### 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 **Reporting Period?**

### **New Entrants:**

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 **Questions?**

If you have any questions about how to complete this form, please contact your ethics official or go to the Office of Government Ethics web site at www.oge.gov and select OGE Form 450: Confidential Financial Disclosure

Report under Forms Library.

### **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**

Title I of the Ethics in Government Act of 1978 (5 U.S.C. app. 101), 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.

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, Suite 500, 1201 New York Avenue, NW, Washington, DC 20005-3917. Do not send your completed OGE Form 450 to this address.

OGE Form 450, 5 CFR Part 2634, Subpart I U.S. Office of Government Ethics (Aug. 2020) Expires 11/30/21

Form Approved OMB No. 3209-0006

Date Received by Agency							Page N	umber	
CON	EIDENTIAI	EINANCIA	I DISC	יו חכוי	RE REPORT				
CON	FIDENTIAL	Executive			KE KEPOKI				
Employee's Name (Print last, first, mi	ddle initial)	LACCULIVE	<u> Di unen</u>		E-mail Address				
Position/Title				ļ.				Grade	
Agency				Branch	/Unit and Address				
Work Phone	Reporting Status	3		]	If New Entrant, Dat	te of App	pointm	ent to P	osition
	New Entrant	<b>Annua</b>	1		(mm/dd/yy)				
If an SGE, Mailing Address (Number	, Street, City, Sta	te, ZIP Code)							
Step 1: Read the instructions for Parts I Step 2: For <u>each</u> statement below, chec									
I. I have reportable assets or sources	of income for my	self, my spous	se, or my	depende	ent children.	Yes		No	
II. I have reportable liabilities (debts	) for myself, my s	spouse, or my	dependen	t childr	en.	Yes		No	
III. I have reportable outside position	ns for myself.					Yes		No	
IV. I have reportable agreements or a	arrangements for	myself.				Yes		No	
	NOTE: Statement V is for <u>annual</u> filers only. It does not apply to new entrants and SGEs.  V. I have reportable gifts or travel reimbursements for myself, my spouse, or my dependent children.  Yes  No								
Step 3: If you selected Yes for <u>any</u> state or V) of the form. Step 4: Sign and date the form. Step 5: Submit the completed form to y	our ethics office.								
knowledge.	aue on this form	and an attach	icu statem	iciits ai t	e ti de, complete, an	u correc	it to the	Dest of	illy
Signature of Employee						Date (n	nm/dd/y	y)	
FOR REVIEWERS' USE ONLY:									
On the basis of information contained except as noted in the "comments" be		conclude that	t the filer	is in cor	npliance with appli	cable la	ws and	regulat	ions,
Signature and Title of Supervisor/Ot	Signature and Title of Supervisor/Other Intermediate Reviewer (if required by the agency)  Date (mm/dd/yy)			y)					
T. 114.11				DI 1	.т. <b>Т</b>				
E-mail Address				Phone	Number				
Cignature and Title of Agency's Fine	Deviewing Office	ai al				Data (m	/dd/s		
Signature and Title of Agency's Fina	Reviewing Offic	Clai				Date (n	ım/aa/y	<i>y</i> )	
Comments of Reviewing Officials									

(Check box if continued on additional page )

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Employee's Name (Print last, first, middle initial) Page Number Part I: Assets and Income Report for Yourself, Spouse, and Dependent Child: Do Not Report: Assets held for investment or the production of income that ended Federal Government retirement benefits the reporting period with a value greater than \$1,000. In addition, Thrift Savings Plan annual filers must report assets from which more than \$1,000 in Certificates of deposit, savings or checking accounts income was received during the reporting period. Reportable assets Term life insurance include, but are not limited to: Money market mutual funds and money market accounts - Assets such as stocks, bonds, annuities, trust holdings, partnership Your personal residence, unless you rent it out interests, life insurance, investment real estate, or a privately-held • U.S. Government Treasury bonds, bills, notes, and savings bonds trade or business Diversified mutual funds, such as ABC Equity Value Fund or XYZ - Sector mutual funds: those funds invested in a particular industry, Large Capital Fund business, or location, such as ABC Electronics Fund or XYZ Canada • Diversified funds within an employee benefit plan Fund (report the full name of the fund, not just the family fund name) • Money owed to you, your spouse, or dependent child by a spouse, - Holdings of retirement plans, such as 401(k)s or IRAs, investment parent, sibling, or child life insurance, or variable annuities (report each holding unless listed in the Do Not Report section) - Defined benefit pension plans provided by a former employer (include the name of the employer) Also Report: Do Not Report: • For yourself: (1) all sources of salary, fees, commissions, and other Dependent child's earned income earned income greater than \$1,000, (2) honoraria greater than \$1,000, • Veterans' benefits Federal Government salary and (3) other non-investment income such as scholarships, prizes, and gambling income greater than \$1,000 Social Security benefits • For your spouse: (1) all sources of salary, fees, commissions, and other earned income greater than \$1,000, and (2) honoraria greater than \$1,000 **Important Definitions Diversified Mutual Fund** – A mutual fund that does not have a stated policy of concentrating its investments in one industry, business, or single country other than the United States. Sector Mutual Fund – A mutual fund that concentrates its investments in an industry, business, single country other than the United States, or bonds of a single state within the United States. Diversified Fund within an Employee Benefit Plan – An employee benefit plan fund that has a written policy of varying investments without concentration in one industry, business, or single country other than the United States. **Dependent Child** – A son, daughter, stepson or stepdaughter who is either unmarried and under age 21 and living in the filer's house, or considered dependent under the U.S. tax code. **Reportable Information** – Go to the last page to see examples of how to report assets and income. Specific stock, bond, sector mutual fund, type/location of real estate, etc. (Indicate the full name of each specific asset No longer held or investment. You may add the ticker symbol to the full name.) 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, or J for jointly held.

23.

U.S. Office of Government Ethics (Aug. 2020) Form Approved OMB No. 3209-0006 Expires 11/30/21 Employee's Name (Print last, first, middle initial) Page Number Part I: Assets and Income **Continuation Page Specific stock, bond, sector mutual fund, type/location of real estate, etc.** (Indicate the full name of each specific asset No longer held or investment. You may add the ticker symbol to the full name.) 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, or J for jointly held. 1. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22.

24.	
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Expires 11/30/21		ON	AB No. 3209-0000
Employee's Name (Print last, first, middle initial)			Page Number
	Part II: Liabilities		
Report for Yourself, Spouse, and Dependent Child:			
• If you are a new entrant filer, liabilities that exceeded \$10,000 at the end of the reporting period • If you are an annual filer, liabilities that exceeded \$10,000 during the reporting period	<ul> <li>Any liability, such as a mortga financial institution or business general public</li> <li>Loans secured by automobiles exceeds the purchase price of the</li> </ul>	r spouse or to the parent, sibling,	lable to the
<b>Reportable Information</b> – Go to the last page to see ex	xamples of how to report liabilition	es.	
Name of creditor (include city and state where	Type of liability (personal loan, me	argin account, etc.)	
creditor is located)			
1.			
2.			
P	art III: Outside Positions		
Report for Yourself:		Do Not Report:	
period, whether or not you were compensated and whet position. Positions include an officer, director, employe proprietor, representative, executor, or consultant of any - Corporation, partnership, trust, or other business entity - Non-profit or volunteer organization - Educational institution - State or Local Government	ee, trustee, general partner, y of the following:	<ul> <li>Religious entity</li> <li>Social entity</li> <li>Fraternal entity</li> <li>Political entity</li> <li>Any position held by your spouchild</li> <li>Any position that you hold as p duties</li> </ul>	-
Reportable Information – Go to the last page to see ex	xamples of how to report outside	positions.	
Organization (include city and state where organization is located)	Type of organization	Position	No longer held
1.			
2.			
3.			
4.			
5.			
6.			

	ires 11/30/21		UN	1B No. 3209-000
Emp	ployee's Name (Print last, first, middle initial)			Page Number
	Dart IV: Age	eements or Arranger	nonts	
Ren	ort Your Agreements or Arrangements for:	cements of Arranger	Do Not Report:	
Continuing participation in an employee pension or benefit plan maintained by a current or former employer A leave of absence Future employment, including date you accepted employment offer Continuation of payment by a current or former employer (including severance payments)		<ul> <li>Any agreement or arrangement related to your employment by the Federal Government</li> <li>Spouse's and dependent child's agreements or arrangements</li> <li>Continuing participation in a defined contribut plan, such as a 401(k) plan, to which an employ is no longer making contributions</li> </ul>		
Ren	ortable Information – Go to the last page to see example	es of how to report agreeme	ents and arrangements.	
Enti	ity with which you have an agreement or angement (include city and state where entity is	s of Agreement or Arrangen		
2.				
3.				
4.				
	Part V: Gifts a	nd Travel Reimburs	ements	
	Fill out this part only if you are filing an Annu			part.
Rep	ort for Yourself, Spouse, and Dependent Child:	110 <b>p</b> 01	Do Not Report:	Put
• Antotal whereim *If y 1. D 2. Ig 3. A	by gifts or travel reimbursements (items such as lodging, training more than \$415* from any one source during the report you traveled, the purpose, and date(s) of the trip for travelursements you received more than one gift from one source: etermine the value of each item you received from that source each item valued at \$166 or less dd the value of those items valued at more than \$166; if the you must list those items on this form	orting period; include vel gifts and	• Anything received from relative Government, D.C., state, or local • Bequests and other forms of inh • Gifts and travel reimbursements agency in connection with your o • Gifts of hospitality (food, lodgin at the donor's residence or persor • Anything received by your spouchild totally independent of their you  Reportable Information – Go to the examples of how to report gifts at reimbursements	governments neritance s given to your official travel ng, entertainment nal premises use or dependent relationship to
Rep	ortable Information – Go to the last page to see example	es of how to report gifts and	d travel reimbursements.	
Sou	rce Descri	iption		
1.				
2.				
3.				

# Form Approved OMB No. 3209-0006

### **EXAMPLES**

# **Part I: Assets and Income**

<b>Specific stock, bond, sector mutual fund, type/location of real estate, etc.</b> (Indicate the full name of each specific asset or investment. You may add the ticker symbol to the full name.) <b>Name of Employer or Business; Source of Fees, Commissions, or Honoraria</b> (Include brief description.)  You may distinguish any entry for a family member by preceding it with S for spouse, DC for dependent child, or J for jointly held.	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)	X
(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)	
Residential real estate, Anchorage, AK (Example of investment real estate)	
Bryggadune University – salary (Example of earned income from a former employer)	X
(S) Express Medical Clinic – salary (Example of a spouse's earned income from a current employer)	
Association of Accountants – honorarium (Example of a single honorarium from the listed source)	

# Part II: Liabilities

Name of creditor (city and state)	Type of liability (personal loan, margin account, etc.)
John Jones (Denver, CO)	Personal loan from a friend
ANW Investment Company (San Francisco, CA)	Margin account

## **Part III: Outside Positions**

Organization ( city and state )	Type of organization	Position	No longer held
Bryggadune University (Memphis, TN)	Educational institution	Professor	X
ISK Family Trust (Boynton Beach, FL)	Family Trust	Trustee	
Scenic Rivers Association (Nashville, TN)	Non-profit environmental organization	Member, Board of Directors	X

# **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
Dee, Jones & Smith (San Diego, CA)	I will continue to participate in this defined benefit plan. (Example of continuing participation in a defined benefit plan with a former employer)
Hartford & Brown (San Diego, CA)	Employment agreement with Hartford & Brown. Starting work as attorney in July 2020. Entered into agreement in October 2019. (Example of an agreement for future employment)

# **Part V: Gifts and Travel Reimbursements**

Source	Description
,	Leather briefcase (Example of a gift totaling more than \$415 from one source)
	Airline ticket, hotel room, and meals incident to culinary seminar in Tokyo, Japan from May 1-5, 2020 (Example of a travel reimbursement)