U.S. Office of Government Ethics;	5 C.F.R. part 2635 Form Approved: OMB No. 320	9-0012		UNITED STATES OFFICE OF		
Quarter:	July 1 to September 30]	GOVERNMENT ETHIC			
Year:	2024			Preventing Conflicts of Interest		
Trust Termination Report:	Employment Termination Report:		Trust will continue after Employment Termination	in the Executive Branch		
Executive Branch Leg	al Expense Fund Quarterly Re	port (OG	GE Form 601)			
Beneficiary Information				公司第2章的基础的		
Last Name	First Name	MI	Position	Agency		
Landis	Samuel		Special Agent	Drug Enforcement Administration		
	y that the statements I have made in this rep	oort are true	, complete, and correct to the best of m	y knowledge:		
Signature and Date: Samuel Landis 10/18/2014						
Agency Ethics Official's Opinion	: On the basis of the information contained	in this repor	rt, I conclude the beneficiary is in compl	liance with applicable regulations.		
Signature and Date:						
Other Review Conducted By:						
Signature and Date:						
U.S. Office of Government Ethio	cs Certification (if required):			THE RESERVE THE PERSON NAMED IN		
Signature and Date:						
	,					
Comments of Reviewing Officia	ls:					
o note						

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

Beneficiary Name	Page Number							
	1							
Part 1: Contributions								
Donor Name	City/State	Employer of Donor	Date	Amount				
Anthony DelVecchio	Tacoma, WA	DEA	09/26/2024	\$1,000.00				
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

OGE Form 601 (Expires 7/31/26)

Instructions for Part 2

Note. This is a public form. Do not include street addresses, account numbers, or information protected by attorny client privage. See instructions for required information.

Beneficiary Name			Page Number		
Samuel Landis			1		
Part 2: Distributions					
# Payee Name	Date	Amount	Purpose		
1 Samuel Landis	07/31/2024	\$14,000	Reimbursement for criminal defense legal expenses		
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12		_			
13					
14					
15					
16					