S	JESTIONS	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	TINFOR	R TRUS	EXCLUSION OF SPOUSE, DEPENDENT, C
the onse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No Z	Yes	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.
S S	Yes	IX. Did you have any reportable agreement or arrangement with an outside entity?  If yes, complete and attach Schedule IX.	<b>₹</b>	es	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.
Z S	Yes	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.	8	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.
<u>Z</u>	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 \$335 from one source)?  If yes, complete and attach Schedule VII.	<u>s</u>	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.
Ž	Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	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.

**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?

Yes

₹ \

Yes

<del>ا</del>

**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.

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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.

1 37		
Source	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Fyamples: State of Maryland	Legislative Pension	\$9,000
7	Spouse Speech	\$1,000
Cinalio County board of Education	opouse painty	NA
Now Jessey STATE PENSION	Legislative Peusion 37, M	37 M
	•	•
West New YORK BOARD OF Education	Spouse's Konsion	p/A

Name	
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RS	•

Page \_\_\_\_of\_

# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

								Examples: XYZ Magazine A	Association of American Associations, Washington, DC	Source	
								Article	peech	Activity	
								Aug. 13, 2010	Feb. 2, 2010	Date	
								\$500	\$2,000	Amount	

Name

Page 2

#### **BLOCK A**

Asset and/or Income Source

of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other more than \$200 in "unearned" income during the year. reportable asset or sources of income which generated Identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

# men acco IIV6 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

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> 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

generated income, the value should be year and is included only because if If an asset was sold during the reporting

Type of Income

BLOCK C

if the asset generated no income durgains, even if reinvested, must be retirement accounts that do not allow Check all columns that apply. For disclosed as income. Check "None" Dividends, interest, and capital (such as 401(k) plans or IRAs), you that generate tax-deferred income you to choose specific investments or may check the "None" column.

BLOCK D

as income. Check "None" if no income even if reinvested, must be disclosed Dividends, interest, and capital gains, checking the appropriate box below. indicate the category of income by as 401(k) plans or IRAs), you may check the "None" column. For all other assets, you to choose specific investments or that generate tax-deferred income (such For retirement accounts that do not allow Amount of Income

\$1,000 in exceeding sales (S), or purchases (P), exchanges (E) Indicate if the Transaction asset had BLOCK E

None   \$1-\$1,000   \$1,001-\$15,000   \$15,001-\$15,000   \$15,001-\$15,000   \$15,001-\$15,000   \$15,001-\$15,000   \$15,001-\$100,000   \$100,001-\$100,000   \$250,001-\$100,000   \$250,001-\$250,000   \$250,001-\$250,000   \$1,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,001-\$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000,000   \$25,000   \$2	rental or other read property held for investment, provide the value for each asset held in the count that exceeds the reporting thresholds. For retirent accounts which are not self-directed, provide only name of the institution holding the account and its ue at the end of the reporting period.  I rental or other read property held for investment, prole a complete address.  I an ownership interest in a privately-held business at is not publicly traded, state the name of the busi-	A B C D E F G H I J K L	ing the reporting period.	was earned or generated.	reporting year. If only a portion of an asset is sold, please indicate
Sep   Mega Corp. Stock	an ownership interest in a privately-held business is not publicly traded, state the name of the busins, the nature of its activities, and its geographic locarin Block A.  Lude: Your personal residence, including second less and vacation homes (unless there was rental less and vacation homes (unless there was rental me during the reporting period); any deposits total-\$5,000 or less in a personal checking or saving sunts; and any financial interest in, or income derived on the fact of the period of the Thriftings Plan.  Legislation of your spouse (SP) or dependent of (DC), or is jointly held with your spouse (JT), in the chalcelumn on the far left.  Legislation of Schedule III requirements, is refer to the instruction booklet.	\$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 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 NONE	RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	\$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000	please indicat as follows: (S) (partial) See below for example.  P, S, E
Simon & Schuster Indefinite Royalties Royalties X X X X X X X X X X X X X X X X X X X	!		×	×	
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	TU BANK			*	
	Conoco Thillip			*	
	Geneal Election				
	Fizea			7	

SCT	SCHEDULE III—ASSETS AND "UNEARNED" INCOME	<u>"</u>	Ş	匝	A	Ĩ	8		Ž	မ	Ž	ш								Name	2	6.	Albio SiRos	2	8	7		i	i		<u> </u>	Page 6 of
	BLOCK A Asset and/or income Source				<	<u>a</u> _	BLOCK B Year-End Value of Asset		ξ Ma B	ğ	1		ľ		]	1	ا ه		BLOCK C Type fincon	BLOCK C Type of Income			≱l	BLOCK D Amount of Income	크 P	BLOCK D	jê	8	<b>∄</b>			BLOCK E
SP, DC, JT		None >	\$1 \$1,000	\$1,001 – \$15,000 O	\$15,001 - \$50,000	\$50,001 – \$100,000 m	\$100,001 ~ \$250,000	\$250,001 – \$500,000 ଦ	\$500,001 ~ \$1,000,000 #	\$1,000,001 - \$5,000,000 -	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000 ス	Over \$50,000,000	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	None -	\$1 - \$200 =	\$201 - \$1,000 =	\$1,001 - \$2,500 <	\$2,501 - \$5,000 <	\$5,001 - \$15,000 <b>≤</b>	\$15,001 – \$50,000 <u>≤</u>	\$15,001 - \$50,000 <u>≤</u> \$50,001 - \$100,000 <u>≦</u>	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000 ×	Over \$5,000,000	e, oʻu
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### **SCHEDULE IV— TRANSACTIONS**

Name

Albio STAGS

Page 6 of 9

Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real prop-Type

Capital ed \$200
Table Amount of Transaction  (MO/DAY/YR) A B C D E F G H
Capital eded \$200  (MO/DAY/YR) A B C D E F G H Or Quarterly,
Oxif Capital seeded \$200  (MO/DAY/YR) A B C D E F G H
Amount of Transaction  DAY/YR) A B C D E F G H  or arterly, ithly, or H
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B C D E F G H
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action. Exclude timesofronce at the description of any exchange transport and dars, or the purchase or safe of your personal residence, unless it generates for the purchase or safe of your personal residence, unless it personal former. If any a portion of an asset its sold, please as to make the original parts tox and disclose this mome on Schoolule PLO. IT  SP DC. IT  Asset  SP DEVERTIBLE Mega Corporation Common Stock (partial sale)  XX   SSO,0001-0  SSO,0001-0  SSO,0001-0  SSO,0001-0  SSO,00001-0  SSO,0000000  SSO,00000000  SSO,000,0000000000
PURCHASE  X SALE  EXCHANGE  Check Box if Capital Gain Exceeded \$200  Di-Weekly, or Pplicably, or St.0,001  \$1,001  \$1,001  \$50,000  \$50,000  \$100,001  \$500,000  \$100,001  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$500,000  \$5000,000
PURCHASE  X SALE  EXCHANGE  Check Box if Capital Gain Exceeded \$200  Discovery of the policy of the
EXCHANGE
Check Box if Capital Gain Exceeded \$200  10 applicably, or maniply, or maniple, or maniple
Gain Exceeded \$200
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\$25,000,001
Over \$50,000,000

#### SCHEDULE V- LIABILITIES

Name Albid SIRCS

Page Z of 9

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 (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.

SP. JT		ļ		
	Example:			
Creditor	First Bank of Wilmington, DE			
Date Liability Incurred Mo/Year	May 1998			
Type of Liability	Mortgage on 123 Main St., Dover, DE		N	
\$10,001- \$15,000				
\$15,001- \$50,000	·			 
\$100,000	×			
\$250,000 \$250,001-	Ê			
\$250,001- \$250,000- \$500,000- \$1,000,000-				
\$1,000,001 \$5,000,000		·		-
\$5,000,001- \$25,000,000	ļ			
\$25,000,001 \$50,000,000				
Over _				

#### SCHEDULE VI — GIFTS

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. 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.

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
	A/W	
		j

Name
Albid
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## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 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

spouse or dependent child that is totally independent of his or her relationship to you. 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

						·		-/-	Examples	
								Roycroft Corporation		Source
								Aug. 6–11	Mar. 2	Date(s)
			a 14	,				DC—Los Angeles—Cleveland	DC—Chicago—DC	City of Departure—Destination— City of Return
								Y	z	Lodging? (Y/N)
i							!	Υ	Z	Food? (Y/N)
								Υ	Z	Was a Family Member included? (Y/N)
								2 Days	None	Number of days <u>not</u> at sponsor's expense

#### **SCHEDULE VIII—POSITIONS**

Name Albid SIRES

age 4 of 9

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,

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-

Position	Name of Organization
	<u> </u>
	10/12

#### SCHEDULE IX—AGREEMENTS

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 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.

	Date
_	
1	