

CONFIDENTIAL DISCLOSURE OF PAYMENTS TO CHARITABLE ORGANIZATIONS IN LIEU HONORARIA

Last Name	First Name and Middle Initial	Telephone Number (Include Area Code)	
<input type="checkbox"/> ANNUAL FILER	Calendar Year Covered by Annual Report	Office / Agency in which Employed (or formerly employed)	
<input type="checkbox"/> TERMINATION FILER	Dates Covered by Termination Report:	Office / Agency in which Formerly Employed	Termination Date (mm/dd/yy):

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

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
<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>		