




SELECT COMMITTEE ON ETHICS

UNITED STATES SENATE



FILER'S GUIDE FOR COMPLETION OF NEW EMPLOYEE REPORTS

MARCH 2013

One Hundred and Thirteenth Congress

Senate Select Committee on Ethics
220 Hart Senate Office Building
202-224-2981
email: mailbox_office@ethics.senate.gov
<http://www.ethics.senate.gov>

Who Must File a New Employee Report

- All Senators and Senate employees who assume a position earning a full-time salary or a part-time salary prorated annually at a rate of at least 120% of the Federal GS-15 level salary for more than 60 days in a calendar year:
 - For calendar year 2013 this equals \$119,554
 - Incumbent Senate employees who receive a permanent raise midyear to a rate of pay of at least 120% of GS-15
 - An individual who assumes a position working less than full-time must compute what his or her salary would be at an annualized rate (*e.g.*, a staffer working half-time (20 hours a week) at a salary of \$60,000 is earning a prorated annual salary of \$120,000 and must file)
- Fellows, re-employed annuitants, and government employees detailed to the Senate who assume a position earning at or above the salary threshold
- Legislative Commission members and staff who assume a position earning at or above the salary threshold
- If you left a position which required a public disclosure within 30 days before assuming this new position, then it is not necessary to file a New Employee Report

Deadline:

Within 30 days after assuming your position

Filing Process

1. Complete all applicable parts of the New Employee report.
Blank forms can be downloaded from
<http://ethics.senate.gov/public/index.cfm/financial-disclosure-forms>
2. Sign and date your form using the Signature Page.
3. Separate the pages and file only those parts that you have checked “Yes” and completed.
4. Check this box ‘ Amendment’ **ONLY** if filing an amendment.
5. Your completed form (and any subsequent amendment) must be filed with the

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

OR

Secretary of the Senate
Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

Signature Page

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT			
Please provide the following information. Your signature WILL NOT be made available to the public.			
Report Type: 1	<input type="checkbox"/> Annual	Calendar Year: <input type="text"/>	<input type="checkbox"/> New Employee <input type="checkbox"/> Candidate <input type="checkbox"/> Termination
Last Name 2	First Name and Middle Initial 3	Email Address 4	
Senate Office / Agency in Which Employed 5	Senate Office Address (Number, Street, City, State, and ZIP Code) 6	Senate Office Telephone Number (include Area Code) 7	
CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED			
File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.			
This Financial Disclosure Report is required by the Ethics in Government Act of 1978, as amended. This report will be made available by the Office of the Secretary of the Senate and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4 § 104, and 18 U.S.C. § 1001.)			FOR OFFICIAL USE ONLY Do Not Write Below This Line
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 and belief.	Signature of Reporting Individual 8	Date (Month, Day, Year) 9	
For Official Use Only - Do Not Write Below This Line			
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)	
\$200 Penalty for filing more than 30 days after due date.			

Please provide a Signature Page for all reports submitted. This page **will not** be made available to the public.

- 1 Please check the box that corresponds to your applicable report.
 - If you check the annual report box, please enter the calendar year covered by this report. The calendar year (CY) is the full calendar year preceding the current year. For example, CY2012 reports are to be filed by May 15th, 2013.
- 2 Enter your last name.
- 3 Enter your first name and middle initial.
- 4 Enter your office or personal email address.
- 5 Enter the name of your Senate office or agency.
- 6 Enter your current, main office address.
 - Include building name and room number (if applicable), number, street, city, state, and zip code.
- 7 Enter your current office telephone number, including area code.
- 8 Sign here once you have completed the form.
- 9 Enter today's date.

Cover Sheet

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS					
<input type="checkbox"/> Amendment 1					
Last Name 2	First Name and Middle Initial 3	New Employee Report Date of Employment (mm/dd/yy): 4		Senate Office / Agency in Which Employed 5	
Senate / Candidate Office Address (Number, Street, City, State, and ZIP) 6	Senate / Candidate Office Telephone No. 7	Candidate Report Commencement of Candidacy (mm/dd/yy): 8			
		State in which you are a candidate 9	Candidate Reporting Period 10		
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART					
		YES 11	NO	YES 11	NO
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.		<input type="checkbox"/> <input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	<input type="checkbox"/> <input type="checkbox"/>	
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART IIIA and/or IIIB.		<input type="checkbox"/> <input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.		<input type="checkbox"/> <input type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.		<input type="checkbox"/> <input type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, Complete and Attach PART X.		<input type="checkbox"/> <input type="checkbox"/>
Each question must be answered and the appropriate PART attached for each "YES" response.					
FOR OFFICIAL USE ONLY Do Not Write Below this Line					

Select the cover sheet for New Employee and Candidate Reports (as pictured above).

- 1 Check this box **ONLY** if filing an amendment.
- 2 Enter your last name.
- 3 Enter your first name and middle initial.
- 4 Enter the date your employment began that was above the 120% GS-15 filing threshold.
- 5 Enter the name of your Senate office or agency.
- 6 Enter your current, main office address.
 - Include building name and room number (if applicable), number, street, city, state, and zip code.
- 7 Enter your current office telephone number, including area code.
- 8 Leave this box blank.
- 9 Leave this box blank.
- 10 Leave this box blank.
- 11 Check YES or NO for all boxes (Parts II, IIIA and/or IIIB, VII, VIII, IX, and X).

Reporting Individual's Name <input type="checkbox"/> Amendment		PART II. EARNED AND NON-INVESTMENT INCOME		Page Number 1		
<p>Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.</p> <p>Individuals not covered by the Honoraria Ban: For you and/or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.</p>						
Name of Income Source		Address (City, State)		Type of Income		Amount
Example:	JF Computers	Wash., D.C.	Example	Salary	Example	\$15,000
	MCI (Spouse)	Arlington, VA	Example	Salary	Example	Over \$1,000
1	2	3		4		5
2						

Reporting Period: Preceding Calendar Year and the Current Calendar Year up to the Date of Filing

Disclose all sources of earned and non-investment income earned by you over \$200 during the reporting period. Also, disclose all sources of earned and non-investment income earned by your spouse over \$1,000 during the reporting period. This includes salaries, board compensation, consulting fees, etc. ***All boxes must be completed.***

- ① Enter the page number.
- ② Provide the complete name of each income source.
 - For income earned by your spouse, identify as spousal income. For example, write “(S)” or “(spouse)” behind the name of income source.
- ③ Provide the address (city and state) of each income source.
- ④ Disclose the type of income (salary, board compensation, book commission, for example).
- ⑤ Provide the exact amount of your earned income.
 - For income earned by your spouse, write “Over \$1,000.”

Reporting Individual's Name <input type="checkbox"/> Amendment		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES											Page Number 1																
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets						BLOCK C Type and Amount of Income																					
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		At the close of reporting period, if None, or less than \$1,001, Check the first column.						If "None (or less than \$200)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																					
		Type of Income						Amount of Income																					
		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	\$500,001 - \$1,000,000	Over \$1,000,000**	None	Div IDB	Div Int	Int Int	Cap Gains	Excepted Investment Fund	Excepted Trust	Orphaned Child Trust	Other (Specify Type)	None (or less than \$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	Over \$1,000,000**	Actual Amount Required if "Other" Specified	
Example: DC, or J	(S) IBM Corp. (stock)			X						X							Example	X										Example	
	(S) Keystone Fund				X									X			Example	X										Example	
1																													
2																													
3																													

Reporting Period: Preceding Calendar Year and the Current Calendar Year up to the Date of Filing

Report here any assets held by you, your spouse, or your dependent children that are publicly traded. This can include stocks, bonds, retirement accounts, tuition savings accounts, mutual funds, brokerage accounts, checking/savings/money market accounts, etc.

Reportable assets include those that have a value that exceeds \$1,000 *or* any assets that have earned at least \$200 in income within the reporting period. For checking/savings/money market accounts, report assets that have an aggregate value of all accounts at any one institution that exceeds \$5,000 *or* have earned at least \$200 in income in the aggregate within the reporting period. **All boxes must be completed.**

- 1 Enter the page number.
- 2 Identify the complete name of each asset in Block A.
 - Make sure that the asset name is uniquely identifiable. For example, do not just enter "USA Funds," but instead "USA Funds Mid Cap Growth Fund."
 - For all financial companies, disclose the type of account (savings, checking, money market, IRA, stock or bond), if applicable. For example, "USA Bank" should be "USA Bank (checking)."
 - For each asset, distinguish between your assets and those assets that are jointly held and those held by your spouse and dependent children (such as by including (S) for spouse, (J) for joint, and (DC) for children).
 - Disclose all reportable underlying assets for retirement plans, trusts, and 529 tuition plans *as separate line entries*, unless the plans or trusts qualify as excepted investment funds.
- 3 Check the appropriate box in Block B to disclose each asset's value range.
 - Make sure to also disclose the value for each underlying asset held within a particular plan, account, trust, etc., as separate line entries.
 - Value assets as of any date you choose that are within 31 days of the close of the reporting period.
- 4 Check the appropriate box or boxes in Block C to describe the type of income received from each asset.
 - If "Other," specify the type of income.
 - If you report \$200 or more in capital gains from any asset, you must also list this as a sale on Part IV.
- 5 Check the appropriate box in Block C to disclose the range of the amount of income received from each asset in the reporting period.
 - If "Other" is checked in the "Type of Income" section, then disclose the actual amount of the income (not a range).

Non-Publicly Traded Assets and Unearned Income Sources

Reporting Individual's Name <input type="checkbox"/> Amendment		PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES											Page Number 1																				
BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources		BLOCK B Valuation of Assets							BLOCK C Type and Amount of Income																								
Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		At the close of reporting period. If None, or less than \$1,001. Check the first column.							If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																								
									Type of Income			Amount of Income				Actual Amount Required if "Other" Specified																	
		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	\$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	None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Orphaned Blind Trust	Other (Specify Type)	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
S Computer, Software Design, Wash DC DC Undeveloped land, Dubuque, Iowa				X										X							Example	X											Example
1	2				3												4																5
2																																	
3																																	

Reporting Period: Preceding Calendar Year and the Current Calendar Year up to the Date of Filing

Report here any assets held by you, your spouse, or your dependent children that are NOT publicly traded. This can include rental property, land ownership, private trusts, etc.

Reportable assets include those that have a value that exceeds \$1,000 or any assets that have earned at least \$200 in income within the reporting period. **All boxes must be completed.**

- 1** Enter the page number.
- 2** Identify the complete name, address, and description of each interest in Block A.
 - Include a brief description of the nature of the business or other asset type.
 - Include the city and state where the interest is located (not the full street address).
 - For each asset, distinguish between your assets and those assets that are jointly held and those held by your spouse and dependent children (such as by including (S) for spouse, (J) for joint, and (DC) for children).
 - Disclose all reportable underlying assets within LPs, LLCs, and trusts *as separate line entries*, unless the LPs, LLCs, or trusts qualify as excepted investment funds.
- 3** Check the appropriate box in Block B to disclose each asset's value range.
 - Make sure to disclose the asset values for all underlying assets.
 - Value assets as of any date you choose that are within 31 days of the close of the reporting period.
- 4** Check the appropriate box or boxes in Block C to describe the type of income received from each asset.
 - If "Other," specify the type of income.
 - If you report \$200 or more in capital gains from any asset, also include this sale on Part IV.
- 5** Check the appropriate box in Block C to disclose the range of the amount of income received from the asset during the reporting period.
 - If "Other" is checked in the "Type of Income" section, then disclose the actual amount of the income (not a range).

Reporting Individual's Name		<input type="checkbox"/> Amendment		PART VII. LIABILITIES								Page Number						
Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented (except for Senators); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.				Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)										
								\$10,001 - \$15,000	\$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
Name of Creditor		Address		Type of Liability														
S. Example: DC, or J		First District Bank Wash., DC		Mortgage on undeveloped land		1992	13%	1 pt	25 yrs		X	E	X	A	M	P	L	E
(J) John Jones		Wash., DC		Promissory Note		2000	10%	n/a	On dmd		X	E	X	A	M	P	L	E
1	2	3	4	5	6	7	8	9										
2																		

Reporting Period: Preceding Calendar Year

Report here all liabilities more than \$10,000 owed by you, your spouse, or dependent child. EXCLUDE: mortgages on personal residences (unless rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to certain relatives listed in the instructions. *All boxes must be completed.*

- 1 Enter the page number.
- 2 Identify the name of each creditor.
- 3 Identify the address (city and state) of the creditor.
- 4 Identify the type of liability (e.g., student loans, mortgage, credit card).
- 5 Identify the date incurred.
 - For revolving accounts, this is the year that the account was opened.
- 6 Identify the interest rate or the interest rate range if variable.
- 7 Senator Reports Only: Report mortgage and any discount points you paid for a mortgage liability on a personal residence.
- 8 Identify the repayment term.
 - For revolving accounts, enter “on demand” or “revolving.” All other loans require a specific repayment term.
- 9 Check the box for each liability that reflects the highest amount owed during the reporting period.

Reporting individual's Name <input type="checkbox"/> Amendment		PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT				Page Number 1	
Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held. Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.							
	Name of Organization	Address (City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)	
Example:	National Assn. of Rock Collectors	NY, NY	EXAMPLE	Non-profit education	President	8 / 00	Present
	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7 / 05	11 / 00
1	2	3	4	5	6	7	
2							
3							

Reporting Period: List Positions Held During the Current and Previous Calendar Years

Report any positions held by you during the reporting period, whether compensated or not.

These positions can include: employee, officer, director, trustee, general partner, proprietor, representative, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. **EXCLUDE:** positions with the federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature. *All boxes must be completed.*

- 1 Enter the page number.
- 2 Identify the name of the organization in which you held a position.
 - Make sure that all positions reported on Part II and held by you are also disclosed on Part VIII.
- 3 Identify the address (city and state) of each organization.
- 4 Describe the type of organization for each position you held.
- 5 Describe each position you held.
- 6 List the starting date (month/year) of each position.
- 7 List the ending date (month/year) of each position, or enter "present" for currently held positions.

Reporting Individual's Name <input type="checkbox"/> Amendment		PART IX. AGREEMENTS OR ARRANGEMENTS		Page Number 1
Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.				
Status and Terms of any Agreement or Arrangement		Parties		Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 1/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	Example	1/03
	Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options	XYZ Co., Bethesda, MD	Example	1/0X
1	2	3		4
2				
3				

Reporting Period: Report Agreements and Arrangements as of the Date of Filing

Report your agreements or arrangements you have for:

- Future employment.
- Agreements with a publisher for writing a book or sale of other intellectual property.
- Leaves of absence.
- Continuation of payment by a former employer, including severance payments.
- Continuing participation in an employee benefit plan.

All boxes must be completed.

- 1 Enter the page number.
- 2 Describe the status and terms of any agreement or arrangement. Feel free to use several lines for each agreement in order to provide sufficient detail.
 - Make sure that all agreements of retirement accounts in Part IIIA or IIIB are included here, as well.
- 3 Identify the parties involved, and include their location (city and state).
- 4 Identify the date (month/year).

Compensation in Excess of \$5,000 Paid by One Source (First-Time Filers)

<small>Reporting Individual's Name</small>	<input type="checkbox"/> <small>Amendment</small>	PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	<small>Page Number</small> 1
FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)			
<small>Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.</small>			
Name of Source	Address of Source	Brief Description of Duties	
<small>Example:</small> Jones & Smith	Home town, TX	Legal Services	EXAMPLE
Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction	EXAMPLE
1	2	3	
2			
3			

Reporting Period: Report Sources of Income in the Two Preceding Calendar Years and the Current Year

Report here sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. *All boxes must be completed.*

- ① Enter the page number.
- ② Identify the name of the source.
 - Include the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization where you directly provided the service to the clients/customers.
 - Make sure that all sources of earned income are also included on Part II.
- ③ Identify the address (city and state) of each source.
- ④ Provide a brief description of duties for each source.

Periodic Disclosure of Financial Transactions

- **Who Must File a Periodic Disclosure of Financial Transactions:**
 - **Senators, officers, and employees who earn a rate of pay of at least 120% of GS-15 (\$119,554 for 2013) for 60 or more days in a calendar year.**
 - **Political fund designees (PFDs) who earn less than 120% of GS-15, fellows, and detailees are not required to file this periodic disclosure.**
- **Affected filers must promptly report any purchase, sale, or exchange of any stock, bond, commodities future, and other securities if the transaction exceeds \$1,000.**

Deadline:

- **Within 30 days of receiving notification of a transaction.**
- **No later than 45 days after such a transaction.**

Filing Process

1. **Complete all applicable parts of the Periodic Disclosure of Financial Transactions report.**
Blank forms can be downloaded from
<http://ethics.senate.gov/public/index.cfm/financial-disclosure-forms>
2. **Sign and date your form.**
3. **Check this box ' Amendment' ONLY if filing an amendment.**
4. **Your completed form (and any subsequent amendment) must be filed with the**

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

OR

Secretary of the Senate
Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

Periodic Disclosure of Financial Transactions Signature Page

PERIODIC DISCLOSURE OF FINANCIAL TRANSACTIONS		
Please provide the following information. Your signature WILL NOT be made available to the public.		
1	2	3
Last Name	First Name and Middle Initial	Email Address
4	5	6
Senate Office / Agency in Which Employed	Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)
CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED		
File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.		
This Periodic Disclosure of Financial Transactions Report is required by the Ethics in Government Act of 1978, as amended. This report will be made available by the Office of the Secretary of the Senate and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4 § 104, and 18 U.S.C. § 1001.)		FOR OFFICIAL USE ONLY Do Not Write Below this Line
Certification <i>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 and belief.</i>	Signature of Reporting Individual 7	Date (Month, Day, Year) 8
For Official Use Only - Do Not Write Below This Line		
It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)
\$200 Penalty for filing more than 30 days after due date.		

Please provide a Signature Page for all reports submitted. This page **will not** be made available to the public.

- 1** Enter your last name.
- 2** Enter your first name and middle initial.
- 3** Enter your office or personal email address.
- 4** Enter the name of your Senate office or agency.
- 5** Enter your current, main office address.
 - Include building name and room number (if applicable), number, street, city, state, and zip code.
- 6** Enter your current office telephone number, including area code.
- 7** Sign here once you have completed the form.
- 8** Enter today's date.

Periodic Disclosure of Financial Transactions

This Report Should Be Filed With: Secretary of the Senate Office of Public Records Hart Building, Suite 232 Washington, DC 20510		PERIODIC DISCLOSURE OF FINANCIAL TRANSACTIONS		(Time/Date)														
Reporting Individual's Name <input type="checkbox"/> Amendment		Senate Office / Agency in Which Employed								Page Number								
Report any purchase, sale, or exchange by you, your spouse, or dependent child within 30 days of receiving written notification of such transaction. Report any stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving an excepted investment fund, any real property, or a transaction between you, your spouse, or dependent child. Please clarify which two assets are involved in any reportable exchange. In no event may this disclosure be filed more than 45 days after such transaction.		Transaction Type (x)			Amount of Transaction (x)													
		Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)			\$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	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
		Example: (S) Spouse (DC) Dependent Child (J) Joint		IBM Corp. (stock) NYSE (DC) Microsoft (stock) NASDAQ/OTC		X		2 / 1 / 1X	X			E	X	A	M	P	L	E
			X		2 / 27 / 1X			X	E	X	A	M	P	L	E			
1																		
2																		
3																		

Report any purchase, sale, or exchange by you, your spouse, or dependent child **within 30 days** of receiving written notification of such transaction. Report any stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. **All boxes must be completed.**

- 1 Enter Reporting Individuals full name.
- 2 Check this box **ONLY** if filing an amendment.
- 3 Enter the name of your Senate office or agency.
- 4 Enter the page number.
- 5 Identify the complete name of each asset.
- 6 Identify the transaction type (purchase, sale, or exchange).
- 7 Identify the transaction date (month/day/year).
- 8 Check the appropriate box to disclose range of the transaction amount.

