_					CIAL DISCLOS CANDIDATE R	_	_			
Last Name	First Name and Middle In	nitial			New Employee Report		Senate Office / Agency in Which	ch Employed		
					Date of Employment (mm/	dd/yy):				
Senate/Candidate Office Address (Number, Street, City, State, and ZIP)	Senate/Candidate Office	Telephon	e No.		Candidate Report		State in which you are a candid	date		
					Commencement of Candida (mm/d					
AFTER READIN	IG THE INSTR	UCTI	ONS	S - AN	SWER EACH O	F THE	SE QUESTIONS			
		YES	NO	0					YES	NO
Did you or your spouse have earned income (e.g., salar investment income of more than \$200 from any reportable reporting period? If Yes, Complete and Attach PART II.					you hold any reportable es, Complete and Attach		during the reporting period	d?		
Did you, your spouse, or dependent child hold any report asset worth more than \$1,000 at the end of the period or investment income of more than \$200 in the reporting If Yes, Complete and Attach PART IIIA and/or IIIB.	receive unearned			enti	you have any reportable y on the filing date? es, Complete and Attach	-	ent or arrangement with an	outside		
Did you, your spouse, or dependent child have any repo (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	rtable liability			the	you receive compensation wo prior years? es, Complete and Attach		e than \$5,000 from a singl	le source in		
Each question must be	answered an	d the	app	ropri	ate PART attach	ned for	each "YES" res	ponse.		
File this report and any amendments w Building, U.S. Senate, Washington, DC		-			-			t Senate (Office	
This Financial Disclosure Statement is require	d by the Ethics in	Gove	rnme	nt Act	of 1978, as amende	d. The	statement will be	FOR OFFI		
made available by the Office of the Secretary	of the Senate to a	any req	questi	ing per	son upon written ap	plication	and will be	Do Not Writ	e Below th	iis Line
reviewed by the Select Committee on Ethics.	Any individual wh	no knov	wingl	y and v	villfully falsifies, or w	ho knov	wingly and willfully			
fails to file this report may be subject to civil a	nd criminal sanction	ons. (S	See 5	U.S.C	. app. 6, 104, and 18	3 U.S.C	. 1001.)			
Certification	Signature of Repo	rting Indi	ividual		*******	Date (Month, Day, Year)			
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.										
Fo	r Official Use Only - Do			low This	Line	F : '	Manth Davi V			
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 Revi					Date (Month, Day, Year)			

Reporting	Individual's Name	PART	II. EARNED	AND NON-INVESTM	IENT INCOM	E	Page Number
For yo amour U.S. G	t the source (name and address ur spouse, report the source (not needs to be specified for you dovernment for you or your spood duals not covered by the Hore u and /or your spouse, report he ch, appearance or article) gene	name and address) and ty ir spouse. (See p.3, CON puse. noraria Ban: nonoraria income received	pe of earned inco ITENTS OF REPO I which aggregate	me which aggregate \$1,000 DRTS Part B of Instructions. s \$200 or more by exact am	or more during t) Do not report in nount, give the da	he reporting pe come from emp ite of, and desc	riod. No bloyment by the
	Name of Income S	Source	Ad	ldress (City, State)	Туре	of Income	Amount
F	JP Computers		Wash., DC	Example	Salary	Example	\$15,000
Example	MCI (Spouse)		Arlington, VA	Example	Salary	Example	Over \$1,000
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Reporting Individual's Name	PAR	T II	IA.	. F	PUI	BL	ICI	_Y	TR	RΑΙ	DΕ	D A	45	SE	ETS	A	NC	U	NE	ARNE	Đ	IN	CO	M [E S	O	UR	CE	ES		Pag	ge Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly			Α	t the If No	luat close ne, c	BLO ion e of r or les the f	of a	Ass rting an \$1	perio	od.			11	f "No	one (or le i	ss th	an \$ des i	201) ncor	Type a	nd / ed, r	Am o	her e	it of	is ne	eede	ed in	Bloc he in	k C	for th	nat ite	em. This
traded asset held by you, your spouse, or you	ur			Cr	теск	the i	nrst (colun	nn.						Ту	pe	of I	nco	me)					Am	our	nt o	f In	cor	ne		
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 function publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.			\$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
S, IBM Corp. (stock) Example: DC,				Х									Х							Example		X										Example
or J (S) Keystone Fund				-	Х										Х		Х			Example	Х			\vdash	H	\vdash	H	H		H		Example
1																								<u> </u>		\bigsqcup						
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																
10																																

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

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

Reporting Individual's Name	PA	۱RT	T III	В.	N	ON	I-PI	UB	LIC	CLY	/ T	RA	DE	Đ,	AS	SE	TS	ΑN	ND	UN	NEARN	IED) IN	ICC	M	ES	O	JR	CE	S		Page	e Number
BLOCK A Identity of Non-Publicly Tradeo Assets and Unearned Income Sou	rces			At	the c	B uati close ne, or	of re	of A	Ass ting	perio	od.			lf	"No	ne (d					Type a l " is Check ne receive	nd A ed, n	no otl	oun her e	t of entry	is ne	eede	ed in				at ite	em. This
Report the name, address (city, state ar description) of each interest held by you spouse, or your dependent child (See p	ı, your				Ch	ećk t	the fi	irst c	olun	ńn.	,					Ту	ре	of lı	nco	me						Am	our	nt o	f Inc	con	ne		
CONTENTS OF REPORTS Part B of Instructions) for the production of incominvestment in a non-public trade or busi which: (1) had a value exceeding \$1,000 at to close of the reporting period; and/or (2) generated over \$200 in "unearned income during the reporting period. Include the above report for each under asset, which is not incidental to the trade business. Publicly traded assets held be public entity may be listed on Part IIIA.	ne or ness he '''	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	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,					Х	v								Х							Example		Х						_			_	Example
or J Undeveloped land, Dubuque, Io	wa					Х						-									Example	Х							\blacksquare		\dashv	\dashv	Example
2																																	
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	
EXEMPTION TEST (see instructions before mark *** This category applies only if the asset is/was h	ing box): If geld indeper	you o	omitte	ed ar the	ny as spoi	sset l	beca or de	use	it me dent	eets child	the t	hree the a	-par	t tes t is/w	t for vas e	exen either	nptic	n de	scrib	oed i iler o	n the instr or jointly he	uctio eld, ι	ns, p use tl	oleas he of	e ch	eck cate	box gorie	to the	e righ valu	ht. e, as	;		

appropriate.

Re	eporting Individual's I	Name		PART VII.	LIAB	ILITIE	S									Page	e Numbe	ər
									Ca	teg	ory o	of A	mou	nt c	of Va	lue	(x)	
C di pe se	ONTENTS Curing the report of the control of the con	OF REPORTS Part orting period. Chec de: (1) Mortgages of tomobiles, househor	B of Instructions), to ck the highest amour on your personal resi old furniture or applia	use, or dependent child (See p.3 any one creditor at any time nt owed during the reporting dences unless rented; (2) loans ances; and (3) liabilities owed to s for reporting revolving charge	Date Incurred	Interest Rate	Term if Applicable	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 o	of Creditor	Address	Type of Liability				\$10,001	\$15,0	\$50,0	\$100	\$250	\$500	Over	\$1,0(\$5,00	\$25,0	Over
	S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1991	13%	25yrs			Х		Е	Х	Α	M	Р	L	Ε
	Example : DC, or J	(J) John Jones	Wash., DC	Promissory Note	1999	10%	On dmd				X	Ε	X	Α	M	Р	L	Ε
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
EX	EMPTION TEST (This category appli	(see instructions before m	narking box): If you omitted a held independently by the spo	ny asset because it meets the three-part test for use or dependent child. If the asset is/was either h	exemption eld by the fi	described ler or jointl	I in the ins	tructio the ot	ons, pl ther ca	ease ategori	check es of v	box t	o the as ap	right. propria	ate.			

Reporting Individual's Name		Page Number
	PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT	

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.

N	ame of Organization	Addres	ss (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	6/90	Present
Lxample.	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/95	11 / 0X
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							

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

eporting Individual's Name	Page Number

PART IX. AGREEMENTS OR ARRANGEMENTS

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book or sale of other intellectual property), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

	Status and Terms of any Agreement or Arrangement	Parties		Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	Example	1/93
	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				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Reporting	Individual's	Name
-----------	--------------	------

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

Page Number

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.

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