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Office of Government Ribits Use Only	Me	14	anil.			5/6/0	9	Schedule C. Pert \$1 (Automotis of Arrageoussi)—Time on agreemants or arrageousses as of the date of Plan.
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Mudd, John P.	ĺ	Reporting Individual's Name
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## SCHEDULE A

Page Number 2 of 5

	Assets and Income  Valuation of Assets at close of reporting period  BLOCK A  BLOCK B  Valuation of Assets other entry is needed in Block C for that item.  BLOCK C												is checked, no																			
_	BLOCK A	-	1	833		В	LOC	⊗I		8	1888	Г	7788			Type Amount											_					
reported in its visit for the control of the contro	you, your spouse, and dependent children, on each asset held for investment or the duction of income which had a fair market are exceeding \$1,000 at the close of the report-period, or which generated more than \$200 necome during the reporting period, together h such income.  Yourself, also report the source and actual ount of earned income exceeding \$200 (other in from the U.S. Government). For your spouse, out the source but not the amount of earned ome of more than \$1,000 (except report the total acount of any honoraria over \$200 of it spouse).	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Suntunitis - Indianas	Strong C 5 ong fine	S5.000,001 - \$25.000,000	\$25,040,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	S201 - S1,000	\$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*	\$1,800,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Da Yr.) Only if Honorar
Ex	Central Airlines Common  tamples Doe Jones & Smith, Hometown, State  Kempstone Equity Fund	#	-		×	2		ł	1	E		=	*			×						×						=			l an Parthership Income \$130,000	
1	IRA: Heartland 500 Index Fund Mid-Atlantic Farm Credit, Winchester VA Patronage Refund Value Not Readily Ascertainable	100								88.55.86			X			х					x		×	X								
	Star Tannery, VA Farmhouse		Т					x T												Х												
	with adjoining undeveloped land	W.					68		3,03								3/8	1														
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Repo	rting Individual's Name		SCHEDULE	В										Page Number 3 of 5						
Pa	rt I: Transactions							None	9		]									
Repo	ort any purchase, sale, or exchange	Transac Type (							A	mount	of Tran	saction	(x)				c ic state			
prop	erty, stocks, bonds, commodity furities when the amount of the transport o	thires, and other saction exceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	le	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	00.000	- 100'001	50,001 -	- 100,000	er 000,000°	- 100,000	- 100,001 -	5,000,0001 -	0,000,000	Certificate of divestiture	
П		_	Sale	益		20 ES	\$15	\$50	\$10	\$25	\$ 15	9 %	2 8	\$5.	\$25	550,0	हैं ई			
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			t of the filer's spouse or dependent children. If the underlying as lent children, use the other higher categories of value, as approp		iner no	cia														
Bernament of Street	THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, WHEN PERSON NAMED IN COLUMN TWO	A CHRISTIAN AND AND AND AND AND AND AND AND AND A																		
tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and independent (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such total v							rnment; giv relatives; r f their relat idence. Als m one sour sions.	eccive ionsh	ip to y	your s	spous of age	e or d vided	epend as per	ent cl sonal	hild to hosp deten	itally itality nine t struct	at he		1	
	Source (Name and				ief Des													Value		
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francisco		virline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)  eather briefcase (personal friend)													\$500 \$300				
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teporting Individual's Name												Page h	lumber			
Mudd, John P.		SCHEDU	LE C												4 of	5
Part I: Liabilities Report liabilities over \$10,000 owe		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	one	Г				Cate	gory o	f Amou	mt or \	falue (2	r)	
or dependent children. Check the h during the reporting period. Exclu-	nighest amount owed de a mortgage on your	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if	\$10,001 -	\$15,001 -	\$50,001 -	00,001	\$250,001 -	\$500,001 -	Over \$1,000,000*	\$5,000,000	\$5,000,001 -	\$25,000,001 -	8
Creditors (Nam		Type of Liability					0 20 0	1 25 %	\$22	22 23	\$ 55	8 50	\$ 55	\$2 55	22 23	8
Examples: First District Bank, Wash John Jones, 123 J St., Wash	ashington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	on demar		+	- X								
Mid-Atlantic Farm Credit, Will	inchester, VA	Mortgage on Star Tannery, VA Farmhouse undeveloped land	2002	* See Below	25 yrs					X						
2		* Farmhouse at 6.625%, Undeveloped Land A at 6.375% and Undeveloped Land B at 6.685%														
3						T										
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This category applies only if the I with the spouse or dependent child		iler's spouse or dependent children. If the liability is that of	the filer or a	a joint liabil	lity of the f	iler	-									
Part II: Agreements of Report your agreements or arrangemployee benefit plan (e.g., 401) payment by a former employer (	or Arrangements agements for: continuing k, deferred compensation	participation in an		ce; and (4)									report			
	Status and Terms of an	ny Agreement or Arrangement			- T		_		Parties	5			-	_		Date
Example: Pursuant to partnership calculated on service or	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.										7/85					
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	ing Individual's Name				Page Number	
	d, John P.		SCHEDULE D	50	of 5	
Repor	t any positions held during t	utside U.S. Government the applicable reporting period, whether clude but are not limited to those of an officer. proprietor, representative, employee, or	consultant of any corporation, firm, pa non-profit organization or educational social, fraternal, or political entities an	rtnership, or other business enterprise or any institution. Exclude positions with religious d those solely of an honorary nature.	y s. None	
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Repor	t sources of more than \$5,00 ess affiliation for services pr	In Excess Of \$5,000 Paid by One So to compensation received by you or your ovided directly by you during any one year of the names of clients and customers of any	corporation, firm, partnership, or other	business enterprise, or any other non-profit ed the services generating a fee or payment port the U.S. Government as a source.	if you are an Termination Vice Presid or Presiden	
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