

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT

Please provide the following information. Your signature **WILL NOT** be made available to the public.

Report Type:	<input type="checkbox"/> Annual	Calendar Year	<input type="checkbox"/> New Employee	<input type="checkbox"/> Candidate	<input type="checkbox"/> Termination
Last Name		First Name and Middle Initial		Email Address	
Senate Office / Agency in Which Employed			Senate Office Address (Number, Street, City, State, and ZIP Code)		Senate Office Telephone Number (Include Area Code)

CERTIFICATION – THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, United States 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.)

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
<i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>		
For Official Use Only – Do Not Write Below This Line		
<i>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.</i>	Signature of Reviewing Official	Date (Month, Day, Year)

**FOR OFFICIAL USE ONLY
Do Not Write Below this Line**

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

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE FILERS

☐ Amendment

Last Name	First Name and Middle Initial	New Employee Report	
		Date of Employment (mm/dd/yy)	Senate Office / Agency in Which Employed
Candidate Report			
Senate / Candidate Office Address (Number, Street, City, State, and ZIP)	Senate / Candidate Office Telephone No.	Commencement of Candidacy (mm/dd/yy)	State in which you are a candidate
			Candidate Reporting Period

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

	YES	NO		YES	NO
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, complete and attach PART II.	<input type="checkbox"/>	<input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, complete and attach PART VIII.	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete and attach PART IIIA and/or IIIB.	<input type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, complete and attach PART IX.	<input type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input type="checkbox"/>	<input type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X.	<input type="checkbox"/>	<input type="checkbox"/>

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

	FOR OFFICIAL USE ONLY Do Not Write Below this Line

Reporting Individual's Name		<input type="checkbox"/> Amendment	PART II. EARNED AND NON-INVESTMENT INCOME		Page Number
<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:	JP Computers	Wash., DC	EXAMPLE	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary	Over \$1,000
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Reporting Individual's Name		<input type="checkbox"/> Amendment		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES																Page Number																																																									
<div>BLOCK A</div> <div>Identity of Publicly Traded Assets And Unearned Income Sources</div> <p>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:</p> <p>(1) had a value exceeding \$1,000 at the close of the reporting period; and/or</p> <p>(2) generated over \$200 in "unearned" income during the reporting period.</p> <p>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.</p>				<div>BLOCK B</div> <div>Valuation of Assets</div> <p>At the close of reporting period. If None, or less than \$1,001, Check the first column.</p>										BLOCK C																																																															
														Type and Amount of Income																																																															
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S, Example: DC, or J				IBM Corp. (stock)				(S) Keystone Fund				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	
								X																																								Example																													
				(S) Keystone Fund						X																																								Example																											
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<div>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.</div> <div>*** 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.</div>																																																																													

Reporting Individual's Name		<input type="checkbox"/> Amendment		PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES																		Page Number													
<div>BLOCK A</div> <div>Identity of Non-Publicly Traded Assets and Unearned Income Sources</div> <p>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 <u>non-public</u> trade or business which:</p> <p>(1) had a value exceeding \$1,000 at the close of the reporting period; and/or</p> <p>(2) generated over \$200 in "unearned" income during the reporting period.</p> <p>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.</p>			<div>BLOCK B</div> <div>Valuation of Assets</div> <p>At the close of reporting period. If None, or less than \$1,001, Check the first column.</p>										BLOCK C																						
													Type and Amount of Income																						
													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
S, JP Computer, Software Design, Wash DC						X								X	X							Example	X										Example		
Example: DC, or J Undeveloped land, Dubuque, Iowa							X							X	X							Example	X										Example		
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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.																																			

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. 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.

Name of Creditor		Address	Type of Liability	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
Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L	E
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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.

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

Reporting Individual's Name		<input type="checkbox"/> Amendment	PART IX. AGREEMENTS OR ARRANGEMENTS		Page Number
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
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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
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CONFIDENTIAL DISCLOSURE OF CANDIDATES HOME ADDRESS

Last Name	First Name and Middle Initial	Commencement of Candidacy
Home Mailing Address (Number, Street, City, State, and ZIP)	Home Telephone Number (Include Area Code)	
Office Mailing Address (Number, Street, City, State, and ZIP)	Office Telephone Number (Include Area Code)	

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.

Where to File: File this report with the ***Select Committee on Ethics***, Room 220, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.

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.

Contents of Reports: List your home and office address and phone number. Please sign your report certifying that your report is complete and correct.

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 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 1978, as amended.

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
<i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>		