š K

ĕ ⊠

N<sub>O</sub>

ĕ ⊠

8

## SCHEDULE I - EARNED INCOME (INCLUDING HONORARIA)

Name Matthew A. Cartwight
Page 2 of 7

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.

							Thomson Reuters Publishing Co.	Munley, Munley & Cartainight, P.C.	Munley, Munley & Cartistight, P.C.	Harris County, Texas Public Schools	XYZ Trade Association, Chicago, IL (Rec'd December 2)	_	XYZ Corporation, Houston, TX	Ocal co (linciaco dato di locelor di indicialia)	Source (include date of receipt for honoraria)	
					•	,	Royalty for book	Spouse Sakry	Salary	Spouse Salary	Honorarium	Director's Fee	Salary	1 ) [2]	Type	
							206.51	2/4	\$27445.38	NA	0	\$400	\$6,300	Current Year to Filing	Amount	
				٠				NA	352281.88	NA	\$1,000	\$3,200	\$28,450	Preceding Year	unt	

UT Uniqued Lellesley Income	Ut Vanguard Money Market	UT Vanquard REIT Index	UT Vanquard Emerging Nets Fd	ot Vanquard LT Band Fund	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP. 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 ( <i>unless</i> 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 (IDC) 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
×	7	*	*	×	×	Indefinite	×	None	BLOCK B  Value of Asset e value of asset at clos riting year. If you use a on method other than i value, please specify i used. sset was sold during the sset was sold during the scause it generated the value should be
	*	×	*	*	×	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.
* *	<b>X</b>	**	×	*		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 disclosed as income. Check "None" if no income was earned or generated.

### SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Mithew A. Caturight

BLOCK A	BLOCK B	BLOCK C	BLOCK D	Χ̈́O
Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	f Income
S,P,	A B C D E F G H ! J K L	9	Current Year	Preceding
J,	00 000			XI III A A A B B B
C	0,000 00,000 250,000 500,000 1,000,000 \$5,000,0 \$25,000,	BLIND TR Income Partnership	0 00 000 0,000 000,000 5,000,000	0
Manage	None \$1 - \$1,000 \$1,001 - \$15, \$15,001 - \$50 \$50,001 - \$10 \$100,001 - \$2 \$250,001 - \$1 \$500,001 - \$1 \$1,000,001 - \$5,000,001 - \$25,000,001 - Over \$50,000	NONE DIVIDENDS RENT INTEREST CAPITAL GAIL EXCEPTED/B Other Type of (Specify: e.g., P. or Farm Income	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,00 \$50,001 - \$100 \$100,001 - \$1,0 \$1,000,001 - \$5	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000
JT >ry Ships, Inc DRYS	7			×
JT Ocean Elgs OBIG	*		\   	<b>×</b>
DC Vargued 529	*		*	×
DC Varguard 529	*		<b>✓</b>	Х
JT Tristal-MYOTS BMY	×		*	×
UT Evergnen Solat ESLRQ	*		*	X
JT Markic Hevert Omnimedic MSD	*		7	X
JT Nartucket Holding Co	*		*	×
DC 3M Co NMM	*		*	×
DC Brishol-Myers BMY	<b>⋠</b>		×	X
JC CHURN CYX	×		*	X
& Citigrap C	*		*	X
DC Intl Paper IP	×		*	X
DC JPMOGRAG JPM	*		×	Υ

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MATHAWA. CATANIGHT

Page S of 7

B			5	5			X	R	X				SP,		
-	Merrill Lynch employee peops.	familyboats	Layre Bank Acct	Pennsenrity Bank accts	Metlife While Life Policy	Co-Steel Co.	mation IM	Enstman Kodek Co EK	TO Ameritade his Deplat	BRICK ROOK MIND GOVER FOR A	Columbia Acorn Intil Fd-Z	Elhon Food 95		Asset and/or Income Source	BLOCK A
×	×	*	*	*	¥	*	*	*	*	*	X		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   \$500,001 - \$1,000,000   \$5,000,001 - \$5,000,000   \$5,000,001 - \$5,000,000   \$7,000,001 - \$25,000,000   \$7,000,001 - \$25,000,000   \$7,000,001 - \$50,000,000   \$7,000,001 - \$50,000,000   \$7,000,001 - \$50,000,000   \$7,000,001 - \$50,000,000   \$7,000,001 - \$50,000,000   \$7,000,000     \$7,000,000    \$7,000,000    \$7,000,000    \$7,000,000    \$7,000,000    \$7,000,000    \$7,000,000    \$7,000,000    \$7,000,000    \$7,000,000     \$7,000,000    \$7,000,000     \$	Value of Asset	вгоск в
													NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income	BLOCK C
*	\\	*	X	*	K   X	×	×	*	*	X	× ×	*	None	Amount of Income	BLOCK D

#### SCHEDULE III — LIABILITIES

Name Mather A Carpington

Page 6 of 7

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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-

	,				_		٠
	T	J۳	SP	4		SP, DC, JT	
<i>t</i>	Pen Scority Bink	busined line	Bunk of America	AMEX CARD account	Example:   First Bank of Wilmington, DE	Creditor	
	Oct/2005	Dec/2011	XC/2011	J.14/2011	May 1998	Date Liability Incurred mo/year	
	mortgage for purchase y office	line of credit for ku partice	cash balance	card taknce	Mortgage on 123 Main Street, Dover, DE	Type of Liability	
			~	X		\$10,001— \$15,000 > \$15,001— \$50,000	
	*				X	\$100,000	
		~	,			\$250,000 m \$250,001 m \$500,000 m \$1,000,000 G	
						\$1,000,000 T ab	
						\$5,000,001— \$25,000,000 <b>工</b>	
						\$25,000,001—_ \$50,000,000 ·	
						\$50,000,000	L

#### SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States 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 enter-

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 a political party or campaign organization);

#### SCHEDULE V - AGREEMENTS

Vame
7//
7
\$
$\sim$
-
6
\$
3
<i>\$</i>
2

Sturight Page 7 of 7

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			
Parties To			
Terms of Agreement			
greement			

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
Named excluded no confidential by spreament	Legal services
and pursuant to Pa. R. Prof. Conduct 1.6	