



SELECT COMMITTEE ON ETHICS

UNITED STATES SENATE

FILER'S GUIDE FOR COMPLETION OF ANNUAL 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 an Annual Report

- All Senators and Senate employees who earn 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 years 2012 and 2013 this equals \$119,554
 - An individual 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)
- Political Fund Designees
- Fellows, re-employed annuitants, and government employees detailed to the Senate earning at or above the salary threshold
- Legislative Commission members and staff earning at or above the salary threshold

Deadline: May 15th

Filing Process

1. Complete all applicable parts of the annual report.
Blank forms can be downloaded from
<http://ethics.senate.gov/public/index.cfm/financial-disclosure-forms>
2. Sign and date your form.
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 ANNUAL AND TERMINATION FILERS					
<input type="checkbox"/> Amendment 1					
Last Name 2		First Name and Middle Initial 3		Annual Report Calendar Year Covered by Report 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		Termination Report Termination Date (mm/dd/yyyy) 8 Prior Office / Agency in Which Employed 9	
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.	<input type="checkbox"/>	<input type="checkbox"/>	10	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.	<input type="checkbox"/>
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, 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"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>		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.	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>		Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>		If this is your FIRST Report: 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"/>
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 Annual and Termination 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 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 15, 2013.
- 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 UNLESS you are planning to submit your required termination report at the same time as your annual report (if your date of termination occurs between January 1st and May 15th).
- 9** Leave this box blank UNLESS you worked in a different office or agency in the prior calendar year.
- 10** Check YES or NO for boxes I through IX. Check YES or NO for box X if this is your first annual report.

Part I.

Payments to Pay Charitable Organizations in Lieu of Honoraria

Reporting Individual's Name		<input type="checkbox"/> Amendment		PART I. PAYMENTS TO PAY CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA		Page Number
1						
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 \$335 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: 3/25/0X	Association of American Associations	Wash., DC	EXAMPLE	Speech	EXAMPLE	\$1,000
7/23/0X	XYZ Magazine	NY, NY	EXAMPLE	Article	EXAMPLE	8500
1	2	3	4	5	6	
2						
3						

Reporting Period: Preceding Calendar Year

Report any payments made within the reporting period on your behalf to charitable organizations in lieu of receiving honoraria. The purpose of this part is to disclose the sources of these charitable payments, and not the identities of the charities themselves. **All boxes must be completed.**

- 1 Enter the page number.
- 2 Enter the date (month/day/year) that each payment was made.
- 3 Enter the complete name of each payment source.
- 4 Enter the address (city and state) of each payment source.
- 5 Disclose the type of action (speech, article, or appearance) you performed that resulted in a payment to a charitable organization in lieu of an honorarium.
- 6 Disclose the exact amount of the payment.

*A separate, confidential report that names the charitable organization receiving such payments must be filed directly with the Senate Select Committee on Ethics.
This form can be found directly after Part I in the disclosure report packet.*

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

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.
 - If you are subject to the outside earned income limit (\$26,955 for calendar years 2012 and 2013), ensure you do not exceed that limit. If you did exceed the limit, please contact the Senate Select Committee on Ethics immediately.
 - For income earned by your spouse, write “Over \$1,000.”

Reporting Individual's Name		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES												Page Number																			
<input type="checkbox"/> Amendment														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, One of 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																									
		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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Div ID	Ret I	Ret II	Cap Gains	Excepted Investment Fund	Excepted Trust	Orphaned Child 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**	Over \$5,000,000	Over \$25,000,000	Actual Amount Required if "Other" Specified
Example: DC, (S) IBM Corp. (stock)				X									X							Example	X										Example		
Example: (S) Keystone Fund			X																	Example	X									Example			
1																																	
2																																	
3																																	

Reporting Period: Preceding Calendar Year

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																					
		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	Dividends	REIT	Interest	Capital Gains	Excepted Investment Fund	Excepted 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: DC, Computer, Software Design, Wash DC Example: DC, Undeveloped land, Dubuque, Iowa				X						X						Example	X												Example	
1																														
2																														
3																														

Reporting Period: Preceding Calendar Year

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 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.				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
Identification of Assets Example: DC, or J IBM Corp. (stock) NYSE (DC) Microsoft (stock) NASDAQ/OTC				X			2 / 1 / 0X	X				E	X	A	M	P	L	E
1	2				X				X			E	X	A	M	P	L	E
2																		
3																		

Reporting Period: Preceding Calendar Year

DO NOT INCLUDE any transactions made during a period when you were not a federal employee

Report here any purchases, sales, or exchanges of property or assets that exceeded \$1,000. *All boxes must be completed.*

- 1 Enter the page number.
- 2 Identify the complete name of each asset.
 - 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.”)
 - Distinguish between your assets and those held by your spouse and dependent children. Include (S) for spouse and (DC) for children.
 - Make sure to account for each asset from your previous disclosure report:
 - i. If the asset was sold or exchanged, list the sale or exchange.
 - ii. If the asset fell below the reporting threshold, please make a note of that.
 - iii. If any other life events (divorce, child emancipation, inheritance, etc.) occurred that changed the asset’s reportable status, please make a note of that.
- 3 Identify the transaction type (purchase, sale, or exchange).
 - Disclose only ONE transaction type per line – do not disclose purchases and sales of the same asset on the same line.
- 4 Identify the transaction date (month/day/year) or frequency (such as “monthly,” “quarterly,” “weekly,” etc.). Do not use “multiple,” “various,” “not applicable,” etc. as transaction frequencies. If the transactions were not on a regularly recurring basis, you must specify the actual dates.
- 5 Check the appropriate box to disclose range of the transaction amount.

Reporting Individual's Name <input type="checkbox"/> Amendment		PART V. GIFTS		Page Number 1
<p>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.</p> <p>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 <u>unless</u> 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.</p>				
Name of Income Source	Address of Source	Dates and Brief Description	Gift Value	
<i>Example:</i> Mr. John Q. Smith	<i>Example:</i> Anytown, VA	<i>Example:</i> August 12, 200X, Silver platter - Ethics Committee waiver granted	\$400	
1	2	3	4	5
2				
3				

Reporting Period: Preceding Calendar Year

DO NOT INCLUDE any gifts received during the period when you were not a federal employee

Report here the source of all gifts aggregating more than \$350 in value received by you, your spouse, or your dependent children in the reporting period. Do not include gifts valued at \$140 or less when aggregating gifts from each source to determine whether or not disclosure is necessary. *All boxes must be completed.*

- 1** Enter the page number.
- 2** Enter the complete name of each gift source.
- 3** Enter the address (city and state) of that source.
- 4** Enter the date(s) received and a brief and specific description of the gift (for example, "birthday gift" is insufficient).
- 5** Enter the exact gift value.

Reporting Individual's Name		<input type="checkbox"/> Amendment	PART VI. REIMBURSEMENTS		Page Number
<p>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.</p> <p>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.</p>					
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, 200X EXAMPLE	
1	2	3		4	
2					
3					

Reporting Period: Preceding Calendar Year

DO NOT INCLUDE any reimbursements received during the period when you were not a federal employee

Report here 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 participation in a speaking engagement, fact-finding event, or other event regardless of whether the trip was officially connected, personal, or campaign related (unless the trip is required to be reported to the FEC). You need not disclose travel if you filed an *Employee Pre-Travel Authorization* and the *Employee Post-Travel Disclosure of Travel Expenses* (Form RE-1 and Form RE-2) or the *Senators and Officers Post-Travel Disclosure of Travel Expenses* (Form RE-3) within 30 days of return from the trip.

Disclosure is mandatory regardless of whether those expenses were reimbursed to the individual or paid directly by the sponsoring organization. ***All boxes must be completed.***

- 1 Enter the page number.
- 2 Enter the complete name of each income source.
- 3 Enter the address (city and state) of each source.
- 4 Identify the dates of travel (month/day/year) and provide a brief description of the event, including itinerary and nature of expenses.

Reporting individual's Name <input type="checkbox"/> Amendment		PART VII. LIABILITIES						Page Number 1													
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																	
Example: DC, or J S First District Bank (J) John Jones		Wash., DC Wash., DC		Mortgage on undeveloped land Promissory Note		1992	13%	1 pt	25 yrs			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	6 / 00	Present
	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7 / 05	11 / 0X
1	2	3	4	5	6	7	
2							
3							

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

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: Preceding Calendar Year and the Current Calendar Year up to 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).

Part X.

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

Reporting Individual's Name		<input type="checkbox"/> Amendment	PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE		Page Number
1					
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	
2					
3					

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

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.										
<table border="1"> <thead> <tr> <th>Last Name</th> <th>First Name and Middle Initial</th> <th>Email Address</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>			Last Name	First Name and Middle Initial	Email Address	1	2	3		
Last Name	First Name and Middle Initial	Email Address								
1	2	3								
<table border="1"> <thead> <tr> <th>Senate Office / Agency in Which Employed</th> <th>Senate Office Address (Number, Street, City, State, and ZIP Code)</th> <th>Senate Office Telephone Number (Include Area Code)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>			Senate Office / Agency in Which Employed	Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	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)								
4	5	6								
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								
<table border="1"> <thead> <tr> <th>Certification</th> <th>Signature of Reporting Individual</th> <th>Date (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>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.</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		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.	7	8			
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<table border="1"> <thead> <tr> <th colspan="3">For Official Use Only - Do Not Write Below This Line</th> </tr> <tr> <th>Signature of Reviewing Official</th> <th colspan="2">Date (Month, Day, Year)</th> </tr> </thead> <tbody> <tr> <td>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.</td> <td></td> <td></td> </tr> </tbody> </table>		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.		
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.										
\$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)			Transaction Date (Mo., Day, Yr.)	Amount of Transaction (x)									
		Purchase	Sale	Exchange		\$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
		Identification of Assets													
Example: (S) Spouse	IBM Corp. (stock) NYSE	X			2 / 1 / 1X	X			E	X	A	M	P	L	E
(DC) Dependent Child	(DC) Microsoft (stock) NASDAQ/OTC		X		2 / 27 / 1X			X	E	X	A	M	P	L	E
(J) Joint															
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.

