Print This Page... | Clear Page | Zoom In | Zoom Out | Print All Pages

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

☐ Amendment

Last Name	First Name and Middle Initial	**Annual Report**	
		Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number *(Include Area Code)*	**Termination Report**	
		Termination Date (mm/dd/yy):	Prior Office / Agency in Which Employed

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

	YES	NO		YES	NO
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 PART I.			Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than $350 from one source)? If Yes, Complete and Attach PART VI.		
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.			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.		
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 & Attach PART IIIA and/or IIIB.			Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, Complete and Attach PART VIII.		
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If Yes, Complete and Attach PART IV.			Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.		
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $350 and not otherwise exempt)? If Yes, Complete and Attach PART V.			If this is your FIRST Report: Did you receive compensation of more than $5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.		

Each question must be answered and the appropriate PART attached for each "YES" response.

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. $200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application 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	Signature of Reporting Individual	Date (Month, Day, Year)
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.		

For Official Use Only - Do Not Write Below This Line

	Signature of Reviewing Official	Date (Month, Day, Year)
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.		

Print This Page... | Clear Page | Zoom In | Zoom Out | Confidential Disclosure... | Go Back...

Reporting Individual's Name ☐ Amendment

PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA

Page Number

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance), which generated the payment. For further information, see Instructions.

Note: Travel expenses in excess of $350 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

	Date of Payment	Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Example:	*3/26/1X*	*Association of American Associations*	*Wash., DC* **EXAMPLE**	*Speech*	*$1,000*
	7/23/1X	*XYZ Magazine*	*NY, NY* **EXAMPLE**	*Article*	*$500*
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name ☐ Amendment

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number

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.

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.

	Name of Income Source	Address (City, State)	Type of Income	Amount
Example:	*JP Computers*	*Wash., DC* **EXAMPLE**	*Salary*	*$15,000*
	MCI (Spouse)	*Arlington, VA* **EXAMPLE**	*Salary*	*Over $1,000*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name ☐ Amendment

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

BLOCK A
Identity of Publicly Traded Assets And Unearned Income Sources

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.

BLOCK B
Valuation of Assets
At the close of reporting period.
If None, or less than $1,001,
Check the first column.

BLOCK C
Type and Amount of Income

	Identity of Asset	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	Type of Income: None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income: 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	Actual Amount Required if "Other" Specified
Example: S, DC, or J	*IBM Corp. (stock)*				X										X							*Example*		X										*Example*
	(S) *Keystone Fund*					X													X			*Example*	X											*Example*
1																																		
2																																		
3																																		
4																																		
5																																		
6																																		
7																																		
8																																		
9																																		
10																																		

EXEMPTION TEST *(see instructions before marking box)*: If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. ☐
*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name

☐ Amendment

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number

BLOCK A
Identity of Non-Publicly Traded Assets and Unearned Income Sources

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.

BLOCK B
Valuation of Assets

At the close of reporting period.
If None, or less than $1,001,
Check the first column.

BLOCK C
Type and Amount of Income

	Identity	Valuation of Assets												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***	$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	Qualified 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	Actual Amount Required if "Other" Specified
Example: S, DC, or J	*JP Computer, Software Design, Wash DC*				X										X							*Example*		X										*Example*
	Undeveloped land, Dubuque, Iowa					X								X								*Example*	X											*Example*
1																																		
2																																		
3																																		
4																																		
5																																		
6																																		
7																																		
8																																		
9																																		
10																																		

EXEMPTION TEST *(see instructions before marking box)*: If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name ☐ Amendment

PART IV. TRANSACTIONS

Page Number

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, 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 property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

	Identification of Assets	Transaction Type (x): Purchase	Sale	Exchange	Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x): $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, DC, or J	*IBM Corp. (stock) NYSE*	*X*			*2 / 1 / 1X*		X			E	X	A	M	P	L	E
	(DC) Microsoft (stock) NASDAQ/OTC		*X*		*1 / 27 / 1X*				X	E	X	A	M	P	L	E
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																

EXEMPTION TEST *(see instructions before marking box)*: If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name ☐ Amendment

PART V. GIFTS

Page Number

Report the source, brief description and value of all gifts aggregating more than $350 in value received by you, your spouse, or your dependent child, (See p.3 CONTENTS OF REPORTS Part B of Instructions), from each source. Gifts with a value of $140 or less need not be aggregated towards the disclosure threshold. "Gift" is defined in the Instructions.

Exclude: (1) Bequests and other forms of inheritance; (2) Political campaign contributions; (3) Communications to your offices including subscriptions to newspapers and periodicals; (4) Consumable products provided by home state businesses to your offices, if those products are intended for consumption by persons other than yourself; (5) Gifts received prior to your Federal employment; (6) Gifts to your spouse or dependent child totally independent of his or her relationship to you; (7) Gifts from relatives; (8) Personal hospitality of any individual (see instructions); (9) meals and beverages unless consumed in connection with a gift of overnight lodging; and (10) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign country, or by federal, state, D.C., or local governments.

	Name of Income Source	Address of Source	Dates and Brief Description	Gift Value
Example:	*Mr. John Q. Smith*	*Anytown, VA* **EXAMPLE**	*August 12, 201X, Silver platter - Ethics Committee wedding waiver granted*	*$400*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Note: The Senate Gift Rule prohibits most gifts from lobbyists and foreign agents and most gifts from other sources in excess of $49.99.

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name ☐ Amendment

PART VI. REIMBURSEMENTS

Page Number

Report necessary travel related expenses from each source aggregating more than $350 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal campaign, or otherwise). Disclosure is required regardless of whether those expenses were **reimbursed** to the individual or **paid directly** by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than $350), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than $350. Report Gifts of travel in Part V.

Exclude: Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

	Name of Income Source	Address of Source	Dates and Brief Description
Example:	*All States Company*	*Maintown, TX* **EXAMPLE**	*Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X* **EXAMPLE**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name ☐ 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; (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.

	Name of Creditor	Address	Type of Liability	Date Incurred	Interest Rate	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
Example: S, DC, or J	*First District Bank*	*Wash., DC*	*Mortgage on undeveloped land*	*1992*	*13%*	*25yrs*			X		E	X	A	M	P	L	E
	(J) John Jones	*Wash., DC*	*Promissory Note*	*2000*	*10%*	*On dmd*				X	E	X	A	M	P	L	E
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	

EXEMPTION TEST *(see instructions before marking box)*: If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name

☐ Amendment

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Page Number

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*	*6 / 91*	*Present*
	Jones & Smith	*Hometown, USA* **EXAMPLE**	*Law Firm*	*Partner*	*7 / 96*	*11 / 1X*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						

Compensation in excess of $200 from any position must be reported in Part II.

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name

☐ Amendment

Page Number

PART IX. AGREEMENTS OR ARRANGEMENTS

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 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)*	*Jones & Smith, Hometown, USA* **EXAMPLE**	*1 / 94*
	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 / 1X*
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

Reporting Individual's Name

☐ Amendment

PART X. COMPENSATION IN EXCESS OF $5,000 PAID BY ONE SOURCE

Page Number

FIRST TIME FILERS ONLY: (Except Candidate Reports - All Candidate Reports Must Include Part X If Applicable)

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.

	Name of Source	Address of Source	Brief Description of Duties
Example:	*Jones & Smith*	*Hometown, TX*	*Legal Services* **EXAMPLE**
	Metro University (client of Jones & Smith	*Moneytown, USA*	*Legal Services in connection with university construction* **EXAMPLE**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Add a Page

Print This Page... | Clear Page | Zoom In | Zoom Out | Go Back...

CONFIDENTIAL DISCLOSURE OF PAYMENTS TO CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA

Last Name	First Name and Middle Initial	Telephone Number (Include Area Code)	
☐ **ANNUAL FILER**	Calendar Year Covered by Annual Report	Office / Agency in which Employed (or formerly employed)	
☐ **TERMINATION FILER**	Dates Covered by Termination Report:	Office / Agency in which Formerly Employed	Termination Date (mm/dd/yy):

Who Must File: Any reporting Individual who files an annual or termination public financial disclosure report with the Senate Select Committee on Ethics must also file this confidential report if that individual writes, gives a speech, or makes an appearance (or a series of articles, speeches, or appearances which are directly related to official duties or the status of the individual within the government) for which the sponsoring organization makes a payment directly to a charitable organization in lieu of honoraria. To determine whether you are a reporting individual for purposes of this report, please refer to the instructions for the Senate Public Financial Disclosure Report or contact the U.S. Senate Select Committee on Ethics.

Where to File: File this report with the Select Committee on Ethics, Room 220, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. (Please note: This is not the filing location for the public reports.)

When to File: Reporting individuals should file this report no later than May 15th, annually. In the event that May 15 or other filing date falls on a weekend, or other holiday, the filing deadline shall be on the next business day. If an individual terminates employment, the report must be filed no later than the 30th day after termination. Reasonable extensions may be granted if requested in writing, but the total of all such extensions may not exceed 90 days. These filing deadlines correspond with the filing dates of the Senate Public Financial Disclosure Report.

Contents of Reports: List the date of the payment (or, if unascertainable, the date of the activity giving rise to the payment), the name and address (city, state) of the source of the payment, the name and address (city, state) of the recipient charitable organization, and the amount of the payment. Include all payments which correspond to the reporting period of the annual or termination public financial disclosure form filed in conjunction with this report. Please sign your report certifying that your report is complete and correct, and that no payments were made to charitable organizations from which you or your parent, sibling, spouse, child, or dependent relative receives any financial benefit. If you attach additional pages, please number them.

Penalty Provisions: Any individual who is required to file this report and does so more than 30 days alter the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a $200 penalty fee. Waivers of this fee may be granted by the Committee in extraordinary circumstances, if requested in writing. Falsifying or failing to file this report may result in the imposition of a civil and criminal sanctions. (See 5 U.S.C. app. 4, 101 et seq. and 18 U.S.C. 1001.)

Review of Reports: These reports will be reviewed by the Committee along with the corresponding public reports within 60 days of the filing date. These reports will be kept confidential by the Committee in accordance with the Ethics in Government Act of 1978, as amended.

Date	Source of Payment (Name, Address)	Recipient Charitable Organization (Name, Address)	Amount

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on this form are true, complete and correct to the best of my knowledge and belief. No financial benefit is derived from any charitable organization listed by me, or a parent, sibling, spouse, child or dependent relative of mine.		