



<b>Date Received by Agency</b>
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<b>Page Number</b>
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## CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

### Executive Branch

<b>Employee's Name (Print last, first, middle initial)</b>		<b>E-mail Address</b>	
<b>Position/Title</b>			<b>Grade</b>
<b>Agency</b>		<b>Branch/Unit and Address</b>	
<b>Work Phone</b>	<b>Reporting Status</b> New Entrant <input type="checkbox"/> Annual <input type="checkbox"/>		<b>If New Entrant, Date of Appointment to Position (mm/dd/yy)</b>
<b>Check box if Special Government Employee (SGE)</b> <input type="checkbox"/>	An SGE is an executive branch officer or employee who is retained, designated, appointed, or employed to perform temporary duties either on a full-time or intermittent basis, with or without compensation, for a period not to exceed 130 days during any consecutive 365-day period.		
<b>If an SGE, Mailing Address (Number, Street, City, State, ZIP Code)</b>			

Step 1: Read the instructions for Parts I through V on the following pages.

Step 2: For each statement below, check Yes or No to describe your situation.

<b>I. I have reportable assets or sources of income for myself, my spouse, or my dependent children.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>III. I have reportable outside positions for myself.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>IV. I have reportable agreements or arrangements for myself.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>NOTE: Statement V is for <u>annual</u> filers only. It does not apply to new entrants and SGEs.</b>		
<b>V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Step 3: If you selected Yes for any statement, you must describe the reportable interests that you have in the corresponding Part (I, II, III, IV, or V) of the form.

Step 4: Sign and date the form.

Step 5: Submit the completed form to your ethics office.

**I certify that the statements I have made on this form and all attached statements are true, complete, and correct to the best of my knowledge.**

<b>Signature of Employee</b>	<b>Date (mm/dd/yy)</b>
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**FOR REVIEWERS' USE ONLY:**

<b>On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations, except as noted in the "comments" box below.</b>	
<b>Signature and Title of Supervisor/Other Intermediate Reviewer (if required by the agency)</b>	<b>Date (mm/dd/yy)</b>
<b>E-mail Address</b>	<b>Phone Number</b>
<b>Signature and Title of Agency's Final Reviewing Official</b>	<b>Date (mm/dd/yy)</b>
<b>Comments of Reviewing Officials</b>	

(Check box if continued on additional page )

















