

# Welcome

# U.S. SENATE

## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

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

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

	YES	NO		YES	NO
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, Complete and Attach PART I.	<input type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$285 from one source)? If Yes, Complete and Attach PART VI.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the 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"/>	<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"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$285 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 two prior years? If Yes, Complete and Attach PART X.	<input type="checkbox"/>	<input type="checkbox"/>

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

# PUBLIC FINANCIAL DISCLOSURE

## Public Financial Disclosure

- ➡ The Senate Select Committee on Ethics administers the Financial Disclosure Program for the US Senate. Unlike any other Committee, the Ethics Committee is bipartisan and has a nonpartisan staff. One of the functions of the committee is advisory and education.

## Purpose of Financial Disclosure

- Public disclosure of a public officials' personal financial interest is often considered the key component to an effective code of conduct.
- The drafters of the original Senate Code of Official Conduct in the 95th Congress considered “full and complete disclosure” to be the heart of the Code of Conduct.
- Pursuant to Statute and Senate Rule, Members, officers, and certain employees of the Senate are required to file comprehensive annual public financial disclosure reports.



## WHO REVIEWS REPORTS?

### **ETHICS COMMITTEE**

- ★ The committee is required by Section 106 of the Ethics in Government Act of 1978. To review public financial disclosure reports in order to determine whether they are in compliance with applicable laws and regulations



### **STAFFER'S SUPERVISOR**

- ★ Pursuant to Resolution 236, the Ethics Committee is required to provide the supervising Senator or designated staff member to receive on a confidential basis the public financial disclosure reports filed by senate employees to check for possible conflicts of interests.

### **PUBLIC**

- ★ Any report required to be filed by made May 15 will be made available for public inspection by the Secretary of the Senate Office of Public Records within 30 days after May 15 - June 14.

# WHO HAS TO FILE Annual Reports?

- ☞ **SENATORS**
- ☞ **CANDIDATES FOR THE SENATE**
- ☞ **POLITICAL FUND DESIGNEES**
- ☞ **STAFFERS** who earned a rate of pay equal to or in excess of \$102,168 for a period equal to or in excess of 60 days
  - ★ Employees Who Received a Bonus: A report is required if the gross pay for the year exceeded \$102,168
- ☞ **FELLOWS** who earned a rate of pay from an outside source equal to or in excess of \$102,168



# US Senate Financial Disclosure Report

## ON-LINE DISCLOSURE FORM

☞ 3 different versions to choose from

- ★ Adobe
- ★ WordPerfect
- ★ MS Word



## **EXTENSIONS**

**Requests for extensions of up to 90 days for filing reports may be submitted to the Ethics Committee**



# US Senate Financial Disclosure Report

## LATE NOTICES

**Committee policy is to mail late notices certified mail, return receipt requested**

**A copy of the late notice is also cc:d to the supervising Senator**

**Civil and criminal** sanctions may be imposed for individuals who knowingly and willfully fail to file this report



# US Senate Financial Disclosure Report

## **PENALTIES**

- 👉 **\$200** late filing fee is imposed for filing a report 30 days after due date



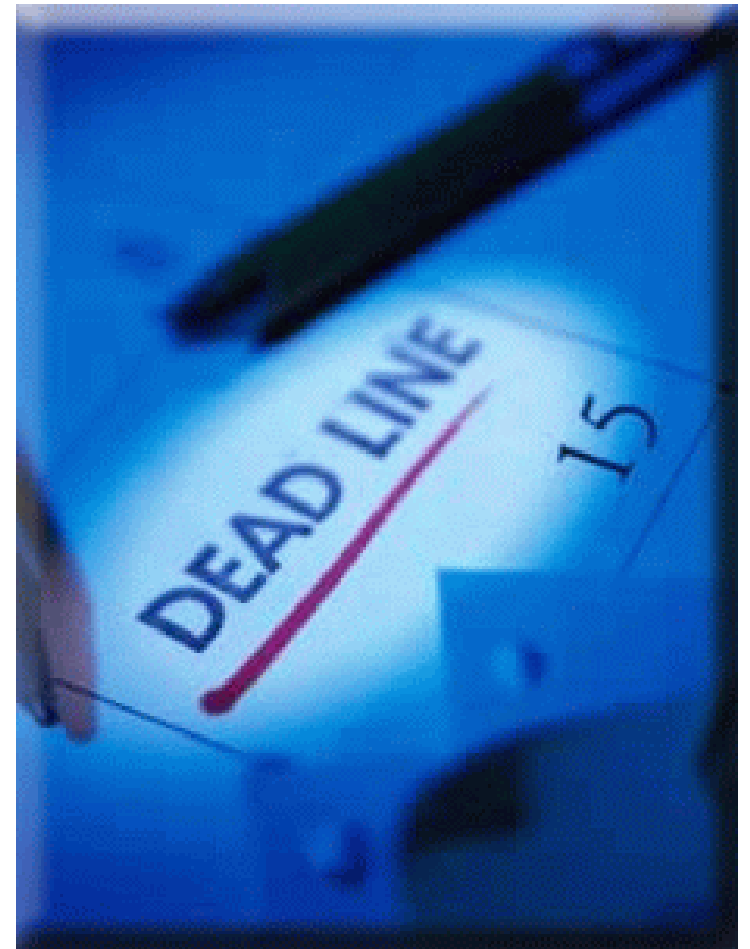


US Senate Financial Disclosure Report

## **WHEN ARE THEY DUE?**

Annual Reports Covering  
CY 2003  
are due

**MONDAY,  
MAY 17<sup>th</sup>, 2004**



# AMENDMENT REQUESTS

Within 60 days of filing, the Committee reviews reports for compliance and omissions and mails letters to filers requesting additional information/clarifications





# US Senate Financial Disclosure Report

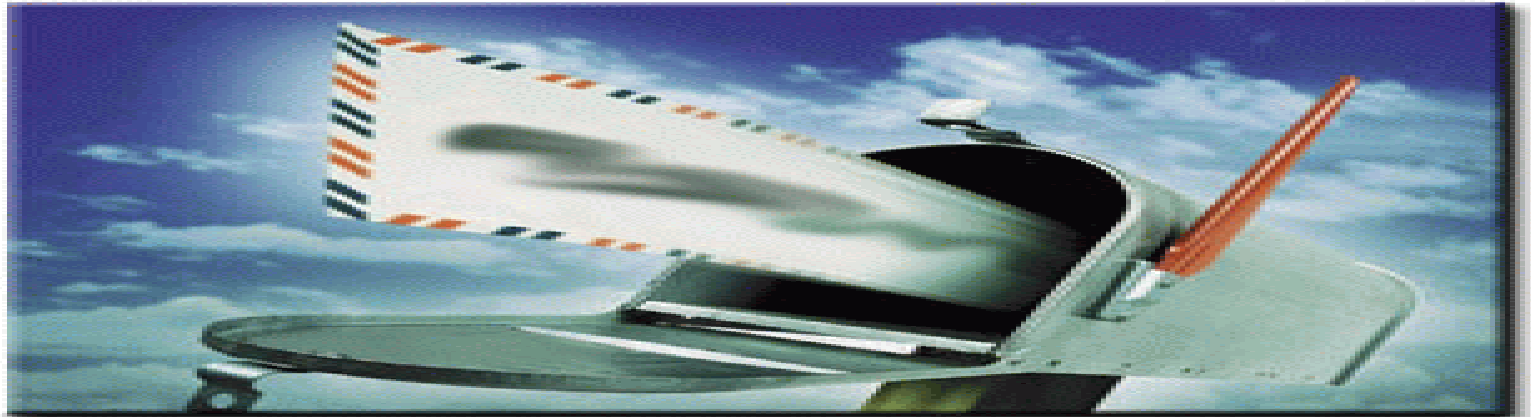
## WHERE TO FILE

**File Reports and Amendments with  
the Secretary of the Senate,**

OFFICE OF PUBLIC  
RECORDS,  
232 HART

*or*

OFFICE OF PUBLIC  
RECORDS,  
P.O. Box 5109  
Alexandria, VA 22301-0109



*Reports will be made available for public inspection  
within 30 days of filing*



# US Senate Financial Disclosure Report

## **REQUESTS TO ETHICS**

**Send requests for extensions  
and waivers of penalties and  
other general correspondence  
to the**

**ETHICS COMMITTEE  
220 HART**

or

*Fax: (202) 224-7416*





**US Senate Financial Disclosure Report**

**Completing**

**Your**

**Financial**

**Disclosure**

**Report...**



## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

<b>Last Name</b>	<b>First Name and Middle Initial</b>	<b>Annual Report</b> Calendar Year Covered by Report:	<b>Senate Office / Agency in Which Employed</b>
<b>Filer</b>	<b>Joe</b>	<b>2003</b>	<b>Select Committee on Ethics</b>
<b>Senate Office Address (Number, Street, City, State, and ZIP Code)</b>	<b>Senate Office Telephone Number (include Area Code)</b>	<b>Termination Report</b> Termination Date (mm/dd/yyyy):	<b>Prior Office / Agency in Which Employed</b>
<b>220 Hart Washington, DC 20510</b>	<b>202-224-2981</b>		

### 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$285 from one source)? If Yes, Complete and Attach PART VI.	<input checked="" type="checkbox"/>	<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If Yes, Complete & Attach PART IIIA and/or IIIB.	<input checked="" 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 checked="" type="checkbox"/>	<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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$285 and not otherwise exempt)? If Yes, Complete and Attach PART V.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>If this is your FIRST Report:</u> 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 checked="" type="checkbox"/>	<input type="checkbox"/>

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)		<b>FOR OFFICIAL USE ONLY</b> Do Not Write Below this Line
Certification  <i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>	Signature of Reporting Individual  <div style="font-size: 24pt; color: blue; text-align: center;"><i>Joe Filer</i></div>	Date (Month, Day, Year)  <div style="font-size: 24pt; color: blue; text-align: center;"><b>5/15/04</b></div>
<b>For Official Use Only - Do Not Write Below This Line</b>		
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)

## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name	First Name and Middle Initial	New Employee Report Date of Employment (mm/dd/yy):	Senate Office / Agency in Which Employed
Senate/Candidate Office Address (Number, Street, City, State, and ZIP)		Candidate Report Commencement of Candidacy (mm/dd/yy):	State in which you are a candidate

### AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

	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 receive unearned or investment income of more than \$200 in the reporting period or hold any reportable Asset worth more than \$1,000 at the end of the 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.**

<p><b>File this report and an original copy in the Senate Office Building, U.S. Senate</b></p> <p>This Financial Disclosure Statement will be made available by the Clerk of the Senate. If you fail to file this report on time, the Clerk will refer the matter to the Select Committee on Ethics.</p> <p><b>Certification</b></p> <p><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></p>	<p><b>ANNUAL FILERS: DISREGARD this second cover page--used only by candidates and new employees</b></p>	<p>Senate Office</p> <p><b>OFFICIAL USE ONLY</b> Write Below this Line</p>
<b>For Official Use Only - Do Not Write Below This Line</b>		
<p><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></p>	<p>Signature of Reviewing Official</p>	<p>Date (Month, Day, Year)</p>



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 \$285 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

Date of Payment		Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Example:	3/26/0X	Association of American Associations	Wash., DC	Speech EXAMPLE	\$1,000
	7/23/0X	XYZ Magazine	NY, NY	Article EXAMPLE	\$500
1	<b>6/10/03</b>	<b>LET'S GO KNICKS, INC.</b>	<b>CHICAGO, ILLINOIS</b>	<b>SPEECH</b>	<b>\$2000</b>
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**Remember to submit a confidential report directly to the Ethics Committee naming the charitable organization which received the payment**

## CONFIDENTIAL DISCLOSURE OF PAYMENTS TO CHARITABLE ORGANIZATIONS IN LIEU HONORARIA

<b>Last Name</b>	<b>First Name and Middle Initial</b>	<b>Telephone Number (Include Area Code)</b>	
<b>FILER</b>	<b>JOE</b>	<b>202-224-2981</b>	
<input checked="" type="checkbox"/> <b>ANNUAL FILER</b>	<b>Calendar Year Covered by Annual Report</b>	<b>Office / Agency in which Employed (or formerly employed)</b>	
	<b>2003</b>	<b>US SENATE ETHICS COMMITTEE</b>	
<input type="checkbox"/> <b>TERMINATION FILER</b>	<b>Dates Covered by Termination Report:</b>	<b>Office / Agency in which Formerly Employed</b>	<b>Termination Date (mm/dd/yy):</b>

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

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

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

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

relative receives any financial benefit. If you attach additional pages, please number them.

**Penalty Provisions:** Any individual who is required to file this report and does so more than 30 days 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 a civil and criminal sanctions. (See 2 U.S.C. 701 at seq. and 18 U.S.C. 1001.)

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

Date	Source of Payment (Name, Address)	Recipient Charitable Organization (Name, Address)	Amount
<b>6/10/03</b>	<b>LETS GO KNICKS CHICAGO, IL</b>	<b>AMERICAN REDCROSS WASH, DC</b>	<b>\$2,000</b>


<b>Certification</b>	<b>Signature of Reporting Individual</b>	<b>Date (Month, Day, Year)</b>
<i>I CERTIFY that the statements I have made on this form are true, complete and correct to the best of my knowledge and belief. No financial benefit is derived from any charitable organization listed by me, or a parent, sibling, spouse, child or dependent relative of mine.</i>	<i>Joe Filer</i>	<b>5/15/03</b>

Report the source (name and address), type, and amount of earned income to you from any spouse aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honoraria Ban:**  
For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers	Wash., DC <span style="float: right;"><i>Example</i></span>	Salary <span style="float: right;"><i>Example</i></span>	\$15,000
	MCI (Spouse)	Arlington, VA <span style="float: right;"><i>Example</i></span>	Salary <span style="float: right;"><i>Example</i></span>	Over \$1,000
1	<b>DEWEY, CHEATEM REELECTION CMTE.</b>	<b>NEW YORK, NY</b>	<b>SALARY</b>	<b>\$18,000</b>
2	<b>I BELIEVE SO, INC (SPOUSE)</b>	<b>NEW YORK, NY</b>	<b>SALARY</b>	<b>OVER \$1,000</b>
3				
4				
5				
6				
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14				

**Remember to indicate if income is that of your spouse**



## **PART IIIA.**

# **Publicly Traded Assets & Unearned Income**

**Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, for production of income or investment which:**

- ☞ had a value exceeding \$1,000 at the close of the reporting period; and/or**
- ☞ generated over \$200 in “unearned” income during the reporting period**

# US Senate Financial Disclosure Report

## PART IIIA.

### YOU SHOULD REPORT ALL :

- ☞ Stocks
- ☞ Bonds
- ☞ Mutual Funds
- ☞ Pension Interests
- ☞ Annuities
- ☞ IRA assets
- ☞ Futures Contracts
- ☞ Excepted Trusts
- ☞ Qualified Blind Trusts
- ☞ Personal trade accounts
  - ★ (e\*trade, Ameritrade, etc.),
- ☞ Personal Banking Accounts
  - ★ Other bank accounts in excess of \$5000, which include:
    - CD's & Money Market Accounts



## PART IIIA.

### PUBLICLY TRADED STOCKS & BONDS

- ☞ Identify by complete name, and preferably the exchange upon which it's listed

### MUTUAL FUNDS

- ☞ Identify by complete name,
- ☞ including name of investment institution offering the fund (Templeton, Vanguard, etc.)
- ☞ and the specific identification of the fund (Total Return, Equity, etc.).

### MUNICIPAL BONDS

- ☞ Identify by name of municipality offering the bond and complete name of the bond



## PART IIIA.

### PERSONAL SAVINGS ACCOUNTS

- ☞ Report the complete name of the financial institution where personal accounts are held
  - ★ (This would include personal savings, checking, money market, certificates of deposit, and any other accounts at any institution)
- ☞ **AGGREGATE MORE THAN \$5,000** at the end of the reporting period or which
- ☞ **GENERATED MORE THAN \$200** in unearned income during the reporting period.

## PART IIIA.

### EXCEPTED INVESTMENT FUND

**A mutual fund, common trust fund of a bank, pension or deferred compensation plan, or any other investment fund which is:**

- ☞ *Widely held (i.e. has more than 100 participants or investors); and*
- ☞ *Publicly traded (or available) or widely-diversified; and*
- ☞ *Held under circumstances where you don't have control over the financial interests held by the fund.*



## **PART IIIA.**

### **INVESTMENT CLUBS OR OTHER HOLDING ARRANGEMENTS**

**Identify the investment club and also any underlying investment asset or property held by the club where**

- (i) *you (your spouse or dependent child's) interest in the underlying asset exceeds \$1,000 in value or*
- (ii) *where the underlying asset generated more than \$200 in income for you (your spouse or dependent child)*
- (iii) *if the investment club or holding itself meets the definition of an excepted investment fund, the information regarding the underlying assets are not reportable*

## **PART IIIA.**

### **RETIREMENT PLANS**

- ☞ Identify each asset held by a self-directed retirement plan.
- ☞ A self-directed retirement plan is one which does not meet the definition of an excepted investment fund.
  - ★ Widely held (i.e. has more than 100 participants or investors); and
  - ★ Publicly traded (or available) or widely-diversified; and
  - ★ Held under circumstances where you don't have control over the financial interests held by the fund.

## **PART IIIA.**

### **EXCEPTED TRUST**

**An excepted trust is one which:**

- ☞ Was not created by you, your spouse, or your dependent child; and
- ☞ Has holdings or sources of income of which you, your spouse, and any dependent child have no knowledge.

## **PART IIIA.**

### **QUALIFIED BLIND TRUST**

- ☞ A qualified blind trust is a trust which has been certified by the Senate Select Committee on Ethics, in accordance with Senate Rule 34.

**CERTIFIED**  
By the  
Select Committee  
on Ethics

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets <small>At the close of reporting period. If None, or less than \$1,001, Check the first column.</small>										BLOCK C Type and Amount of Income																		
												Type of Income						Amount of Income				Actual Amount Required if "Other" Specified								
		None (or less than \$1,000)	\$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	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
Example: DC, or J	S, IBM Corp. (stock) (S) Keystone Fund			X									X						Example	X										Example
					X									X		X			Example			X								Example
1	<b>MOOLAH, INC (NYSE)</b>			X									X									X								
2	<b>IPO, INC (NASDAQ)</b>		X													X							X							
3	<b>LEI GROWTH &amp; INCOME</b>	X											X								X									
4	<b>MICROSOFT</b>	X												X										X						
5																														
6																														
7																														
8																														
9																														
10																														

**Remember to check "None (or less than \$201)" if no income is received**

**READ INSTRUCTIONS BEFORE MARKING BOX: Exemption Test Is Extremely Difficult To Meet**

EXEMPTION TEST (see instructions below) \*\*\* This category applies only if the asset is an exempt asset as defined in the instructions.

## EXEMPTION TEST

**The reporting individual is not required to report assets, transactions, and/or liabilities which the reporting individual certifies:**

- ☞ (1) represents the spouse's or dependent child's sole financial interest or responsibility and which the reporting individual has no knowledge of;
- ☞ (2) which are not in any way, past or present, derived from the income, assets, or activities of the reporting individual; and
- ☞ (3) which the reporting individual neither derives, nor expects to derive, any financial or economic benefit.

BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Sources  Report the name, address (city, state and description) of each interest held by you, your spouse, or your dependent child (See p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a <u>non-public</u> trade or business which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental to the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.		BLOCK B Valuation of Assets  At the close of reporting period. If None, or less than \$1,001, Check the first column.										BLOCK C Type and Amount of Income  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 \$1,000)	\$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	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified		
Example: S, or J	JP Computer, Wash DC										X								Example	X													Example		
	Undeveloped land, Dubuque, Iowa																			Example	X											Example			
1	<b>VOINOVICH AND REID</b>																																		
2	<b>ETHICS VIDEOS</b>																																		
3	<b>LTD. PARTNERSHIP WASHINGTON, D.C.</b>																																		
4	<b>(MAKING AND DISTRIBUTION OF ETHICS VIDEOS)</b>																																		
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**If the type of income is "Other", the actual amount must be disclosed**

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.

**PART IV. TRANSACTIONS**

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Identification of Assets		Transaction Type (x)			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	Over \$50,000,000
Example: S, IBM Corp. (stock) NYSE		X			2/1/0X		X			E	X	A	M	P	L	E
Example: DC, (DC) Microsoft (stock) NASDAQ/OTC or J			X		1/27/0X			X	E	X	A	M	P	L	E	
1	<b>MOOLAH, INC (NYSE)</b>	<b>X</b>			<b>4/9/03</b>	<b>X</b>										
2	<b>MICROSOFT</b>	<b>X</b>			<b>8/5/03</b>		<b>X</b>									
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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 the source, brief description and value of all gifts aggregating more than \$285 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 \$114 or less need not be aggregated towards the disclosure threshold. "Gift" is defined in the Instructions.

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

Name of Income Source		Address of Source	Dates and Brief Description	Gift Value
Example:	Mr. John Q. Smith	Anytown, VA	Example August 12, 200X, Silver platter - Ethics Committee waiver granted	\$400
1	<b>CHARLES GENEROUS</b>	<b>WASH, D.C.</b>	<b>JULY 9, 2003- MARBLE STATUE</b>	<b>\$500</b>
2			<b>(ETHICS COMMITTEE WAIVER GRANTED)</b>	
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**Disclosure of gifts does not authorize their acceptance which may otherwise be a violation of Senate Rule 35**

**Note:** The Senate Gift Rule prohibits most gifts in excess of \$49.99.

EMPLOYEE ADVANCE AUTHORIZATION  
 AND  
 DISCLOSURE OF TRAVEL REIMBURSEMENT

# RE - 1 / 2

## Travel Form

Part I: [Complete this section in advance of the travel.]  Amended Version

I, Z. Senator hereby authorize, Joe Filer  
(Please print name of Member or Officer) (Please print name of Individual)

a staff member under my direct supervision, to accept reimbursement for necessary transportation, lodging, and related expenses for travel to the event described below. I have determined that this travel is in connection with his/her duties as a Senate employee of an officeholder, and will not create the appearance that he/she is using public office for private gain.

Reimbursement, or payment of necessary expenses, to be made by: Factfind Exotica, Inc.

Dates of the reimbursed travel: March 15-17, 2003

Place of travel: Peoria, Illinois

Purpose of travel: Speaking engagement

3/12/03 Z. Senator  
 Date Signature of Member or Officer

Part II: [Complete this section after the travel is completed.]  Amended Version

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed to me, as set out above:

PLEASE FILL IN THE APPROPRIATE BOXES: (Please include any expenses reimbursed for an accompanying spouse or dependent)

(Check One) METHOD	TOTAL TRANSPORTATION EXPENSES	TOTAL LODGING EXPENSES	TOTAL MEAL EXPENSES	OTHER EXPENSES (Total)
<input checked="" type="checkbox"/> GOOD FAITH ESTIMATE	\$625	\$275	\$150	
<input type="checkbox"/> ACTUAL REIMBURSEMENT				

8/12/03 Joe Filer  
 Date Signature of Employee

I have made a determination, that the expenses set out in Part II, in connection with travel described in Part I, are necessary transportation, lodging, and related expenses as defined in Rule 35.

8/14/03 Z. Senator  
 Date Signature of Member or Officer

- ✈ All Staffers fill out RE -1 / 2
- ✈ Forms should be filed with OPR within 30 days after completion of travel.
- ✈ Make sure all signatures and dates are filled in before form is turned in to OPR.
- ✈ Available on-line
- ★ Travel reported more than 30 days after completion of travel should be reported on Part VI -Reimbursements of your Public Financial Disclosure Form.

DISCLOSURE OF MEMBER OR OFFICER'S  
 REIMBURSED TRAVEL EXPENSES

[THIS DISCLOSURE MUST BE PROVIDED TO THE SECRETARY OF THE SENATE WITHIN (30) DAYS AFTER THE TRAVEL IS COMPLETED.]

**Z. Senator**

In compliance with Rule 35.2(a) and (c), I \_\_\_\_\_,  
 make the following disclosures with respect to travel expenses that have been or will be reimbursed to me.

Amended Version

Reimbursement, or payment of necessary expenses, to be made by: **Factfind Exotica, Inc.**

Dates of the reimbursed travel: **March 15-17, 2003**

Place of travel: **Peoria, Illinois**

Purpose of travel: **Speaking engagement**

PLEASE FILL IN THE APPROPRIATE BOXES: (Please include any expenses reimbursed for an accompanying spouse or dependent)

(Check One) METHOD	TOTAL TRANSPORTATION EXPENSES	TOTAL LODGING EXPENSES	TOTAL MEAL EXPENSES	OTHER EXPENSES (Total)
<input checked="" type="checkbox"/> GOOD FAITH ESTIMATE	<b>\$625</b>	<b>\$275</b>	<b>\$150</b>	
<input type="checkbox"/> ACTUAL REIMBURSEMENT				

I have made a determination, that the travel described above was in connection with my duties as an officeholder, and did not create the appearance that I was using public office for private gain.

**Z. Senator**

Signature of Member or Officer

**3/20/03**

Date

Form RE-3

# RE - 3 Travel Form

- ✈️ Only Members & Officers of the Senate fill out RE-3.
- ✈️ Forms should be filed with OPR within 30 days after completion of travel.
- ✈️ Make sure the form is signed and dated, before it is turned in to OPR.
- ✈️ Available on-line
- ★ Travel reported more than 30 days after completion of travel should be reported on Part VI - Reimbursements of your Public Financial Disclosure Form.

Report necessary travel related expenses from each source aggregating more than \$285 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 \$285), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$285. Report Gifts of travel in Part V.

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

Name of Income Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX	EXAMPLE Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 200X
1	<b>FACTFIND EXOTICA, INC.</b>	<b>ORLANDO, FL.</b>	<b>ROUNDRIP AIR, LODGING, AND MEALS FROM WASH, DC TO PEORIA, ILL FOR SPEAKING ENGAGEMENT, MARCH 15-17, 2003</b>
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**Travel reported on Rule 35 Forms (RE-1/2, RE-3) pursuant to Rule 35 (within 30 days of travel) does not have to be disclosed again on Part VI**

**JOE FILER**

**PART VII. LIABILITIES**

**8**

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. Exclude: (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

	Name of Creditor	Address	Type of Liability	Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)											
							\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
	Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1981	13%	25yrs			X		E	X	A	M	P	L	E
	(J) John Jones	Wash., DC	Promissory Note	1989	10%	On dmd				X	E	X	A	M	P	L	E	
1	<b>LEGBREAKER BANK</b>	<b>NY, NY</b>	<b>UNSECURED LOAN</b>	<b>2003</b>	<b>100%</b>	<b>On dmd</b>	<b>X</b>											
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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 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 <b>EXAMPLE</b>	Non-profit education	President	6 / 90	Present
	Jones & Smith	Hometown, USA <b>EXAMPLE</b>	Law Firm	Partner	7 / 85	11 / 00
1	DEWEY, CHEATEM & HOWE	NEW YORK, NY	LAW FIRM	PARTNER	5/02	2/03
2	GOOD SAMARITAN CHARITY	WASHINGTON, DC	CHARITY	BOARD MEMBER	1/03	2/03
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**Remember that compensation in excess of \$200 from any position must be reported on Part II (Earned and Non-Investment Income)**

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

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:	<i>Pursuant to partnership agreement, will receive lump sum payment of capital account &amp; partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)</i>	Jones & Smith, Hometown, USA <b>Example</b>	1 / 83
	<i>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</i>	XYZ Co., Bethesda, MD <b>Example</b>	1 / 03
1	<b>PURSUANT TO PARTNERSHIP AGREEMENT, WILL</b>	<b>DEWEY, CHEATEM &amp; HOWE</b>	<b>1/03</b>
2	<b>REMAIN IN PARTNERSHIP 401K PLAN (NO</b>		
3	<b>FURTHER CONTRIBUTIONS TO PLAN FROM</b>		
4	<b>PARTNERSHIP OR SELF)</b>		
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**FIRST TIME FILERS ONLY:**

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 <b>EXAMPLE</b>
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal Services in connection with university construction <b>EXAMPLE</b>
1	<b>DEWEY, CHEATEM &amp; HOWE</b>	<b>NY, NY</b>	<b>LEGAL SERVICES</b>
2			
3	<b>SUPER LANDLORD, INC</b>	<b>NY, NY</b>	<b>LEGAL SERVICES IN CONNECTION WITH HOUSING MATTER</b>
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US Senate Financial Disclosure Report

**IF YOU HAVE ANY  
QUESTIONS, PLEASE  
CALL**

**The Senate Select  
Committee on Ethics**



**224-2981** *(main)*  
**224-7416** *(fax)*



*All Advice is Confidential*