	_	STATES SE						_			
Last Name		First Name and Middle I	nitial			New Employee Repo		Senate Office / Agency in Whi	ch Employed		
						Date of Employmer	nt (mm/dd/yy):				
Senate/Candidate Office Address (Number, St	treet, City, State, and ZIP)	Senate/Candidate Office	e Telephone	e No.		Candidate Report		State in which you are a candi	date		
	Commencement of Candidacy (mm/dd/yy):										
A	FTER READIN	G THE INSTR	RUCTI	ONS	S - AN	ISWER EAC	H OF THE	SE QUESTIONS			
			YES	N	0					YES	NO
Did you or your spouse have earne investment income of more than \$2 reporting period? If Yes, Complete and Attach PART	00 from any reportable					you hold any repo es, Complete and		during the reporting perio	d?		
asset worth more than \$1,000 at the or investment income of more than	Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period?  If Yes, Complete and Attach PART IIIA and/or IIIB.								n outside		
Did you, your spouse, or dependen (more than \$10,000) during the rep If Yes, Complete and Attach PART	orting period?	table liability			the	you receive comp two prior years? es, Complete and		e than \$5,000 from a sing	le source in		
Each que	stion must be	answered an	nd the	арр	oropri	ate PART at	tached fo	r each "YES" res	ponse.		
File this report and any a Building, U.S. Senate, Wa			•			-		-	rt Senate	Office	
This Financial Disclosure Sta	tement is require	d by the Ethics in	Gover	rnme	nt Act	of 1978, as am	ended. The	statement will be		CIAL USE	
made available by the Office									Do Not Wri	te Below th	nis Line
reviewed by the Select Comr											
fails to file this report may be	subject to civil an				U.S.C	. app. 4, § 104,		,			
Certification  I CERTIFY that the statements I		Signature of Repo	orting Indi	ividual			Date (	Month, Day, Year)			
have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.											
-	For	Official Use Only - D			low This	Line					
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	viewing Of	fficial			Date (	Month, Day, Year)			

Reporting Inc	lividual's Name	PART	II. EARNEI	O AND NON-INVESTM	ENT INCOM	E	Page Number						
Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.  Individuals not covered by the Honoraria Ban:  For you and /or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.													
	Name of Income	Source	Δ	ddress (City, State)	Туре	of Income	Amount						
Example:	JP Computers		Wash., DC	Example	Salary	Example	\$15,000						
zxampio.	MCI (Spouse)		Arlington, VA	Example	Salary	Example	Over \$1,000						
1							1						
2													
3													
4													
5													
6													
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9													
10													
11						-							

Reporting Individual's Name	P	٩R٦	ГШ	IA.	P	PUE	BL	CI	_Y	TF	RAI	DE	D.	AS	SE	TS	6 A	NE	U	NE	ARNE	ΕD	IN	CC	M	E S	80	UR	CE	S		Page	e Number
BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources Report the complete name of each publicly traded asset held by you, your spouse, or			At	Valor the of Nor Ch	u <b>ati</b> close	on of re	eport s tha	<b>\ss</b> ting <sub> </sub> n \$1	perio					If "		`	ind		s inc	01)" i: :ome	ype and s Checked received	d Aı d, no	<b>mo</b> l	er en	of I try is the	nee bene	ded efit o	in Bl	indiv	⁄idua	ıl.	item	. 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 close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this PART IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None	Dividends		st	Capital Gains	stment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S, IBM Corp. (stock) Example: DC,				Х										Х							Example		Х										Example
or J (S) Keystone Fund					Χ													Х			Example	Х											Example
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10																																	

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right.

\*\*\* This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name	I	PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES										e Number																					
BLOCK A  Identity of Non-Publicly Traded Assets and Unearned Income Source Report the name, address (city, state and description) of each interest held by you	d			At the	alua e clos one,	BLO tion se of or les	of repo	Ass rting an \$	peri 1,00	od.						Tvn	e o	f Inc	com		ype and			K C unt	of I				f In	con	ne		
your spouse, or your dependent child (Sp.3, CONTENTS OF REPORTS Part Be Instructions) for the production of income or investment in a non-public trade or business which:  (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include the above report for each underlying asset, which is not incidental the trade or business. Publicly traded assets held by non-public entity may be listed on Part IIIA.	of ∋	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$100.001 - \$250.000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	accin	Dividends		set	Capital Gains	stment Fund		Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
S, UP Computer, Software Design, Wash DC				×										х							Example	,	X										Example
or J Undeveloped land, Dubuque, lov	va				X								×		H					-	Example	Х											Example
2																																	
3		+					H		H						H																		
4															H																		
5																																	
	-	+					H		H						H																		
6																																	
7							L		L						L																		
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EXEMPTION TEST (see instructions before marking b *** This category applies only if the asset is/was held ir																												ıs ap	propr	iate.			

Reporting Individual's	s Name		PART VII.	LIAB	ILITIE	S									Page	Numbe	ır
								Ca	tego	ory (	of A	mou	ınt c	of Va	lue	(x)	
CONTENTS of during the repriod. Excluse secured by an	OF REPORTS Part porting period. Che de: (1) Mortgages dutomobiles, househ	B of Instructions), to ck the highest amour on your personal resi old furniture or applia	use, or dependent child (See p.3 any one creditor at any time at owed during the reporting dences unless rented; (2) loans ances; and (3) liabilities owed to s for reporting revolving charge	Date Incurred	Interest Rate	Term if Applicable	\$10,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000					\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		
Name	of Creditor	Address	Type of Liability				\$10,001	\$15,001	\$50,001	\$100,001	\$250,001	\$500	Over	\$1,00	\$5,00	\$25,0	Over
S,	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	25yrs			Х		Е	Х	Α	M	Р	L	Е
<b>Example</b> : DC, or J	(J) John Jones	Wash., DC	Promissory Note	2000	10%	On dmd				X	Е	X	Α	М	Р	L	Ε
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			ny asset because it meets the three-part test for use or dependent child. If the asset is/was either he														

1	Reporting Individual's Name	
		PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMEN

Page Number

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

**Exclude:** Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

N	lame of Organization	Address (	City, State)	Type of Organization	Position Held	From (Mo/Yr)	To (Mo/Yr)
Example:	National Assn. of Rock Collectors	NY,NY <b>EX</b>	AMPLE	Non-profit education	President	6/91	Present
Lxample.	Jones & Smith	Hometown, USA	EXAMPLE	Law Firm	Partner	7/96	11 / 1X
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Compensation in excess of \$200 from any position must be reported in Part II.

## PART IX. AGREEMENTS OR ARRANGEMENTS

Page Number

Report your agreements or arrangements for future employment (including 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), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

	Status and Terms of any Agreement or Arrangement	Parties		Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/1X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	Example	1/94
Example	Employment agreement with XYZ Co. to become Vice President of Government Relations. Terms of agreement include salary between \$50,001-\$100,000, signing bonus between \$2,501-\$5,000 and stock options	XYZ Co., Bethesda, MD	Example	1 / 1X
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## PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Page Number

## FIRST TIME FILERS ONLY:

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or .any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source Address of Source Priof Description of Duties												
	Name of Source	Address of Source	Brief Description of Dutie	es								
Example:	Jones & Smith	Hometown, TX	Legal Services	EXAMPLE								
	Metro University (client of Jones & Smith	Moneytown, USA	Legal Services in connection with university construction	EXAMPLE								
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CONFIDENTIAL DISCLOSURE OF CANDIDATES HOME ADDRESS										
Last Name	First Name and Middle Initial	Commencement of Candidacy								
Home Mailing Address (Number, Street, City, State, and ZIP)	Home Telephone Number (Include Area Code)									
Office Mailing Address (Number, Street, City, State, and ZIP)	Office Telephone Number (Include Area Code)									
Who Must File: Any candidate who files a public financial disclosure report with the Senate Select Committee on Ethics must also file this										

confidential report.

Where to File: File this report with the Select Committee on Ethics, Room 220, Hart Senate Office Building, U.S. Senate, Washington, DC 20510.

When to File: Within 30 days after becoming a candidate for nomination or election to the office of Member of the United States Senate, or by May 15 of that calendar year, which ever is later, but at least 30 days before the election, and on or before May 15 of each succeeding year an individual continues to be a candidate. A candidate who currently holds an elected position in the United States Congress is not required to file a Candidate Report.

**Contents of Reports:** List your home and office address and phone number. Please sign your report certifying that your report is complete and correct.

**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 civil and criminal sanctions. (See 5 U.S.C. app. 4, § 101 et seg. 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 1978, as amended.

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