

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes)	<input type="checkbox"/> Incumbent	Calendar Year Covered by Report	<input type="checkbox"/> New Entrant, Nominee, or Candidate	<input type="checkbox"/> Termination Filer	Termination Date (If Applicable) (Month, Day, Year)	<b>Fee for Late Filing</b> 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 fee.	
Reporting Individual's Name		Last Name		First Name and Middle Initial				
Position for Which Filing		Title of Position			Department or Agency (If Applicable)			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)				Telephone No. (Include Area Code)		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Date(s) Held						
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Certification</b> 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.		Signature of Reporting Individual				Date (Month, Day, Year)		
<b>Other Review (If desired by agency)</b>		Signature of Other Reviewer				Date (Month, Day, Year)		
<b>Agency Ethics Official's Opinion</b> On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)		
Office of Government Ethics Use Only		Signature				Date (Month, Day, Year)		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)								<b>Incumbents:</b> The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.  <b>Termination Filers:</b> The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.  <b>Nominees, New Entrants and Candidates for President and Vice President:</b>  <b>Schedule A--</b> The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.  <b>Schedule B--</b> Not applicable.  <b>Schedule C, Part I (Liabilities)--</b> The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.  <b>Schedule C, Part II (Agreements or Arrangements)--</b> Show any agreements or arrangements as of the date of filing.  <b>Schedule D--</b> The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
Supervisor's Certification. I have reviewed the interests reported on this form in light of the duties required by the reporting individual's position. I am satisfied that there is no actual or potential conflict of interest. (If remedial action is required or additional explanation is necessary, use reverse side)								
Supervisor's signature: _____								<b>Agency Use Only</b>
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>								<b>OGE Use Only</b>
(Check box if comments are continued on the reverse side) <input type="checkbox"/>								