CONFIDENTIAL FINANCIAL DISCLOSURE REPORT Executive Branch

Why Must I File?	The duties and responsibilities of your position require you to file the Confidential Financial Disclosure Report to avoid involvement in a real or apparent conflict of interest. The purpose of this report is to assist employees and their agencies in avoiding conflicts between official duties and private financial interests or affiliations. The information you provide will only be used for legitimate purposes, and will not be disclosed to any requesting person unless authorized by law. (See the Privacy Act Statement at the bottom of this page.) Please ensure that the information you provide is complete and accurate.
When Must I File?	New Entrants: The report is due within 30 days of your assuming a position designated for filing, unless your agency requests the report earlier or your agency grants you a filing extension. Annual Filers: The report is due no later than February 15, unless your agency grants you a filing extension.
What is the	New Entrants:
Reporting Period?	$\underline{Part I}$ – Report assets as of the date of filing but report sources of earned income, honoraria, and other non-investment income for the preceding 12 months.
	Part II – Report liabilities as of the date of filing.
	Part III – Report positions for the preceding 12 months.
	Part IV – Report agreements and arrangements as of the date of filing.
	Annual Filers: Report the required information for the preceding calendar year (January 1 – December 31).
What if I Have	If you have any questions about how to complete this form, please contact your ethics official or click on, Resources
Questions?	for Financial Disclosure Filers, and then scroll down to Confidential Financial Disclosure Filers.

PENALTIES

Falsification of information or failure to file or report information required to be reported may subject you to disciplinary action by your employing agency or other authority. Knowing and willful falsification of information required to be reported may also subject you to criminal prosecution.

Privacy Act Statement

5 U.S.C. § 13109, Executive Order 12674 (as modified by Executive Order 12731), and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics (OGE) regulations require the reporting of this information. Failure to provide the requested information may result in separation or disciplinary action. The primary use of the information on this form is for review by Government officials of your agency, to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures may be made pursuant to the routine uses set forth in OGE/GOVT-2: (1) to a Federal, State, or local law enforcement agency if the disclosing agency becomes aware of a violation or potential violation of law or regulation; (2) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (3) to the National Archives and Records Administration in records management inspections; (4) to the Office of Management and Budget during legislative coordination on private relief legislation; (5) when the disclosing agency determines that the records are arguably relevant to a proceeding before a court, grand jury, or administrative or adjudicative body, or when the adjudicator determines the records to be relevant to the proceeding; (6) to reviewing officials in a new office, department or agency when an employee transfers or is detailed from one covered position to another; (7) to a Member of Congress or a congressional office in response to an inquiry made on behalf of and at the request of an individual who is the subject of the record; (8) to contractors and other non-Government employees working for the Federal Government to accomplish a function related to this OGE Government-wide system of records; (9) to appropriate agencies, entities and persons when there has been a suspected or confirmed breach of the system of records, the agency maintaining the records has determined that there is a risk of harm to individuals, the agency, the Federal Government, or national security, and the disclosure is reasonably necessary to assist in connection with the agency's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm; and (10) to another Federal agency or Federal entity, when the agency maintaining the record determines that information from this system of records is reasonably necessary to assist the recipient agency or entity in responding to a suspected or confirmed breach or in preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity, the Federal Government, or national security. Note: When an agency is requested to furnish such records to OGE, such a disclosure is to be considered as made to those officers and employees of the agency which co-maintains the records who have a need for the records in the performance of their official duties in accordance with the Ethics in Government Act and other pertinent authority conferred on OGE, pursuant to the provisions of the Privacy Act at 5 U.S.C. § 552a(b)(1). This confidential report will not be disclosed to any requesting person unless authorized by law. See also the OGE/GOVT-2 Executive Branch Confidential Financial Disclosure Reports Privacy Act system of records.

Public Burden Information

It is estimated that completing this form, including reviewing the instructions and gathering the data needed, takes an average of three hours. No private citizen is required to respond to a collection of information unless it displays a currently valid OMB control number as printed in the top right-hand corner of the first page of this form. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Program Counsel, U.S. Office of Government Ethics, 250 E Street S.W., Suite 750, Washington, DC 20024-3249. Do not send your completed OGE Form 450 to this address.

Date Received by Agency						-	Page N	umber	
C	ONFIDENTIA	L FIN	NANCIAL DISC	LOSU	RE REPORT				
			xecutive Branch						
Employee's Name (Print last, first, middle initial) E-mail Address									
Position/Title						Grade			
Agency				Branc	h/Unit and Address				
W/ L DI						C A	• ,		•
Work Phone	Reporting Status	5			If New Entrant, Dat	e of App	ointme	ent to Po	sition
	New Entrant		Annual		(mm/dd/yy)				
Check box if a Special Government Employee (SGE)	Non-temporary full time employees are not SGEs. An SGE is an officer or employee who performs temporary duties, with or without compensation, for a period of less than 131 days in any 365 day period.								
Step 1: Read the instructions for Parts I Step 2: For <u>each</u> statement below, check	U		010						
I.a. I have reportable assets or source	es of income for m	yself,	my spouse, or my	depen	dent children.	Yes		No	
I.b. I have a spouse who has paid emp	ployment outside	the fe	deral governemen	t.		Yes		No	
II. I have reportable liabilities (debts	s) for myself, my s	spouse	e, or my dependen	t childı	ren.	Yes		No	
III. I have reportable outside position	ns for myself.					Yes		No	
IV. I have reportable agreements or a	arrangements for	myse	lf.			Yes		No	
NOTE: Statement V is for <u>annual</u> file V. I have reportable gifts or travel re	•		•			Yes		No	
 Step 3: If you selected Yes for any state (I, II, III, IV, or V) of the form. Step 4: Sign and date the form. Step 5: Submit the completed form to y I certify that the statements I have means the statements of the statement of the statem	our ethics office.		-			-			
best of my knowledge.		unu u		into un	e er ue, comprete unu (oune		
Signature of Employee						Date (mm/dd/yy)			
FOR REVIEWERS' USE ONLY:									
On the basis of information contained			ude that the filer is	s in con	npliance with the app	olicable l	aws and	d	
regulations, except as noted in the "comments" box below. Signature and Title of Supervisor/Other Intermediate Reviewer (<i>if required by the agency</i>) Date					Date (n	ım/dd/v	v)		
			() 1					<i>,</i>	
E-mail Address				Phone	Number				
Signature and Title of Agency's Fina	l Reviewing Offic	ial				Date (n	<mark>ım/dd/y</mark>	y)	
Comments of Reviewing Officials									
				(Check	x box if continued on a	dditiona	l page)		

Page Number

Part I: Asset	s and Income	
Report for Yourself, Spouse, and Dependent Child:	Do Not Report:	
 Assets held for investment or the production of income that ended the reporting period with a value greater than \$1,000. In addition, annual filers must report assets from which more than \$1,000 in income was received during the reporting period. Reportable assets include, but are not limited to: Assets such as stocks, bonds, annuities, trust holdings, partnership interests, life insurance, investment real estate, or a privately-held trade or business Sector mutual funds: those funds invested in a particular industry, business, or location, such as ABC Financial Fund or XYZ Energy Fund, AVC Healthcare Fund (report the full name of the sector fund, not just the family fund name) Holdings of retirement plans, such as 401(k)s or IRAs, or variable annuities (report each holding unless listed in the Do Not Report section) Defined benefit pension plans provided by a former non-federal employer (include the name of the employer) 	 Diversified mutual funds, such as ABC Equity Val Large Capital Fund Federal Government retirement benefits Thrift Savings Plan Certificates of deposit, savings or checking accoun Term life insurance Money market mutual funds and money market accoun Your personal residence, unless you rent it out U.S. Government Treasury bonds, bills, notes, and Diversified funds within an employee benefit plan Money owed to you, your spouse, or dependent chiparent, sibling, or child Do not report account or social security numbers or members 	ts counts savings bonds ld by a spouse,
Also Report:	Do Not Report:	
• For yourself: (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, (2) honoraria greater than \$1,000, and (3) other non-investment income such as scholarships, prizes,	 Dependent child's earned income (e.g., wages, fees Veterans' benefits Federal Government salary Social Security benefits 	i)
 and gambling income greater than \$1,000 <u>For your spouse</u>: (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, and (2) honoraria greater than \$1,000 Dependent Child – A son, daughter, stepson or stepdaughter who is exconsidered dependent under the U.S. tax code. Reportable Information 		er's house, or
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24.

ployee's Name (Print last, first, middle initial)	Page Number
Part I: Assets and Income	
Continuation Page	
port the full name of each individual asset, such as a stock, bond, or sector mutual fund. (You may add the tight nobel to asset name). This includes any asset that is an underlying holding of a trust, retirement, or investment count that meets the reporting requirement. Report the type and location of any investment real estate. Name of inployer or Business, Source of Fees, Commissions, or Honoraria (Include a brief description.) You may distinguish any entry for a family member by preceding it with S for spouse or DC for dependent child.	

Form Approved

mployee's Name (Print last, first, middle initial)	Page Number
Part I: Assets and Incom	e
Continuation Page	
Report the full name of each individual asset , such as a stock, bond, or sector mutual symbol to asset name). This includes any asset that is an underlying holding of a trust, account that meets the reporting requirement. Report the type and location of any invest Employer or Business; Source of Fees, Commissions, or Honoraria (Include brief or You may distinguish any entry for a family member by preceding it with S for spouse	retirement, or investment stment real estate. Name of description.)
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Part I: Assets and Income			
Continuation Page			
 Report the full name of each individual asset, such as a stock, bond, or sector mutual fund. (You may add the ticker symbol to asset name). This includes any asset that is an underlying holding of a trust, retirement, or investment account that meets the reporting requirement. Report the type and location of any investment real estate. Name of Employer or Business, Source of Fees, Commissions, or Honoraria (Include a brief description.) You may distinguish any entry for a family member by preceding it with S for spouse or DC for dependent child. 	No longer held		
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Part II: Liabilities				
Report for Yourself, Spouse, and Dependent Child:	Do Not Report:			
• If you are a new entrant filer, liabilities that exceeded	• Any liability, such as a mortgage, a student loan, or a credit card account, from a			
\$10,000 at the end of the reporting period	financial institution or business entity granted on terms made available to the general			
• If you are an annual filer, liabilities that exceeded	public			
\$10,000 during the reporting period	• Loans secured by automobiles, household furniture, or appliances, unless the loan			
	exceeds the purchase price of the item it secures			
	• Liabilities that you owe to your spouse or to the parent, sibling, or child of you,			
	your spouse, or your dependent child			

Name of creditor (include city and state	Type of liability (personal loan, margin account, etc.)				
where creditor is located)					
EXAMPLES – Go to the last page to see additional examples of how to report liabilities.					
Miguel Reyes, Arlington, VA	Personal loan from a friend				
ANW Financial Corp., Washington, D.C.	Margin account				
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Page Number

Part III: Outside Positions				
Report for Yourself:	Do Not Report:			
• All positions outside the U.S. Government held at any time during the reporting period,	• Any position with a			
whether or not you were compensated and whether or not you currently hold that	- Religious entity			
position. Positions include an officer, director, employee, trustee, general partner,	- Social entity			
proprietor, representative, executor, or consultant of any of the following:	- Fraternal entity			
- Corporation, partnership or other business entity	- Political entity			
- Trust	• Any position held by your spouse or dependent			
- Non-profit or volunteer organization	child			
- Educational institution	• Any position that you hold as part of your official			
- State or Local Government	duties			

Organization (include city and state where organization is located)	Type of organization	Position	No longer held		
EXAMPLES – Go to the last page to see additional examples of how to report outside positions.					
Brigadoon University, Highland, NY	Education Institution	Professor			
ISK Family Trust, Boynton Beach, FL	Family Trust	Trustee			
Scenic Rivers Association, Nashville, TN	Non-profit Environmental	Member, Board of Directors			
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9.					

Expires Employee's Name (Print last, first, middle initi	al)		OMB No. 3209-0006 Page Number
	Part III: Outside Pos		1
	Continuation Pag	ge	
Organization (include city and state where organization is located)	Type of organization	Position	No longer held
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Part IV: Agreements or Arrangements					
Report Your Agreements or Arrangements for:	Do Not Report:				
• Continuing participation in an employee pension or benefit plan maintained by a current	• Any agreement or arrangement related to your				
or former employer	employment by the Federal Government				
• A leave of absence	• Spouse's and dependent child's agreements or				
• Future employment, including date you accepted employment offer	arrangements				
• Continuation of payment by a current or former employer (including severance	• Continuing participation in a defined contribution				
payments)	plan, such as a 401(k) plan, to which an employer is				
	no longer making contributions				

Entity with which you have an agreement or	Terms of Agreement or Arrangement
arrangement (include city and state where entity is located)	
EXAMPLES - Go to the last page to see additional e	examples of how to report agreements and arrangements.
Dee, Jones & Smith, San Diego, CA	I will continue to participate in this defined benefit plan
Brigadoon University, Highland, NY	I am on an unpaid leave of absence for two years
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10.	

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Part V: Gifts and Travel Reimbursements		
Fill out this part only if you are filing an Annual Report. If you are a new entrant or an SGE, skip this part.		
Report for Yourself, Spouse, and Dependent Child:	Do Not Report:	
• Any gifts or travel reimbursements (items such as lodging, transportation, and food)	• Anything received from relatives, the U.S.	
totaling more than \$480* from any one source during the reporting period; include	Government, D.C., state, or local governments	
where you traveled, the purpose, and date(s) of the trip for travel gifts and	• Bequests and other forms of inheritance	
reimbursements	• Gifts and travel reimbursements given to your	
	agency in connection with your official travel	
*If you received more than one gift from one source:	• Gifts of hospitality (food, lodging, entertainment)	
1. Determine the value of each item you received from that source	at the donor's residence or personal premises	
2. Ignore each item valued at \$192 or less	• Anything received by your spouse or dependent	
3. Add the value of those items valued at more than \$192; if the total is more than	child totally independent of their relationship to	
\$480, then you must list those items on this form	you Reportable Information – Go to the last page	
NOTE: These amounts apply to gifts and travel reimbursements received in calendar	to see examples of how to report gifts and travel	
years 2023-2025. The next three-year adjustment to these amounts is scheduled to	reimbursements	
occur in 2026.		

Source	Description	
EXAMPLES- Go to the last page to see additional examples of how to report gifts and travel reimbursements.		
Dee, Jones & Smith, San Diego, CA	Leather briefcase (example of gift totaling more than \$480 from one source)	
CGH Culinary Institute, Tokyo, Japan	Ariline ticket, hotel room, and meals incident to culinary seminar in Tokyo, Japan from May 1-5, 2023 (Example of travel reimbursement)	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

EXAMPLES

Part I: Assets and Income

 Report the full name of each individual asset such as, a stock, bond, or sector mutual fund. (You may add the ticker symbol to asset name). This would also include any asset that is an underlying holding of a trust, retirement or investment account that meets the reporting requirement. Report the type and location of any investment real estate. Name of Employer or Business; Source of Fees, Commissions, or Honoraria (Include brief description.) You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child. 	No longer held
OGC Communications (OGC) (Example of a stock with a ticker symbol)	
OGE Energy (Example of sold stock that produced more than \$1,000 in income that is no longer held)	X
Maryland Prepaid College Trust (MPCT), University Plan- 4 Years (Example of a 529 Prepaid Tuition Plan	
(S) OGE Energy bond (Example of a corporate bond held by a spouse)	
ABC Healthcare Fund (Example of a sector fund held in a 401(k) plan, IRA or brokerage account)	
Residential real estate, Anchorage, AK (Example of investment real estate)	
Brigadoon University – salary (Example of earned income from a former employer)	
Widgets Unlimited, unvested restricted stock units (Example of an unvested restricted stock unit from a current employer)	
Association of Accountants – honorarium (Example of a single honorarium from the listed source)	

Part II: Liabilities

Name of creditor <i>(include the city and state where the creditor is located)</i>	Type of liability (personal loan, margin account, etc.)
Jones Capital Venture, LLC, Rockville, MD	Capital commitment

Part III: Outside Positions

Organization (city and state)	Type of organization	Position	No longer held
George & Chapman, LLP, Washington, D.C.	Law Firm	Partner	X
Bestever Elementary School, Buffalo, NY	Parent Teacher Association	President	
Sunnydale Homeowners Association, Stowe,VT	Homeowners Association	Vice President	Х

Part IV: Agreements or Arrangements

Entity with which you have an agreement or arrangement (include city and state where entity is located)	Terms of Agreement or Arrangement
John Smith, Esq., Park City, UT	My solo legal practice will be inactive during my appointment and all outstanding client fees will be fixed before I enter government service.
Allied Business Computing, Inc., Reston, VA	Pursuant to company policy for retired corporate officers, I and my spouse will retain health insurance coverage for life.
Icebox Repair Company, Stowe, VT	I will retain my vested restricted stock units.
GottaGoNow Company, Fort Wayne, IN	Pursuant to my employment agreement, I will receive a lump sum severance payment within 90 days of my separation from the company.

Part V: Gifts and Travel Reimbursements

Source	Description
Jane Smith	IPad, Birthday gift from a friend
Epic Views, Grand Canyon, CO	Helicopter ride over the Grand Canyon