



SELECT COMMITTEE ON ETHICS

UNITED STATES SENATE



FILER'S GUIDE FOR COMPLETION OF CANDIDATE 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>

Filing a Candidate Report

- Candidates for the Senate must file a Senate Financial Disclosure Report for each calendar year they continue to be a candidate, whether or not they are elected
- A candidate is an individual:
 - Who seeks nomination for an election, or seeks election, to Federal office, AND
 - Who has received contributions or made expenditures in excess of \$5,000, OR has given consent to another to accept expenditures on his or her behalf aggregating in excess of \$5,000

Deadline:

- Within 30 days of becoming a candidate, or by May 15th of that calendar year, whichever is later
- Reports must be filed at least 30 days before an election (general, special, primary, or run-off)
- Reports must be filed on or before May 15th for each succeeding year you continue to be a candidate

Filing Process

1. Complete all applicable parts of the candidate 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

6. Your completed *Confidential Disclosure of Candidate’s Home Address* page must be filed with the Senate Select Committee on Ethics, Room 220, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.

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 Leave this box blank.
- 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"/>
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"/>
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"/>
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** Leave this box blank.
- 5** Leave this box blank.
- 6** Enter your current office address.
 - Include number, street, city, state, and zip code.
- 7** Enter your current office telephone number, including area code.
- 8** Enter the date of the commencement of your candidacy.
- 9** Enter the State in which you are a candidate.
- 10** Enter the candidate reporting period.
- 11** Check YES or NO for all boxes (Parts II, IIIA and/or IIIB, VII, VIII, IX, and X).

Confidential Disclosure of Candidates Home Address

CONFIDENTIAL DISCLOSURE OF CANDIDATE'S HOME ADDRESS		
Last Name 1	First Name and Middle Initial 2	Commencement of Candidacy 3
Home Mailing Address (Number, Street, City, State, and ZIP) 4	Home Telephone Number (include Area Code) 5	
Office Mailing Address (Number, Street, City, State, and ZIP) 6	Office Telephone Number (include Area Code) 7	
<p>Who Must File: Any candidate who files a public financial disclosure report with the Senate Select Committee on Ethics must also file this confidential report.</p> <p>Where to File: File this report with the <i>Select Committee on Ethics</i>, Room 220, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.</p> <p>When to File: Within 30 days after becoming a candidate for nomination or election to the office of Member of the United States Senate, or by May 15 of that calendar year, which ever is later, but at least 30 days before the election, and on or before May 15 of each succeeding year an individual continues to be a candidate. A candidate who currently holds an elected position in the United States Congress is not required to file a Candidate Report.</p> <p>Contents of Reports: List your home and office address and phone number. Please sign your report certifying that your report is complete and correct.</p> <p>Penalty Provisions: Any individual who is required to file this report and does so more than 30 days after 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 civil and criminal sanctions. (See 2 U.S.C. 701 et seq. and 18 U.S.C. 1001.)</p> <p>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 1978, as amended.</p>		
Certification <small>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.</small>	Signature of Reporting Individual 8	Date (Month, Day, Year) 9

Detach this page and file *separately* with the Select Committee on Ethics, Room 220, Hart Senate Office Building. The rest of your report should still be filed with the Office of Public Records, as indicated in the instructions at the beginning of this booklet.

This confidential page must also be filed within 30 days of the commencement of your candidacy, and updated as necessary.

- 1** Enter your last name.
- 2** Enter your first name and middle initial.
- 3** Enter the date (month/day/year) of the commencement of your candidacy.
- 4** Enter your HOME mailing address (number, street, city, state, and zip). NOTE: This mailing address will be kept confidential by the Select Committee on Ethics, and will be used for communication purposes only.
- 5** Enter your HOME telephone number.
- 6** Enter your OFFICE mailing address (number, street, city, state, and zip).
- 7** Enter your OFFICE telephone number.
- 8** Sign here.
- 9** Enter today's date (month, day, year).

Reporting Individual's Name <input type="checkbox"/> Amendment		PART II. EARNED AND NON-INVESTMENT INCOME		Page Number
1				
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
Example:	JF Computers	Wash., D.C.	Example	Salary
	MCI (Spouse)	Arlington, VA	Example	Salary
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.
 - If you are subject to the outside earned income limit, 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 <input type="checkbox"/> Amendment		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES												Page Number											
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets						BLOCK C Type and Amount of Income						1											
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 \$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.																	
		None (or less than \$1,001)						Type of Income						Actual Amount Required if "Other" Specified											
		\$1,001 - \$5,000	\$5,001 - \$10,000	\$10,001 - \$20,000	\$20,001 - \$50,000	Over \$50,000**	None	Div IDB	Ret	IRR	Capital Gains	Excepted Investment Fund	Excepted Trust	Orphaned Child Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$5,000,000	Over \$5,000,000***	Over \$50,000,000	
Example: DC, or J	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										
		None (or less than \$1,001)										None (or less than \$201)										Actual Amount Required if "Other" Specified
		\$1,001 - \$15,000										\$201 - \$1,000										
		\$15,001 - \$50,000										\$1,001 - \$2,500										
		\$50,001 - \$100,000										\$2,501 - \$5,000										
		\$100,001 - \$250,000										\$5,001 - \$15,000										
		\$250,001 - \$500,000										\$15,001 - \$50,000										
		\$500,001 - \$1,000,000										\$50,001 - \$100,000										
		Over \$1,000,000***										\$100,001 - \$1,000,000										
		\$1,000,001 - \$5,000,000										Over \$1,000,000***										
		\$5,000,001 - \$25,000,000										Over \$5,000,000										
		Over \$25,000,000										Over \$25,000,000										
		None										None										
		Dividends										Interest										
		Rental										Capital Gains										
		Interest										Excepted Investment Fund										
		Capital Gains										Excepted Trust										
		Excepted Investment Fund										Other (Specify Type)										
		Excepted Trust										None (or less than \$201)										
		Other (Specify Type)										\$201 - \$1,000										
		Other (Specify Type)										\$1,001 - \$2,500										
		Other (Specify Type)										\$2,501 - \$5,000										
		Other (Specify Type)										\$5,001 - \$15,000										
		Other (Specify Type)										\$15,001 - \$50,000										
		Other (Specify Type)										\$50,001 - \$100,000										
		Other (Specify Type)										\$100,001 - \$1,000,000										
		Other (Specify Type)										Over \$1,000,000***										
		Other (Specify Type)										\$1,000,001 - \$5,000,000										
		Other (Specify Type)										Over \$5,000,000										
Example: DC of J Computer, Software Design, Wash DC Undeveloped land, Dubuque, Iowa												Example Example										Example Example
2		3										4										5
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 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 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: S. First District Bank or J. (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 and the Current Calendar Year up to the Date of Filing

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 Leave this box blank.
- 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 (All Candidates)

<small>Reporting Individual's Name</small>	<input type="checkbox"/> Amendment	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	4	
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.

