



## Confidential Financial Disclosure Form for Special Government Employees Serving on Federal Advisory Committees at the U.S. Environmental Protection Agency

### General Instructions

#### **A. Why You Must File**

This report is a safeguard for you as well as the Government. It allows Government officials to determine whether there is a statutory conflict between your public responsibilities and your private interests and activities, or the appearance of a lack of impartiality, as defined by federal regulation.

#### What is a Special Government Employee?

A person who is retained, designated, appointed, or employed to perform, with or without compensation, for a period not to exceed 130 days during any period of 365 consecutive days, temporary duties for the Federal Government either on a full-time or intermittent basis

#### Conflicts of Interest

**Definition:** A conflict of interest is a personal interest or relationship, as defined by law or regulation, that conflicts with the faithful performance of official duty.

**18 U.S.C. 208:** "An employee is prohibited from participating personally and substantially in an official capacity in any particular matter in which, to his knowledge, he or any person whose interests are imputed to him under this statute has a financial interest, if the particular matter will have a direct and predictable effect on that interest."

**Participate** - "decision, approval, recommendation, or rendering advice."

**Personally** - "directly and includes participation of a subordinate when directed"

**Substantially** - "of significance to the matter"

**Particular Matter** - "one focused on the interests of specific persons or class"

**Financial interests** - "stocks, bonds, partnership interest, options"

**Imputed to the employee** - "self, spouse, dependent children"

**Direct and predictable effect** - "close causal link to the interest, a real effect"

**5 C.F.R. 2635.502: Appearance of lack of impartiality:** "Where an employee knows that a particular matter involving specific parties is likely to have a direct and predictable effect on the financial interest of a member of his household, or knows that a person with whom he has a covered relationship is or represents a party to such matter, and where the person determines that the circumstances would cause a reasonable person with knowledge of the relevant facts to question his impartiality in the matter, the employee should not participate in the matter unless he has informed the agency designee of the appearance of a problem and received authorization from the agency designee".

#### **B. Who Must File**

Special Government Employees (SGEs) providing advice to EPA must file this form as well as candidates who wish to be considered for such service.

#### **C. Confidentiality of Information Provided on this Form**

Title I of the Ethics in Government Act of 1978 (5 U.S.C. App.), Executive Order 12674, and 5 CFR Part 2634, Subpart I, of the Office of Government Ethics regulations require the reporting of this information. The primary use of the information on this form is for review by Government officials at EPA to determine compliance with applicable Federal conflict of interest laws and regulations. Additional disclosures of

the information on this report may be made: (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 court or party in a court or Federal administrative proceeding if the Government is a party or in order to comply with a judge-issued subpoena; (3) to a source when necessary to obtain information relevant to a conflict of interest investigation or decision; (4) to the National Archives and Records Administration or the General Services Administration in records management inspections; (5) to the Office of Management and Budget during legislative coordination on private relief legislation; and (6) in response to a request for discovery or for the appearance of a witness in a judicial or administrative proceeding, if the information is relevant to the subject matter. This confidential report will not be disclosed to any requesting person unless authorized by law.

***D. When to file***

If an SGE is new to a federal advisory committee, the SGE must complete parts 2-9 of this form before participating in that Committee or activity. Subsequently, SGEs must file annually, between October 1 and October 31 by completing parts 2-8, and also must complete Parts 1 and 9 before participating in each new advisory activity.

***E. Where to file***

Send your report to the address specified by the Designated Federal Officer for the Committee or panel for which you are a member, consultant, or candidate.

***F. General Instructions***

Filers must provide sufficient information about outside interests and activities so that EPA ethics officials can make an informed judgment regarding any conflict of interest or appearance of lack of impartiality. EPA staff may contact you to obtain additional information if they see a need for that information to determine whether there is a statutory conflict between your public responsibilities and your spouse's private interests and activities.

You must include information applicable to yourself and your spouse on Parts 2-6, and for yourself, your spouse, and dependent children on Parts 7 and 8. Information about your spouse is not required in the case of divorce, permanent separation, or temporary separation with the intention of terminating the marriage or permanently separating.

Filers may use blank pages for continuation if they note their name and the supplemental page number on the continuation pages.

**Paperwork Burden Disclosure Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 1 hour per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques, to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, DC 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

**Information on Reporting, Certification, and Agency Review**

**Reporting Individual's Name**

Last Name	First Name and Middle Initial

**Certification:**

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.

Signature of Reporting Individual

Signature	Date

**Date received by the Agency:**

Date

**Signature of Designated Federal Officer or Other Intermediate Reviewer and Date:**

Signature	Date	Review Official's Comments Appended	
		Y	N

**Signature of Agency's Final Reviewing Official and Title and Date:**

Signature	Date	Review Official's Comments Appended	
		Y	N

**Part 1: Statement regarding any change since annual submission of this form.**

Fill out this section **only** if you are being considered for a new advisory activity and have filed annually, in the past year, a Form EPA-3110-48 "Confidential Financial Disclosure Form for Special Government Employees Serving on Federal Advisory Committees at the U.S. Environmental Protection Agency."

I have reviewed my *Form EPA-3110-48*, "Confidential Financial Disclosure Form for Special Government Employees Serving on Federal Advisory Committees at the U.S. Environmental Protection Agency" submitted on the date indicated and have made the following determinations (check column that applies):

(a) Date of last <i>Form EPA-3110-48</i> Submitted (05/02)	(b) Has any information changed in Parts 2-8 from that reported on the form identified in column (a)?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered "Yes" in column (b), proceed to complete **any elements in Parts 2-8 of the form that reflect changes** since you last submitted your form *OGE-45XX* and complete **Part 9 of the form**

If you answered "No" in column (b), **complete Part 9 of this form.** You do not need to complete other parts of the form.

**Part 2: Compensated Employment**

Report any position that you or your spouse have been compensated for in the preceding two years from the date of filing except independent consulting and compensated expert testimony. Positions include (but are not limited to) an employee, officer, director, trustee, general partner, proprietor, representative, or executor of a business, consulting firm, non-profit, labor organization, or educational institution. **Also include** any organization or person with whom you are negotiating with or have an arrangement with concerning prospective employment. Exclude positions with religious, arts, social, fraternal or political entities or those solely of an honorary nature.

Indicate with a checkmark any position, for which annual compensation exceeded \$2,500 for the calendar year of filing or the previous calendar year or represented 5% or more of your or your spouse's total compensation over the course of a calendar year.

If none, please check this box:  If no change from last filing, please check this box:

Organization (Name, City, and State)	Position and brief description of work. For consulting firms, indicate the firm's major practice areas, categories of principal clients, and the clients you or your spouse have dealt with directly or derived compensation from.	Check if compensation exceeded \$2,500 for the calendar year
		<input type="checkbox"/>

		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**Part 3: Non-compensated Employment**

Report any non-compensated elected or leadership position that you or your spouse have held in the preceding two years from the date of filing. Positions include (but are not limited to) an employee, officer, director, trustee, general partner, proprietor, representative, or executor of a business, non-profit, labor organization, or educational institution. Also include any organization or person with whom you or your spouse are negotiating with or have an arrangement with concerning such a position. Exclude positions with religious, arts, social, fraternal or political entities or those solely of an honorary nature.

If none, please check this box:  If no change from last filing, please check this box:

Organization (Name, City, and State)	Position and brief description of position


**Part 4: Research Support and Project Funding**

**4.a. Research Support and Project Funding Received by You:** Report any source of research or project funding (i.e., through grants, contracts, or other mechanism) that you have received, from any source including government, industry, and foundations for any purpose in the preceding two years from the date of filing if, for that funding, you are the Principal Investigator, Significant Collaborator, or Project Manager or Director.

If none, please check this box:

If no change from last filing, please check this box:

Funding Organization (Name, City, and State)	Indicate whether you are the Principal (PI) Investigator, Significant Collaborator (SC) or Project Manager (PM)	Brief description of project.	Indicate whether funding is through a grant, contract or other mechanism (check column that applies)		
			Grant	Contract	Other (please specify)
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**4.b. Research Support and Project Funding Received by Your Spouse:** Provide a general description of research and project activities of your spouse in the preceding two years from the date of filing, if they have been funded by any outside source (i.e., any source other than those identified in Part 2, including government, industry and foundations).

If none, please check this box:  If no change from last filing, please check this box:

General description of research and project activities of your spouse

**Part 5: Consulting Activities Not Reported in Part 2**

**5.a. Your Consulting Activities:** Report any consulting activities for which you have been compensated and in which you have personally participated during the preceding two years from the date of filing. Indicate the name of clients associated with projects, if projects, if reimbursements from those clients provided 15% or more of your annual compensation.

If none, please check this box:  If no change from last filing, please check this box:

Name of Project	Indicate whether you are a Principal Contractor on that Project (Y/N)	Brief description of project	Check if compensation exceeded \$2,500 for the calendar year	Identification of client's name, if client provided more than 15% of your annual total compensation
			<input type="checkbox"/>	



			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

**5.b. Consulting Activities of Your Spouse:** Provide a general description of consulting activities for which your spouse has been compensated and in which your spouse has personally participated in the preceding two years from the date of filing.

If none, please check this box:  If no change from last filing, please check this box:

General description of consulting activities of your spouse

**Part 6: Compensated Expert Testimony**

**6.a. Your Compensated Expert Testimony:** Report any such expert testimony you have provided in the preceding two years from the date of filing.

If none, please check this box:  If no change from last filing, please check this box:

For what Person or Organization (Name, City, and State)?	Brief description of issue and testimony and citation to the testimony, if available	Check if compensation exceeded \$2,500 for the calendar year of filing or the previous calendar year or represented 5% or more of your total compensation over the course of a calendar year
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**6.b. Compensated Expert Testimony by Your Spouse:** Provide a general description of any expert testimony your spouse has provided in the preceding two years from the date of filing.

If none, please check this box:  If no change from last filing, please check this box:

General description of compensated expert testimony of your spouse

**Part 7: Assets: Stocks, Bonds, Real Estate, Business, Patents, Trademarks, and Royalties**

Report assets held by you, your spouse, and dependent children that collectively had a fair market value greater than \$15,000 at any time during preceding twenty-four month reporting period or that produced 5% or more of the total compensation of that person for the past calendar year.

**Specific types of assets to report include:**

<i>Collectibles held for investment</i>
<i>Commercial crops</i>
<i>Commodity futures</i>
<i>Livestock used for commercial purposes</i>
<i>Non-diversified mutual funds</i>
<i>Partnership interests</i>
<i>Pensions and annuities</i>
<i>Real estate held for investment</i>
<i>Royalties</i>
<i>Stocks, bonds, securities and futures contracts</i>
<i>Trust holdings</i>
<i>Underlying assets of IRAs and 401K Retirement Accounts</i>

**Do not report the following types of assets:**

<i>Accounts including certificates of deposit, savings accounts, interest bearing checking accounts, or any other forms of deposit in a bank, savings and loan association, credit union or similar financial institution</i>
<i>Diversified mutual funds</i>
<i>Federal Government salary or retirement benefits</i>
<i>Money market funds</i>
<i>Money owed to you, your spouse, or dependent child by a spouse, parent, sibling or child</i>
<i>Securities issued by U.S. Government agencies or Government sponsored corporations such as the Tennessee Valley Authority</i>
<i>Social Security benefits</i>
<i>Underlying holdings of a trust that was not created by you, your spouse or dependent children and for which you, your spouse and dependent children have no past or present knowledge of the holdings or sources of income</i>
<i>U.S. Government obligations (including Treasury bonds, bills, notes and savings bonds)</i>
<i>Your personal residence(s), unless you rent it (them) out</i>

For pensions, indicate the name of the sponsoring employer. If you have control over the specific investment assets held in your pension account (i.e., it is not independently managed), you also must list those underlying investments or attach an account statement that lists them. For publicly available mutual funds, list only funds that are **not diversified**.

**Definition of a Diversified Mutual Fund**

*5 C.F.R. 2640.102 : "A mutual fund is diversified for purposes of this part if it does not have a policy of concentrating its investments in an industry, business, single country other than the United States or single State within the United states. Whether a mutual fund meets this standard may be determined by checking the fund's prospectus or by calling a broker or the manager of the fund."*

For the funds you do list, indicate the **full name** of the specific mutual fund, not just the general family fund name.  
 For other publicly available investment funds, such as publicly traded units of limited partnerships, list the full name of the limited partnership, but not its underlying portfolio investments.  
 For a privately held trade or business, report its name, location and description of activity.  
 For investment real estate, give the type and location (city and state).  
 For patents, trademarks, and other sources of royalties, give the name and a brief description.

If none, please check this box:  If no change from last filing, please check this box:

Full Name of Asset	(x) if no longer held
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**Part 8: Liabilities**

Report for you, your spouse, and dependent children liabilities over \$10,000 owed at any time in the preceding twelve months from the date of filing. Exclude a mortgage on your personal residence or home equity loans, unless the residence is rented out; loans for personal automobiles, household furniture or appliances, where the loan does not exceed the purchase price; and liabilities owed to a spouse, or the parent, sibling, or child of you, your spouse, or dependent child.

Creditors (Name, City, and State)	Type of Liability

**Part 9: Identification of any other information related to conflict of interest or appearance of lack of impartiality**

Complete this section only if you are being considered for a new advisory activity. Please consider all relevant information, over the past 5 years, concerning you, your spouse, and dependent children .

**9.a. Identify the Panel for which you are being considered.**

Name of Panel	
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**9.b. Other information related to conflict of interest or appearance of lack of impartiality:**

Do you know of any reason that you might be unable to provide impartial advice on the matter to come before the panel or any reason why your impartiality in the matter might be questioned (e.g., constraints imposed by your employer on the advice you will be able to provide, involvement in a lawsuit, gift of research materials)?

**If yes, please describe those reasons below. If no, please check this box:**

Description of any reason that you might be unable to provide impartial advice on the matter to come before the panel or any reason why your impartiality in the matter might be questioned