OGE Form 601 (Expires 7/31/26) U.S. Office of Government Ethics;	; 5 C.F.R. part 2635 Form Approved: OMB No. 3	209-0012		UNITED STATES OFFICE OF
Quarter:	April 1 to June 30			GOVERNMENT ETHICS
Year:	2024			Preventing Conflicts of Interest
Trust Termination Report:	Employment Termination Report:		Trust will continue after Employment Termination	in the Executive Branch
Executive Branch Le	gal Expense Fund Quarterly R	eport (O	GE Form 601)	
Beneficiary Information				
Last Name	First Name	MI	Position	Agency
Landis	Samuel		Special Agent	Drug Enforcement Administration
	tify that the statements I have made in this r	eport are tru	ue, complete, and correct to the best of r	ny knowledge:
Agency Ethics Official's Opinion Signature and Date:	on: On the basis of the information contained	d in this rep	ort, I conclude the beneficiary is in comp	3 J 30 J 4 Soliance with applicable regulations.
Other Review Conducted By:				
Signature and Date:				
U.S. Office of Government Eth	nics Certification (if required):	3.50		
Signature and Date:				
Comments of Reviewing Office	ials:			

OGE Form 601 (Expires 7/31/26)

OGE Form 601 (Expires 7/26/23

Instructions for Part 1

Note: This is a public form. Do not include street addresses or account numbers. See instructions for required information.

Bene	ficiary Name	Page Number			
	1: Contributions				
# 0	onor Name	City/State	Employer of Donor	Date	Amount
1	Anthony DelVecchio	Tacoma, WA	DEA	04/13/2024	\$1,000.00
2	Daniel Murray	Tacoma, WA	DEA	04/13/2024	\$300.00
3	Jodi Border	Seattle, WA	DEA	06/05/2024	\$250.00
4	Matthew Gomm	Boise, ID	DEA	06/05/2024	\$500.00
5	Jack Wilson	Bend, OR	DEA	06/05/2024	\$500.00
6	Sean Cummings	Eugene, OR	DEA	06/05/2024	\$700.00
7	Steve Meyer	Tokyo, Japan	DEA	06/05/2024	\$2,000.00
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OGE Form 601 (Expires 7/31/26)

Instructions for Part 1

Note: This is a public form. Do not include street addresses or account numbers. See instructions for required information.

Beneficiary Name	Page Number	Page Number							
	Samuel Landis			2					
Part 1: Contributions									
Donor Name	City/State	Employer of Donor	Date	Amount					
1 None									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
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16									