

UNITED STATES HOUSE OF REPRESENTATIVES
ETHICS IN GOVERNMENT ACT
FINANCIAL DISCLOSURE STATEMENT — FORM B

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

(Print Full Name)	(Daytime Telephone)
(Complete Address – Office or Home)	

Filer Status **Candidate** **New Employee**

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 for review by the public and will be reviewed by the Committee on Ethics 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 Section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
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.		

Candidates must file a signed original and two photocopies thereof. Employees must file a signed original and one photocopy thereof.

*****FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW*****

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with Title I of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111).		

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

FORM B

Period covered: January 1, _____ - _____

For use by candidates and new employees

Name:

Daytime Telephone:

(Office Use Only)

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

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

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

<p>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.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior <u>two</u> years? If yes, complete and attach Schedule IV.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>VI. Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If yes, complete and attach Schedule VI.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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

<p>TRUSTS—Details regarding “Qualified Blind Trusts” approved by the Committee on Ethics 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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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? Do not answer “yes” unless you have first consulted with the Committee on Ethics.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SCHEDULE III – LIABILITIES

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 (unless you are personally liable); 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	Date Liability Incurred mo/year	Type of Liability	Amount of Liability												
				A \$10,001— \$15,000	B \$15,001— \$50,000	C \$50,001— \$100,000	D \$100,001— \$250,000	E \$250,001— \$500,000	F \$500,001— \$1,000,000	G \$1,000,001— \$5,000,000	H \$5,000,001— \$25,000,000	I \$25,000,001— \$50,000,000	J Over \$50,000,000			
	<i>Example:</i> First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				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, partner, proprietor, representative, employee, or consultant of any corporation, company, 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 (such as a political party or campaign organization); and positions solely of an honorary nature.

Position	Name of Organization

Use additional sheets if more space is required.