2.4		JT OC,	
	_	Bankof America El Paso, TX	Seterus, Inc. Grand Rapids, MI	Example: First Bank of Wilmington, DE	Creditor	
			Ubuembasse	May 1998	Date Liability Incurred .mo/year	
			Hortgage on Jental proporty,	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
		X			\$10,001— \$15,000	
					\$15,001— \$50,000	
			$\times$		\$50,001— \$100,000	
	:			×	\$100,001— \$250,000	١
					\$250,001— \$500,000 m	
					\$250,000 m \$250,001 m \$500,000 m \$1,000,000 m	
					\$3,000,000	
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[					\$25,000,001— \$50,000,000	
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## SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

and positions solely of all notionally flatule.	iatule:
Position	Name of Organization
Secretary Treasurer	Source Treasurer Hydrotech Mechanical Services, Inc.