OGE,Form 278 (Rev. 09/2010) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Status Covered by Report Nor		Termination Termination Date (If Appli- Filer Cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file
05/13/2011	(Check Appropriate Boxes)	ididate ES		this report and does so more than 30 days after the date the report is required to be
Reporting	Last Name	First Name and Mi	iddle Initial	filed, or, if an extension is granted, more
Individual's Name	PAUL	RONALD	_ E	than 30 days after the last day of the filing extension period, shall be subject
Designation for Miles	Title of Position	Department or Ag	gency (If Applicable)	to a \$200 fee.
Position for Which Filing	PRESIDENT		_	Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	837 W PLANTATION DRIVE, CLUTE, TX, 77531		979-265-6000	where you must also include the filing year up to the date you file. Part Il of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)	U.S. CONGRESSMAN - TEXAS DISTRICT 14 1997-	-PRESENT		Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of
Presidential Nominees Subject	Name of Congressional Committee Considering Nomination	Do You Intend to C	Create a Qualified Diversified Trust?	Schedule D is not applicable.
to Senate Confirmation	Not Applicable	Yes	No No	Nominees, New Entrants and Candidates for President and
	Signature of Reporting Individual		Date (Month, Day, Year)	Vice President:
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Ron Paul		6/8/11	Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar
Other Review	Signature of Other Reviewer	_	Date (Month, Day, Year)	year up to the date of filing. Value assets as of any date you choose that is within
(If desired by agency)				31 days of the date of filing. Schedule BNot applicable.
				Schedule C, Part I (Liabilities)The
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing O	fficial	Date (Month, Day, Year)	reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		1460)	7/18/11	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
	Signature /	719	Date (Month, Day, Year)	Schedule C, Part II (Agreements or
Office of Government Ethics Use Only				Arrangements)Show any agreements or arrangements as of the date of filing.
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sh			Schedule D—The reporting period is the preceding two calendar years and
	opace to requires, and the reverse orde of this on			the current calendar year up to the date
OFFICE OF GUNERAL	(Check box if filing exte	nsion granted & indi	icate number of days)	of filing.
	Reviewed for Apparent Compliance	£		Agency Use Only
לין: וואט 6- אוו: ייף	with the Federal Election Campaign Act	t		
	con 1	h : #		OGE Use Only
COUNTESTON REDERAL ELECTICA	(Check	oox if comments are	e continued on the reverse side)	

1 1	rting Individual's Name RONALD E											S	CI	ΙE	D	UI	LΕ	A													Pa	age Number	10
						_																	_								L_		
	Assets and Income			at	Valı close	uat e of	ior rep	oort	As ing	se pe	ts erio	d					I1 cl	ncc hec	m kec	e: t i, n	ype	ar the	ıd a r ei	ımo	oun y is	t. I ne	f "l ede	Non ed i	e (e n B	or l	less k C	than \$201 for that it	.)" is em.
	BLOCK A					В	BLOC	KΒ																BL	OCK	С							
report	u, your spouse, and dependent child each asset held for investment or	the l	$lackbox{1}{\ }$															ıou	ınt														
producting period in incomments with some control of the control o	ection of income which had a fair management of the reprint of the source and and of the reprint of the source and and of the reprint of the	arket port- \$200 ether ctual other ouse, rned t the	ĦΙ	∽]	\$15,001 - \$50,000 \$50,001 - \$100,000	1_	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$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	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	Central Airlines Common		\Box	<u>J</u> .	x												х						х										
Examp	les Doe Jones & Smith, Hometown, State				x		Γ	Γ.	Γ	Γ								Γ		Γ					j_	Γ		_			Τ-	Law Partnership Income \$130,000	
	Kempstone Equity Fund IRA: Heartland 500 Index Fund	=7	┦:].		x	F		<u> </u>		-	_		×	_			 	<u> </u>				_	×			Γ.	<u> </u>		- -			
¹ CAF	RONA LTD						×																					×				Property Management Partnership	
² CAF	RR, LTD					×										,									×							Property Management Partnership	
3 ACF	REAGE 9BT ARCHER, OYSTER CREE (AS	К,			×																×												
	NDOMINIUM, 5300 HOLMES RUN PKW EXANDRIA, VA	/Y,				×															×							_					-
	NALD E. PAUL, M.D. ASSOC DEFINED NEFIT PENSION PLAN																										×					Pension Distribution \$91,185	
6 AGI	NICO EAGLE MINES COMMON					×											×						×										
* Th	ais category applies only if the asset/in	come is	sole	lsz t	hat of	the	file	ric cr	20116	0.00	den	and	ont.	child	dece	1£	the		· /: ~	<u> </u>		العند			- 5 61	6.	1		,	_	<u> </u>		

^{*} This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

	Reporting Individual's Name AUL, RONALD E									SC	HI				E A					ıe(1										Pag	ge Number 3 of	10
	Assets and Income		a	V it cl	alu ose		ion rep	ort	ing	sei pe	ts rio	d					Ir cł	iec iec	ked	e: t	ype o oi	ar the	nd a r ei	ntry	oun y is	ne	f "N ede	Non ed i	ie (i	or 1 loc	ess k C	than \$20 for that	01)" is item.
	DLUCK A						DI.OC	4									١.	Ту	pe					DL	OUK		mc	uı	ı t				
		None (or less than \$1,001)		1 -	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$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	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	ALLIED NEVADA GOLD CORP COMMON		×																		×												
2	ALUMINA LIMITED SPONS ADR			×													×					×											
3	BARRICK GOLD CORP					×											×							×									
4	BRIGUS GOLD CORP COMMON		×																		×												
5	CLAUDE RESEARCH INC			×																	×												
6	COEUR D'ALENE MINES CORP		×																		×												
7	DUNDEE CORP A	-	×																		×												
8	ELDORADO GOLD CORP				×																×												
9	GOLDCORP INC NEW							×									×								×								
	* This category applies only if the asset/in by the filer with the spouse or depender	come is s	olel n, m	y tha iark	t of	the othe	filer r hig	's sp gher	ous	e or	dep	end of va	ent lue,	chil as a	drer appr	ı. If opri	the iate.	ass	et/ir	ıcon	ie is	eitl	ner t	hat	of t	he f	iler (or jo	ointl	y he	ld		

	Reporting Individual's Name AUL, RONALD E									SC					y if					iec	1										Pag	ge Number 4 of	10
	Assets and Income		aı	Va t clo	alu ose	ati of 1	on rep	of ort	As ing	set pe	ts rio	1					In ch	n co necl	m (e: ty	ype 0 01	an the	d a	mc ntry	oun y is	t. If	"N ede	lon d i	e (c n B	r le locl	ess k C	th a n \$20 for that i	1)" is tem.
	BLOCK A	+	$\overline{}$	П	П	E	SLOC	CK B	-1				\dashv				,	т	-				_	BL	OCK					—			-
		None (or less than \$1,001)	\$1,001 - \$15,000	•	\$50,001 - \$100,000		\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	- \$50,000		\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	GOLDEN STAR RES LTD	,	×																		×												
2	HECLA MINING CO		×																		×												
3	IAMGOLD CORP						×										×						×										
4	KINROSS GOLD CORP			×													×					×											
5	LEXAM VG GOLD INC COM NPV		×																		×												
6	MAG SILVER CORP ISIN				×																×												
7	NEWMONT MINING CORP HLDG CO						×										×								×								
8	PAN AMERICAN SILVER CORP				×												×					×											
9	PETROL OIL & GAS INC	×																			×												
	* This category applies only if the asset/inco by the filer with the spouse or dependent of	me is so	olely n, m	tha ark t	t of the c	the i	filer r hig	's sp gher	ous cate	e or	dep	end of va	ent (chile as a	drer appr	ı. If opri	the ate.	asse	et/ir	ıcon	ie is	eith	er t	hat	of t	he fi	ler (or jo	intly	y hel	ld		

	eporting Individual's Name									S C	HI		U]							iec	1										Pag	ge Number 5 of	10
	Assets and Income		a	V t cl	alu ose	of :	rep	ort	ing	set pe	ts riod	i					Ir ch	i co iecl	m e	e: ty	ype o ot	an her	d a	itry	is	nee	"N ede	lone	e (d n B	or le loci	ess k C	than \$20 for that	1)" is item.
	BLOCK A	\dashv	Τ	Г			BLO	CK B					-					Тy	ne	1				BLC	OCK		m o	un	ı t				
		None (or less than \$1 001)		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust		1 Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	-\$50,000	\$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	SILVER BULL RES INC COM (NAME CHANGED FROM METALLINE MINING CO)		×																		×												
2	SILVER WHEATON CORP COM				×											,	×					×											
3	VIRGINIA MINES INC COM			×																	×												
4	VISTA GOLD CORP COM NPV	>																			×												
5	VITERRA INC COM		×																		×												
6	WESDOME GOLD MINES LTD		×																		×												
7	FEDERATED PRUDENT BEAR FUND		×											×							×												
8	RYDEX INVERSE NASDAQ 1002X CL H		×											×		.,					×												
9	RYDEX INVERSE S&P 500 STRATEGY		×											×							×												
	* This category applies only if the asset/incomby the filer with the spouse or dependent of	me is hildre	solel en, n	y tha	at of the	the othe	filer r hi	r's sp gher	oous	se or egor	dep	end of va	ent (chil as a	drer appr	ı. If	the	asse	et/ir	ncon	ie is	eith	er t	hat	of th	ne fi	ler o	or jo	ointl	y he	ld		

	Reporting Individual's Name	_									S C			_		E A				ini	ue	d —										Pag	e Number 6 of	10
	Assets and Income			at	Va clo	ılu ose	of	rep	ort	ing	se g pe	ts rio	d					I c	nc he	om cked	e: t i, n	ype o o	e ar the	nd a r er	ntry	√ is	ne	f "N ede	Non ed i	e (e n B	or 1 loc	ess k C	than \$20 for that i	1)" is tem.
	BLOCK A	\dashv	T	Т		1		BLO		;		l				Τ	Τ	H	Ty						BL	OCK		mo	our	n t				
			≒l		- 1	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	ovalties		3ains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	- \$50,000	\$50,001 - \$100,000	- \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	ANGLOGOLD ASHANTI LTD						×											×						×										
2	GREAT BASIN GOLD LTD			×			-															×												
3	CONGRESSIONAL FEDERAL CREDIT UNIO WASHINGTON, DC	ON,	×																	×		×												
4	FIRST NATIONAL BANK OF LAKE JACKSO LAKE JACKSON, TX	N,					,	×												×						×								
5	MUTUAL SECURITIES INCPINNACLE SHARES OF MONEY MKT AGORA HILLS, (CA		×																×		×												
6	TEXAS DOW EMPLOYEES CREDIT UNION LAKE JACKSON, TX	,					×													×				×										
7	TEXAS GULF BANK, N.A., LAKE JACKSON TX			×							-									×		×												
8	GOLD CORP INC NEW		×																		×							×					PARTIAL SALE	
9							,																											
	* This category applies only if the asset/inco by the filer with the spouse or dependent	me is childr	sol en,	ely ma	tha rk t	t of he o	the othe	filer r hi	's sp gher	oous	se or	der	oenc	lent alue	chi , as	ldre app	n. I	f the	e as	set/i	ncoi	ne i	s eit	her t	hat	of t	he fi	iler	or jo	ointl	y he	ld		

OGE Form 278 (Rev. 09/2010) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name PAUL, RONALD E	SCHED	ULE	B								Paş	e Nun		f 10		
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None									.					
by you, your spouse, or dependent children during the reporting period of an	property used solely as your personal residence, or a transaction solely between	Tran	isactio	on T		l l			Amo	unt of	Tranc	action	(v)			
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,00 Include transactions that resulted in a loss	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a	Purchase	pe (x)	Exchange	Date (Mo., Day, Yr.)	,001 - 5,000	5,001 -	00,000	Т		T	Τ.	1	5,000,001 - 0,000,000	\$50,000,000	Certificate of divestiture
																ซีซี
Example Central Airlines Common	x 2/1/99 x															
2																
3																
4																
5																
, , ,	receive source totaling more than \$335 and independent of the dotto to indicate a basis for receipt, such 5 U.S.C. § 4111 or other statutory reimbursements, include travel itinerary,	S. Goved from	ernm n rela of the esider	nent; ative eir re nce.	given to yours; received elationship Also, for pource, exclu	our ag by yo to yo urpos	our sp u; or ses of	provi	or dided	epend as per ing gif	ent c sonal ts to	nild to hosp detern	otally itality nine struct	y at the	<u> </u>	
Source (Name and Address)			ief De												lue	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	al confe	rence	6/15	/99 (personal	activ	ity un	related	d to d	uty) ———				-	00	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													\$3	50	
2																
3																
4																

OGE Form 278 (Rev. 09/2010) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name PAUL, RONALD E	SCHEDULE E (Use only if	CC nee	ont ded	int	ıed							Page	Numl	oer 8 of	10		
Part I: Transactions																	
		Tra	nsact ype (x	ion					Am	ount	of T	ansa	ction	(x)		—	ㅓ
			урс (/		Date						. 0	*	0-	<u> </u>	185	8	Jo (
		Purchase	ø	Exchange	(Mo., Day, Yr.)	,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001 50,000	50,001	00,001,000,00	er ,000,00	000,000	5,000,00	\$25,000,001 - \$50,000,000	er 0,000,0	rtificate æstiture
	ification of Assets	- P	Sale	ŭ		\$1 \$1	\$1 \$5	\$1	\$1 \$2	\$2 \$5	\$5 \$1	§ <u>₹</u>	\$1 \$5	\$2 \$2	\$22	Şĕ	9 .6
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16						,											Щ

^{*}This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Re	porting l	ndividual's Name						_	•		•	•	Page	Numb	er		
PA	UL, RO	NALD E	Se	LHED	ULE C	;									9 of	10	
			a mortgage on your personal residence unless it is rented out; loans secured by	None [L				
to	any or	e creditor at any time	automobiles, household furniture							Catego	ry of A	moun	t or Va	lue (x))		
yc Cł	ur spo leck th	use, or dependent children.	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	- Date	Interest	Term if	0,001 - 5,000	5,001 - 0,000	0,001 -	00,001- 50,000	50,001 - 00,000	.00,001 - ,000,000	'er ,000,000*	,000,001-	,000,001 - 5,000,000	5,000,001 - 0,000,000	Over \$50,000,000
ı		Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1	\$1 \$5	\$2	\$1	\$2	\$5	्रु	\$1	\$2	\$2	\$\$
Exa	mples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			x			<u> </u>	L			L_	
	p.co	John Jones, Washington, DC	Promissory note	1999	10%	on demand					х						
1			N, PERSONAL LOAN	2010	3.75	5 YRS					X						
1 FIRST NATIONAL BANK OF LAKE JACKSON, LAKE JACKSON, TX 2010 3.75 SYRS 3																	
LAKE JACKSON, TX 2010 3.75																	
4							·	_							_		
LAKE JACKSON, TX 2 3 4 *This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer																	
H	Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude Examples District Robust Pisto Bistrict Robust																
L	Part I: Liabilities Report Ilabilities over \$10,000 owed on your personal residence unless it is rented out; loans secured by a only one credition at any time during the reporting period by you, your spouse, or dependent children. The creditors (Name and Address) Type of Liability Tenditors (Name and Name and Address) Type of Liability Tenditors (Name and Name and N																
Re er	port y	our agreements or arrangemen e benefit plan (e.g. pension, 40	ts for: (1) continuing participation in an 1k, deferred compensation); (2) continua-											ing th	ne rej		: 🔲
		Status and T	Terms of any Agreement or Arrangement					_		Partio	es					I	Date
Ex	ample			artnership sh	аге	Doe Jones	& Smit	h, Hon	netown	ı, State						7	/85
1	ANNUA	DISTRIBUTION FROM PENSION PLAN	N BASED ON PLAN CALCULATOR			RONALD E	. PAUL	, M.D.	ASSOC	DEFIN	NED B	ENEFIT	PENS	ION PL	_AN	11	/86
2	_																
3										_							
4																	
5							_									\top	
6																	

	eporting Individual's Name AUL, RONALD E		SCHEDULE D		Page Number	10
Re sa tr	Part I: Positions Held eport any positions held during the apted or not. Positions include but are rustee, general partner, proprietor, repay corporation, firm, partnership, or constitutions.	pplicable reporting period, whether not limited to those of an officer, d presentative, employee, or consulta	r compen- irector, or ganization or educational social, fraternal, or political nature.	institution. Exclude positions entities and those solely of an l	honorary	one
	Organization (Name a	and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Fv.	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
EAG	Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
1	CARONA LIMITED		PROPERTY MANAGEMENT	PARTNER	08/1993	PRESENT
2	CARR, LTD		PROPERTY MANAGEMENT	PARTNER	04/1993	PRESENT
3	RONALD E. PAUL, M.D. ASSOCIATION		MEDICAL CORPORATION	PRESIDENT	11/1969	PRESENT
4	FOUNDATION FOR RATIONAL ECONOMIC	S AND EDUCATION, INC.	NON-PROFIT EDUCATION	HONORARY CHAIRMAN	04/1979	PRESENT
5	THE CAMPAIGN FOR LIBERTY, INC.		NON-PROFIT 501 (C)(4)	HONORARY CHAIRMAN	06/2008	05/2011
6						_
Re bi	Part II: Compensation eport sources of more than \$5,000 co usiness affiliation for services provide he reporting period. This includes the orporation, firm, partnership, or other	ompensation received by you or you ed directly by you during any one y names of clients and customers of	year of you directly provided the services generating a fee or	payment of more than \$5,000.	tion Filer, or dential Cand You	r Vice
Г	Source (Name an	nd Address)	Brie	ef Description of Duties		
г.	Doe Jones & Smith, Hometown, State		Legal services			
EX	Metro University (client of Doe Jones & S	Smith), Moneytown, State	Legal services in connection with university constr	uction		
1						
2						
3						
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5					_	
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