PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Yes No	Nes €	V. 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 V.
No.	Yes	No IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	<u>s</u>	Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
S S	Yes No	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	S S	Yes No	III. 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 III.
Š	Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	No No	Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
No No	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No No	Yes No	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.

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

S S	Yes	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.
No C	Yes	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 dependent child?
No 🔽	Yes	IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?

Name	
THOMAS	
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MASSIE	
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SCHEDULE I—EARNED INCOME

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.

		Servey seem
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd) Ontario County Roard of Education	Spouse Speech	\$1,000
	C	25 11110
	7	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000* NONE NONE NONE NONE NONE NONE X NORE X CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify: e.g., Partnership income or Farm Income)	THYSICAL THE EARLY VANGENIEG, KY	CRIZALS DEPOSIT BANK !TRUST	MASSAGMENTS INST OF TEXA	HOWARD MUSSIE HARMS LLC	JT 1st Bank of Paducah, KY Accounts	Examples:	SP, SP Mega Corp. Stock	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 a personal checking or saving 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.	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 is placed.	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	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.	Asset and/or Income Source	BLOCK A
		~		×	×		×	\$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	0 C C C C C C C C C C C C C C C C C C C		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	вгоск в
None		*	Royana	Mone	×			NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income	ne)	reporting period.	vested, must be disclosed income. Check "None" if the as generated no income during	IRAs), you may check the "Tax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or	Type of Income	BLOCK C
Over \$5,000,000 보 하다 다 다 하다 다 하다 하다 하다 하다 하다 하다 하다 하다 하다				×	×		×	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000		dependent child.	* This column is for income generated assets held solely by your spouse	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was parned or caparated		Amount of Income	BLOCK D

SCHEDULE V— LIABILITIES

Name THOMAS H. MASSIE Page

residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, 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 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. *This column is for liabilities held solely by your spouse or dependent child. 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. **Nembers:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal

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				JT CSP,	
		CATTREMS DEPOSIT BANK & TRANST	Example: First Bank of Wilmington, DE	Creditor	
		Jane 2010	May 1998	Liability Incurred Mo/Year	?
		JANE 2010 MORROGEE ON FLAM CHERLYN, KH	Mortgage on 123 Main St., Dover, DE	Type of Liability	
				\$10,001- \$15,000	
				\$15,001- \$50,000 w	
				\$50,001- \$100,000	
		×	×	\$100,001- \$250,000	Ą
				\$250,001- \$500,000 m	Amount of Liability
				\$1,000,000 T	어 Lia
				\$5,000,000 [©]	bility
	:			\$25,000,000 - \$25,000,001-	
	+			\$50,000,000 - Over \$50,000,000 -	
				Spouse/DC Liability Over \$1,000,000*	

SCHEDULE VI- GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 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 \$140 or less need not be added towards the \$350 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 	 	 _	_	
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	

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 nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); 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 organiza-

Position	Name of Organization
MANAGMG MENBER	HOWARD MASSIE FARMS, LLC

SCHEDULE IX—AGREEMENTS

government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. 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

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