

#### SELECT COMMITTEE ON ETHICS

**UNITED STATES SENATE** 

# FILER'S GUIDE FOR COMPLETION OF TERMINATION REPORTS

**MARCH 2012** 

One Hundred and Twelfth Congress

Senate Select Committee on Ethics 220 Hart Senate Office Building 202-224-2981

email: mailbox\_office@ethics.senate.gov
http://www.ethics.senate.gov

## Who Must File a Termination Report

- Members, officers, and Senate employees that terminate a *filing position* must file a report upon termination of their position, unless they accept another position requiring a public financial disclosure report within 30 days of termination
- If your termination date occurs between January 1 and May 15 you may file your termination report and annual report together as one report; however, your report remains due within 30 days after termination

#### **Deadline**

No Later than 30 Days after Termination

### **Filing Process**

- 1. Complete all applicable parts of the termination report.

  Blank forms can be downloaded from

  <a href="http://ethics.senate.gov/public/index.cfm/financial-disclosure-forms">http://ethics.senate.gov/public/index.cfm/financial-disclosure-forms</a>
- 2. Sign and date your form.
- 3. Separate the pages and file only those parts that you have checked "Yes" and completed.
- **4.** Check this box ' ☑ Amendment ' ONLY if filing an amendment.
- 5. Your completed form (and any subsequent amendment) must be filed with the

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

Secretary of the Senate Office of Public Records P.O. Box 77578 Washington, DC 20013-7578

#### **Cover Sheet**

	UNITE	D STATES SE					REPORT		
Amendment									
Last Name		First Name and Middle Initia	al		Annual Report				
1		(2			Calendar Year Cove	red by Report:	Senate Office / Agency in Wh	ch Employed	
Senate Office Address (Number, Street, City	y, State, and ZIP Code)	Senate Office Telephone N	umber (Include Area Co.	do)	Termination Report				
5		6			Termination Date (n	m/dd/yy):	Prior Office / Agency in Which	Employed	
AFTER READING	THE INSTRU	CTIONS - ANSW	ER EACH O	F TI	HESE QUEST	TIONS AND	ATTACH THE RE	LEVANT I	PART
			YES NO						YES NO
Did any individual or organization in paying you for a speech, appearant If Yes, Complete and Attach PART	nce, or article in the Γ I.	reporting period?		reir \$38		ravel in the repo	child receive any reportat orting period (i.e., worth m /I.		9
Did you or your spouse have earn investment income of more than \$ reporting period? If Yes, Complete and Attach PART	200 from any report	able source in the		(mo	l you, your spouse ore than \$10,000) 'es, Complete and	during the repo		liability	
Did you, your spouse, or depende more than \$1,000 at the end of the investment income of more than \$ If Yes, Complete & Attach PART II	e period, or receive a 200 in the reporting	inearned or		cur	l you hold any rep rent calendar year 'es, Complete and	?	s on or before the date of	filing in the	
Did you, your spouse, or depende reportable asset worth more than ! If Yes, Complete and Attach PAR!	\$1,000 in the reporti			ent	you have any rep ity? 'es, Complete and		ent or arrangement with a X.	in outside	
Did you, your spouse, or depende reporting period (i.e., aggregating exempt)? If Yes, Complete and Attach PARI	more than \$350 and			\$5.	his is your FIRST I 000 from a single 'es, Complete and	source in the tw		f more than	
		t be answered a	nd the appro	pri	ate PART atta	ached for e	ach "YES" respor	ise.	
File this report and any an Senate, Washington, DC 2	nendments with	the Secretary of	the Senate, O	ffice	of Public Re				ding, U.S.
This Financial Disclosure State by the Office of the Secretary of on Ethics. Any individual who criminal sanctions. (See 5 U.S.	of the Senate to an knowingly and will	y requesting person fully falsifies, or who	upon written app knowingly and v	plica	tion and will be r	reviewed by th	e Select Committee		ICIAL USE ONLY ite Below this Line
Certification		Signature of Repo				Date (	Month, Day, Year)	1	
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.		10				2310 (	<u>u</u>		
		or Official Use Only - D		This	Line			ı	
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 Rev	iewing Official			Date (	Month, Day, Year)		

Select the cover sheet for Annual and Termination Reports (as pictured above).

- 1 Enter your last name.
- 2 Enter your first name and middle initial.
- 3 Leave this box blank, UNLESS you are submitting your annual report with your termination report.
  - If your termination date occurs between January 1 and May 15, you may file your termination report and annual report together as one report. If this is the case, indicate both the Calendar Year Covered by Your Report and your Termination Date on the cover sheet.
- 4 Enter the name of your office or agency where you terminated employment.
- **5** Enter your main office address where you terminated employment.
  - Include building name and room number (if applicable), number, street, city, state, and zip code.
- 6 Enter the telephone number, including area code, of the office where you terminated employment.
- 7 Enter your termination date (month/day/year).
- 8 Leave this box blank UNLESS you worked in a different office or agency in the prior calendar year.
- Oheck YES or NO for boxes I through IX. Check YES or NO for box X if this is your first disclosure report.
- O Sign here once you have completed the form.
- Enter today's date.

#### Part I.

# Payments to Pay Charitable Organizations in Lieu of Honoraria

Rego	rting Indi	vidual's Name	PART I. PAYMENTS T	O PAY CHAF	RITABLE ORGANIZATIONS IN LII	EU OF HONORAR	IA Page Number
dur	ing the	e reporting	name and address), date, and amount of any p period. Identify the activity (speech, article, or es in excess of \$335 related to activities giving	appearance),	which generated the payment. For fu	rther information, see	
Da	te of	Payment	Name of Source		Address (City, State)	Speech, Article, or Appearance	Amount
	mple:	3/25/0X	Association of American Associations	Wash., DC	EXAMPLE	Speech EXAMPLE	81,000
Exa	iii pile.	7/23/0X	XYZ M agazine	NY, NY	EXAMPLE	Article EXAMPLE	8500
1	•	7	3		•	5	9
2							
3							

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report any payments made within the reporting period on your behalf to charitable organizations in lieu of receiving honoraria. The purpose of this part is to disclose the sources of these charitable payments, and not the identities of the charities themselves. *All boxes must be completed.* 

- Enter the page number.
- 2 Enter the date (month/day/year) that each payment was made.
- 3 Enter the complete name of each payment source.
- **1** Enter the address (city and state) of each payment source.
- 5 Disclose the type of action (speech, article, or appearance) you performed that resulted in a payment to a charitable organization in lieu of an honorarium.
- 6 Disclose the exact amount of the payment.

A **separate, confidential report** that names the charitable organization receiving such payments must be filed directly with the Senate Select Committee on Ethics.

This form can be found directly after Part I in the disclosure report packet.

#### Part II.

#### **Earned and Non-Investment Income**

Rep	arting Indi	□ Amendment	PARTII. EARN	ED AND NON-IN VE STMENT	INCOM	IE.	Rige Number
Fo am	r your :	spouse, report the source (name and	d address) and type of earned i	to you from any source aggregating \$ income which aggregate \$1,000 or mo EPORTS Part B of Instructions.) Do n	re during	the reporting pe	eriod. No
Fo	r you s		income received which aggreg	gates \$200 or more by exact amount, include payments in lieu of honoraria			or ibe the activity
Г		Name of Income Source		Address (City, State)	Туре	of Income	Amount
_	mple:	JP Computers	Wash., DC	Example	Salary	Example	815,000
EXA	im pie:	MCI (Spou se)	Arlington, VA	Example	Sabry	Example	Over 81,000
1		2		3		<b>(</b>	5
2							

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Disclose all sources of earned and non-investment income earned by you over \$200 during the reporting period. Also, disclose all sources of earned and non-investment income earned by your spouse over \$1,000 during the reporting period. This includes salaries, board compensation, consulting fees, etc. *All boxes must be completed*.

- Enter the page number.
- 2 Provide the complete name of each income source.
  - For income earned by your spouse, identify as spousal income. For example, write "(S)" or "(spouse)" behind the name of income source.
- 3 Provide the address (city and state) of each income source.
- Disclose the type of income (salary, board compensation, book commission, for example).
- 5 Provide the exact amount of your earned income.
  - If you are subject to the outside earned income limit (\$26,955 for calendar years 2011 and 2012), ensure you do not exceed that limit. If you did exceed the limit, please contact the Senate Select Committee on Ethics immediately.
  - For income earned by your spouse, write "Over \$1,000."

#### Part IIIA. Publicly Traded Assets and Unearned Income Sources

Reporting Individual's Name	PΑ	RT	III	Α.	P	JB	LIC	LY	TR	ΑE	E	) A	S	SET	S	ΑN	ID	UN	IE/	ARNE	D	IN	CO	ME	S	οι	IRC	E	;	Pag	Number
BLOCK A Identity of Publicly Traded As sets And Unea med Income Sources Report the complete name of each publicly traded asset held by you, your spouse, or			Att	he d	atio	frep ess t	A se orting nan S	perio					If "N			inclu	ıd es		)* Is i	/pe and Checked ecelved	d Ā i	othe	int	ry Is the b	need	ded I	the I	divid		at Iter	n. This
your 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	Note (or bas that \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001-\$220,000	Section 1 section 1	Ove r\$1,000,000	\$1,000,0001-46,000,000	\$5,000,0001 - \$25,000,000	\$25,000,001 -\$60,000,000	00e r \$50 000 000	Note	Divide irds				p <b>u</b>	Excepted Triest		Other (Spe <i>cify</i> Type)	Note (or bas that \$201)	\$201-\$1,000	\$1,001 - \$2,500	\$2,501-\$5,000				Silon and in the control of the cont	8	Ove r\$5,000,000	Actual Amount Required if "Other" Specified
S, IEM Corp. (stock)  Example: DC . (SI Keystone Fund			$\neg$	X	×	Ŧ				$\exists$	$\exists$	$\Box$	X	4	$\dashv$	4	v	4	_	Exemple		X		$\Box$	$\neg$	$\Box$	1	7	F	F	Exemple
or J (S) Keystone Fund	$\vdash$	$\vdash$	$\dashv$	+			+	$\vdash$	Н	$\dashv$	╝	$\dashv$	+	+	-		X	+	+	Exemple	X	Н		$\dashv$	$\dashv$			+	+		Exemple
1 2			_	_	_	3)				_	4		_	4		4		_						Ц			5	_	$\perp$		
2					-	T										Т					Ш					1					
3																															

Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report here any assets held by you, your spouse, or your dependent children that are publicly traded. This can include stocks, bonds, retirement accounts, tuition savings accounts, mutual funds, brokerage accounts, checking/savings/money market accounts, etc.

Reportable assets include those that have a value that exceeds \$1,000 <u>or</u> any assets that have earned at least \$200 in income within the reporting period. For checking/savings/money market accounts, report assets that have an aggregate value of all accounts at any one institution that exceeds \$5,000 <u>or</u> have earned at least \$200 in income in the aggregate within the reporting period. *All boxes must be completed.* 

- 1 Enter the page number.
- 2 Identify the complete name of each asset in Block A.
  - Make sure that the asset name is uniquely identifiable. For example, do not just enter "USA Funds," but instead "USA Funds Mid Cap Growth Fund."
  - For all financial companies, disclose the type of account (savings, checking, money market, IRA, stock or bond), if applicable. For example, "USA Bank" should be "USA Bank (checking)."
  - For each asset, distinguish between your assets and those assets that are jointly held and those held by your spouse and dependent children (such as by including (S) for spouse, (J) for joint, and (DC) for children).
  - Disclose all reportable underlying assets for retirement plans, trusts, and 529 tuition plans *as separate line entries*, unless the plans or trusts qualify as excepted investment funds.
- 3 Check the appropriate box in Block B to disclose each asset's value range.
  - Make sure to also disclose the value for each underlying asset held within a particular plan, account, trust, etc., as separate line entries.
  - Value assets as of any date you choose that are within 31 days of the close of the reporting period.
- 4 Check the appropriate box or boxes in Block C to describe the type of income received from each asset.
  - If "Other," specify the type of income.
  - If you report \$200 or more in capital gains from any asset, you must also list this as a sale on Part IV.
- 6 Check the appropriate box in Block C to disclose the range of the amount of income received from each asset in the reporting period.
  - If "Other" is checked in the "Type of Income" section, then disclose the actual amount of the income (not a range).

Part IIIB.

#### Non-Publicly Traded Assets and Unearned Income Sources

Reporting Individual's Name	P/	\R1	III	в.	NO	N-P	UB	LIC	LY	TR	ΑI	DEI	D A	AS S	SE T	TS	ΑN	ID	UN	EARN	ΕC	) IN	ICO	OMI	E S	οι	JRC	E S		Pag	pe Number
BLOCKA 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			Att	he do	BLO ation se of or lea & the	of a	A sse ting p in \$1	perflod ,001,	-			ı	f "N			incl	u des		1)" la ome	ype an Checked received	d Ar	no.	rent	of li ry Is the t	need	ded I fit of	n Bb	dMd	ual.	at liter	n. This
p.3, CONTENTS OF REPORTS Part B of Instructions) for the production of income or investment in a non-public trade or business which:	Note (or biss that \$1,001)	\$1,001 -\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$20,001 -\$60,000	\$500,001 - \$1,000,000	Over\$1,000,000***	\$1,000,0001 - \$5,000,000	mimicas- indumos	Ones 450 DOMO COM	mr/mr/nat lavo	Note	Dwneigs	Part	II Brest	CaplaiGalis	Excepted investment Find	Excepted Trist	Qualified Billid Trist	Other (Specify Type)	Note (or less that \$201)	\$201 - \$1,000	\$1,001 -\$2,500	\$2,501-\$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	student - student	St mmn1-85 mm	Ove r\$5,000,000	Actual Amount Required If "Other" Specified
S, JP Computer, Software Design , Example: DC, Wesh DC				X							1		X							Example		X									Example
or J Uhdeveloped land, Dubuque, Iowa					(									1						Example	X										Example
1 2					(3									T		Ø											5				
2										T						1															
3										1	1	$\top$	T	1												$\exists$					

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report here any assets held by you, your spouse, or your dependent children that are NOT publicly traded. This can include rental property, land ownership, private trusts, etc.

Reportable assets include those that have a value that exceeds \$1,000 or any assets that have earned at least \$200 in income within the reporting period. *All boxes must be completed*.

- 1 Enter the page number.
- 2 Identify the complete name, address, and description of each interest in Block A.
  - Include a brief description of the nature of the business or other asset type.
  - Include the city and state where the interest is located (not the full street address).
  - For each asset, distinguish between your assets and those assets that are jointly held and those held by your spouse and dependent children (such as by including (S) for spouse, (J) for joint, and (DC) for children).
  - Disclose all reportable underlying assets within LPs, LLCs, and trusts *as separate line entries*, unless the LPs, LLCs, or trusts qualify as excepted investment funds.
- 3 Check the appropriate box in Block B to disclose each asset's value range.
  - Make sure to disclose the asset values for all underlying assets.
  - Value assets as of any date you choose that are within 31 days of the close of the reporting period.
- 4 Check the appropriate box or boxes in Block C to describe the type of income received from each asset.
  - If "Other," specify the type of income.
  - If you report \$200 or more in capital gains from any asset, also include this sale on Part IV.
- 5 Check the appropriate box in Block C to disclose the range of the amount of income received from the asset during the reporting period.
  - If "Other" is checked in the "Type of Income" section, then disclose the actual amount of the income (not a range).

#### Part IV.

#### **Transactions**

Reporting Individuals N	■ Amendment	PAR	RT IV	/. TF	RAN	SACTIONS									Paga N	District
									Amo	ount	of 1	Tran	sac	tion	(x)	
		nge by you, your spouse, or dependent DRTS Part B of Instructions) during the		nsact ype (:												
other securities Include transac involving prope between you, y	when the amount of to tions that resulted in a rty used solely as you	stocks, bonds, commodity futures, and the transaction exceeded \$1,000. a loss. Do not report a transaction in personal residence, or a transaction dent child. Please clarify which two able exchange.	Purchase	9	Exchange	Transaction Date (Mo., Day, Yr.)	001 - \$15,000	0001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,0001 - \$1,000,000	Over \$1,000,000		<del>99</del>	\$25,000,001 - \$50,000,000 Over \$50,000,000
	Identifi cati	ion of Assets	Pu	Sale	ñ		퓽	\$15	꾫	뜛	錢	8	ઠ	<del>€</del>	8	8 8
S,	IBM Corp. (stock) I	NYSE	Х			2/1/0X		Х			Е	Х	Α	М	Р	L E
Example: DC, or J	(DC) Microsoft (stock) No	ASDAQ/OTC		X		1 / 27 / 0X				х	Е	X	Α	М	P	L E
1	2			3		4						0	•			
2																
3									$\neg \neg$	$\neg \neg$		$\neg \neg$				

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report here any purchases, sales, or exchanges of property or assets that exceeded \$1,000. *All boxes must be completed.* 

- Enter the page number.
- 2 Identify the complete name of each asset.
  - Make sure that the asset name is uniquely identifiable (for example, do not just Enter "USA Funds," but instead "USA Funds Mid Cap Growth Fund."
  - Distinguish between your assets and those held by your spouse and dependent children, such as by including (S) for spouse and (DC) for children.
  - Make sure to account for each asset from your previous disclosure report:
    - i. If the asset was sold or exchanged, list the sale or exchange.
    - ii. If the asset fell below the reporting threshold, please make a note of that.
    - iii. If any other life events (divorce, child emancipation, inheritance, etc.) occurred that changed the asset's reportable status, please make a note of that.
- 3 Identify the transaction type (purchase, sale, or exchange).
  - Disclose only ONE transaction type per line do not disclose purchases and sales of the same asset on the same line.
- Identify the transaction date (month/day/year) or frequency (such as "monthly," "quarterly," "weekly," etc.). Do not use "multiple," "various," "not applicable," etc. as transaction frequencies. If the transactions were not on a regularly recurring basis, you must specify the actual dates.
- **6** Check the appropriate box to disclose range of the transaction amount.

**Gifts** 

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report here the source of all gifts aggregating more than \$350 in value received by you, your spouse, or your dependent children in the reporting period. Do not include gifts valued at \$140 or less when aggregating gifts from each source to determine whether or not disclosure is necessary. *All boxes must be completed.* 

• Enter the page number.

Part V.

- 2 Enter the complete name of each gift source.
- 3 Enter the address (city and state) of that source.
- 4 Enter the date(s) received and a brief and specific description of the gift (for example, "birthday gift" is insufficient).
- 5 Enter the exact gift value.

#### Part VI.

#### Reimbursements

Reporting Ind	Amendment	P	ART VI. REIMBURSEMENTS
and/or dotherwis- organiza same sp separate Exclude funds wh	ependent child in connection e). Disclosure is required re tion. A description of the itin onsor (and the trips added to thip does not equal more the Travel related expenses p tich are reported to the FEC;	with your provision of services at a gardless of whether those expense erary, including date(s) and the nat agether are worth more than \$350), an \$350. Report Gifts of travel in Provided by federal, state, D.C., and reimbursements to a spouse or de	g more than \$350 in value during the reporting period received by you, your spouse a speaking engagement, fact-finding event, or other event (personal campaign, or as were reimbursed to the individual or paid directly by the sponsoring ture of expenses is required. If you are reimbursed for more than one trip from the , then you must report each trip individually, even if the reimbursement for each Part V.  I local governments; or by a foreign government; reimbursements from campaign ependent child totally independent of his or her relationship to you; and enate Rule 35. For further information, see Instructions.
1	lame 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 EXAMPLE
1	2	3	4
2			
3			

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report here travel-related expenses from each source aggregating more than \$350 in value during the reporting period received by you, your spouse, and/or dependent child in connection with your participation in a speaking engagement, fact-finding event, or other event regardless of whether the trip was officially connected, personal, or campaign related (unless the trip is required to be reported to the FEC). You need not disclose travel if you filed an *Employee Pre-Travel Authorization* and the *Employee Post-Travel Disclosure of Travel Expenses* (Form RE-1 and Form RE-2) or the *Senators and Officers Post-Travel Disclosure of Travel Expenses* (Form RE-3) within 30 days of return from the trip.

Disclosure is mandatory regardless of whether those expenses were reimbursed to the individual or paid directly by the sponsoring organization. *All boxes must be completed.* 

- Enter the page number.
- 2 Enter the complete name of each income source.
- **3** Enter the address (city and state) of each source.
- dentify the dates of travel (month/day/year) and provide a brief description of the event, including itinerary and nature of expenses.

#### Part VII.

#### Liabilities

Reporting Individual's	☐ Amendm	ent	PART VII.	LIAB	ILITIE	S								Pag	Numb	
CONTENTS C during the repo period. Exclude secured by au	FREPORTS Part orting period. Che de: (1) Mortgages ( tomobiles, househ	B of Instructions), to ok the highest amoun on your personal resion old furniture or applia	use, or dependent child (See p.3 any one or editor at any time at owed during the reporting denoes unless rented; (2) loans inces; and (3) liabilities owed to s for reporting revolving charge	Date Incurred	Interest Rate	Term if Applicable	101 - \$15,000	Ca 000,008 - 100,	-\$100,000	- \$250,000	- \$500,000	0ver \$1,000,000 ***	0000	\$5,000,000 - \$25,000,000	\$25,000,0001 - \$50,000,000	Over \$50,000,000
Name o	of Creditor	Address	Type of Liability				\$10,001	\$15,	\$50,001	\$100,00	\$250,001	Bog Pan	\$1,00	8	\$25,1	Over
S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1991	13%	25 yrs			Х		E i	X A	M	Р	L	Е
Example: DC, or J	(J) John Jones	Wash., DC	Prom Issory Note	1999	10%	On dmd				X	E :	хА	M	Р	L	E
1	2	3	4	5	6	7					8					
2				_	_						Т					
3							Г									П

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report here all liabilities more than \$10,000 owed by you, your spouse, or dependent child. EXCLUDE: mortgages on personal residences (unless rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to certain relatives listed in the instructions. *All boxes must be completed*.

- Enter the page number.
- 2 Identify the name of each creditor.
- 3 Identify the address (city and state) of the creditor.
- 4 Identify the type of liability (e.g., student loans, mortgage, credit card).
- 5 Identify the date incurred.
  - For revolving accounts, this is the year that the account was opened.
- 6 Identify the interest rate or the interest rate range if variable.
- **7** Identify the repayment term.
  - For revolving accounts, enter "on demand" or "revolving." All other loans require a specific repayment term.
- 8 Check the box for each liability that reflects the highest amount owed during the reporting period.

#### Part VIII.

#### Positions Held Outside U.S. Government

Regarting Indi	Mdusi's Name ☐ Amendment	PART VIII. POSITIO	ONS HELD OUTSIDE	U.S. GOVERNMENT	•	Paga Number
officer, di	irector, trustee, general partne	g the applicable reporting period whet er, proprietor, representative, employe on or educational institution. Both the	e, or consultant of any corpo	ration, firm, partnership, or	other busine	55
Exclude	: Positions with federal gover	nment, religious, social, fraternal, or p	olitical entities, and those sol	lely of an honorary nature.		
	: Positions with federal gover ame of Organization	nment, religious, social, fraternal, or p  Address (City, State)	olitical entities, and those sol	Position Held	From (Mo/Yr)	To (Mo/Yr)
N		Address (City, State)	· ·	· · ·		
	ame of Organization	Address (City, State)	Type of Organization	Position Held	(Mo/Yr)	(Mo/Yr)
N	ame of Organization  National Assn. of Rock Collectors	Address (City, State)  NY,NY EXAMPLE	Type of Organization  Non-profit education	Position Held President	(Mo/Yr) 6/90	(Mo/Yr) Present
N	ame of Organization  National Assn. of Rock Collectors	Address (City, State)  NY,NY EXAMPLE	Type of Organization  Non-profit education	Position Held President	(Mo/Yr) 6/90	(Mo/Yr) Present

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report any positions held by you during the reporting period, whether compensated or not.

These positions can include: employee, officer, director, trustee, general partner, proprietor, representative, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. EXCLUDE: positions with the federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature. *All boxes must be completed*.

- Enter the page number.
- 2 Identify the name of the organization in which you held a position.
  - Make sure that all positions reported on Part II and held by you are also disclosed on Part VIII.
- 3 Identify the address (city and state) of each organization.
- **4** Describe the type of organization for each position you held.
- **5** Describe each position you held.
- 6 List the starting date (month/year) of each position.
- 2 List the ending date (month/year) of each position, or enter "present" for currently held positions.

#### Part IX.

#### **Agreements or Arrangements**

Reporting Indi	Midual's Name	☐ Amendment	PARTIX. AGREEMENTS O	RARRANGEMENTS		Paga Number
of or	other intell continuing	ectual property	arrangements for future employment (including agreem ), leaves of absence, continuation of payment by a for an employee benefit plan. See Instructions regarding	mer employer (including sev	verance paymer	nts),
		Status and Term	s of any Agreement or Arrangement	Parties		Date
	share calcul	ated on services per	ent, will receive lump sum payment of capital account & partnership formed through 11/10X and retained pension benefts (diversified, nded, defined contribution plan)	Jones & Smith, Hometown, USA	Example	1/93
Example:	Em ploym e n	tagreement with XY	Z Co. to become Vice Prestient of Government Relations. Terms of n \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock	XYZ Co., Bethesda, MD	Example	1/0X
1			2	3		4
2						
-						

## Reporting Period: From the End of the Period Covered by Your Previous Report Through Your Date of Termination

Report your agreements or arrangements you have for:

- Future employment.
- 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.
- Continuing participation in an employee benefit plan.

#### All boxes must be completed.

- Enter the page number.
- 2 Describe the status and terms of any agreement or arrangement. Feel free to use several lines for each agreement in order to provide sufficient detail.
  - Make sure that all agreements of retirement accounts in Part IIIA or IIIB are included here, as well.
- 3 Identify the parties involved, and include their location (city and state).
- 4 Identify the date (month/year).

#### Part X.

## Compensation in Excess of \$5,000 Paid by One Source

(First-Time Filers Only)

Reporting Ind	Mdusi's Name ☐ Amendment P/	ART X. COMPENSATION IN EXCE	SS OF \$5,000 PAID BY ONE SOUR	CE Page Number
FIRST T	IME FILERS ONLY: (Except Ca	ndidate Reports - All Candidate Repor	ts Must Include Part X If Applicable)	
the nam	es of clients and customers of any		ovided directly by you during the reporting peri enterprise, or .any non-profit organization whe yment of more than \$5.000. You need not repo	n you directly
Governn	nent as a source.			Time o.o.
Governn		Address of Source	Brief Description of Dutie	
	nent as a source.	<u> </u>	, , , , , , , , , , , , , , , , , , ,	
Governn	Name of Source	Address of Source	Brief Description of Dutie	5
	Name of Source	Address of Source	Brief Description of Dutie	s EXAMPLE
	Name of Source	Address of Source	Brief Description of Dutie	s EXAMPLE

## Reporting Period: Preceding TWO Calendar Years and the Current Calendar Year up to the Date of Filing

Report here sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. *All boxes must be completed*.

- Enter the page number.
- 2 Identify the name of the source.
  - Include the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization where you directly provided the service to the clients/customers.
  - Make sure that all sources of earned income are also included on Part II.
- 3 Identify the address (city and state) of each source.
- 4 Provide a brief description of duties for each source.

