## TERMINATED EMPLOYEE FD FILING EXEMPTION

THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED. PLEASE COMPLETE BOTH PAGES AND RETURN TO THE OFFICE OF THE CLERK AT THE MAILING ADDRESS BELOW.

Signature:	Date:	
Name (Please Print or Type):		

(THIS PAGE WILL NOT BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO: The Clerk, U.S. House of Representatives Legislative Resource Center B-106 Cannon House Office Building Washington, DC 20515-6601

## TERMINATED EMPLOYEE FD FILING EXEMPTION

The Honorable Karen L. Haas, Clerk	
Office of the Clerk, U.S. House of Repres	entatives
Legislative Resource Center	
B-106 Cannon House Office Building	
Washington, DC 20515-6601	
Dear Madam Clerk:	
This is to notify you that I have assumed a	new federal government position that requires the filing of a <b>public</b> Financial
Disclosure Statement under the Ethics in	Government Act, as amended (5 U.S.C. app. 4, § 101 et seq.).
My new federal government position is w	ith(NAME OF NEW FEDERAL GOVERNMENT EMPLOYER)
effective	, which is within 30 days of leaving my prior covered position.
Name (Please Print or Type):	
Date:	

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

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