

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT—FINANCIAL DISCLOSURE STATEMENT

FORM B—For Use By Candidates and New Employees

WHO MUST FILE AND WHEN: A candidate for the U.S. House of Representatives must file a Financial Disclosure Statement each year. The candidate's first report is due within 30 days of becoming a candidate (by raising or spending more than \$5,000) or by May 15th of the calendar year in which he or she becomes a candidate, whichever is later, but, in any event, at least 30 days before the primary or general election. A clear postmark is accepted as the filing date.

A covered new employee of the Legislative Branch must file a Financial Disclosure Statement within 30 days of beginning the job.

A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the date of any extension).

REPORTING PERIOD: Information must be reported for the preceding calendar year and current year to date of filing. Sources of compensation over \$5,000 must be reported for the two prior years (24 months).

Information regarding assets and liabilities must be current as of a date which is within 30 days of this form's filing date.

WHERE TO OBTAIN ASSISTANCE: Committee on Standards of Official Conduct, U.S. House of Representatives, 508 Ford House Office Building, Washington, DC 20515. Telephone: (202) 225-7103.

Additional forms and instructions may be obtained from the Committee.

Requests for extensions of time for filing must be in writing, addressed to the Committee (or the relevant legislative branch agency), and must state why the extension is necessary. An extension request must be **received** (not postmarked) no later than the due date. The maximum extension is 90 days, but no extension can be granted allowing a candidate to file less than 30 days before an election.

BEFORE FILING: Complete all parts. Please type or print neatly using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section being continued. Type or print your name at the top of each page filed.

ANSWER EACH QUESTION ON THE PRELIMINARY INFORMATION PAGE and attach the appropriate schedule for each "Yes" response. Sign and date the form.

Remove this cover page before filing.

Separate pages and file only those required.
Do not file blank schedules.

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515-6612

Candidates must file a signed original and two copies thereof. Employees must file a signed original and one copy thereof.

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT

FINANCIAL DISCLOSURE STATEMENT — FORM B

Please provide the following information. Your address, telephone number, and signature WILL NOT be made available to the public.

(Print Full Name)

(Daytime Telephone)

(Complete Address — Office or Home)

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the attached report may be subject to civil penalties and criminal sanctions (See U.S.C. app. 4, § 104 and 18 U.S.C. § 1001).

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.		

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, _____ - _____

(Full Name)

(Daytime Telephone)

(Office Use Only)

Filer Status	<input type="checkbox"/> Candidate for the House of Representatives	State: _____	Date of Election: _____	Check if Amendment <input type="checkbox"/>	A \$200 penalty shall be assessed against anybody who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	District: _____	Employing Office: _____		

In all sections, please type or print clearly in black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See instructions, page 8.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

SCHEDULE III — LIABILITIES

Name _____

Page _____ of _____

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the reporting period. **Exclude:** Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., *credit cards*) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability																		
			B \$10,001 — \$15,000	C \$15,001 — \$50,000	D \$50,001 — \$100,000	E \$100,001 — \$250,000	F \$250,001 — \$500,000	G \$500,001 — \$1,000,000	H \$1,000,001 — \$5,000,000	I \$5,000,001 — \$25,000,000	J \$25,000,001 — \$50,000,000	K Over \$50,000,000									
	<i>Example:</i> First Bank of Wilmington, Delaware	Mortgage on 123 Main Street, Dover, Del.				X															

SCHEDULE IV — POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities; and positions solely of an honorary nature.

Position	Name of Organization

SCHEDULE V—AGREEMENTS

Name _____

Page _____ of _____

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement

SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)		Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate		Accounting services