OGE Form 450, 5 CFR Part 2634, Subpart I
U.S. Office of Government Ethics (_/2026)
Expires 08/31/2027

Form Approved
OMB No. 3209-0006

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 click on Resources 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.

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Date Received by Agency	Page Number

CONFIDENTIAL FINANCIAL DISCLOSURE REPORT
Executive Branch

Employee's Name (*Print last, first, middle initial*)	E-mail Address

Position/Title	Grade

Agency	Branch/Unit and Address

Work Phone	Reporting Status				If New Entrant, Date of Appointment to Position (*mm/dd/yy*)
	New Entrant	☐	Annual	☐	

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 through V on the following pages.
Step 2: For each statement below, check Yes or No to describe your situation.

I.a. I have reportable assets or sources of income for myself, my spouse, or my dependent children.	**Yes**	☐	**No**	☐
I.b. I have a spouse who has paid employment outside the Federal Government.	**Yes**	☐	**No**	☐
II. I have reportable liabilities (debts) for myself, my spouse, or my dependent children.	**Yes**	☐	**No**	☐
III. I have reportable outside positions for myself.	**Yes**	☐	**No**	☐
IV. I have reportable agreements or arrangements for myself.	**Yes**	☐	**No**	☐
NOTE: Statement V is for annual 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 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.

Signature of Employee	Date (*mm/dd/yy*)

FOR REVIEWERS' USE ONLY:

On the basis of information contained in this report, I conclude that the filer is in compliance with the applicable laws and regulations, except as noted in the "comments" box below.

Signature and Title of Supervisor/Other Intermediate Reviewer (*if required by the agency*)	Date (*mm/dd/yy*)

E-mail Address	Phone Number

Signature and Title of Agency's Final Reviewing Official	Date (*mm/dd/yy*)

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 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, and privately held trades or businesses - Sector mutual funds: those funds invested in a particular industry, business, or location, such as ABC Financial Fund, XYZ Energy Fund, or 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, IRAs, and 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 Value Fund or XYZ Large Capital Fund • Federal Government retirement benefits • Thrift Savings Plan • Certificates of deposit, savings or checking accounts • Term life insurance • Money market mutual funds and money market accounts • Your personal residence, unless you rent it out • U.S. Treasury bonds, bills, notes, and savings bonds • Diversified funds within an employee benefit plan • Money owed to you, your spouse, or dependent child by a spouse, parent, sibling, or child Do not report account or Social Security numbers or names of family members
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, and gambling income greater than $1,000 • 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	• Dependent child's earned income (e.g., wages, fees) • Veterans' benefits • Federal Government salary • Social Security benefits
Dependent Child – A son, daughter, stepson, or stepdaughter who is either unmarried, under age 21, and living in the filer's house, or considered dependent under the U.S. tax code.	

Reportable Information

Report the full name of each individual asset, such as a stock, bond, or sector mutual fund. (You may add the ticker symbol to the 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. **Report 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**
EXAMPLES — Go to the last page to see additional examples of how to report assets and income.	
OGC Widgets, Inc. (OGC) (*Example of a stock with a ticker symbol*)	☐
(S) Express Medical Clinic — salary (*Example of spouse's earned income from a current employer)*	☐
ABC Healthcare Fund (*Example of a sector fund held in a 401(k) plan, IRA, or brokerage account*)	☐
XYZ 401(k) Plan (*Alternative example of a sector fund in a 401(k), or other retirement or brokerage account*)	☐
- XYZ Energy Fund	☐
- Rock Financial Fund	☐
CA (ScholarShare) College Savings Plan: Age 0-5 Portfolio (*Example of a 529 college savings plan with underlying investment)*	☐
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4.	☐

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Employee's Name *(Print last, first, middle initial)*	**Page Number**

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 the 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. **Report 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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Employee's Name ***(Print last, first, middle initial)***	**Page Number**

Part I: Assets and Income
Continuation Page

		No longer held
	Report the full name of each individual asset, such as a stock, bond, or sector mutual fund. (You may add the ticker symbol to the 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. **Report 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.	
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Employee's Name *(Print last, first, middle initial)*	**Page Number**

Part I: Assets and Income
Continuation Page

		No longer held
	Report the full name of each individual asset, such as a stock, bond, or sector mutual fund. (You may add the ticker symbol to the 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. **Report 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.	
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Employee's Name ***(Print last, first, middle initial)***	**Page Number**

Part II: Liabilities

Report for Yourself, Spouse, and Dependent Child:	**Do Not Report:**
• 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	• Any liability, such as a mortgage, a student loan, or a credit card account, from a financial institution or business entity granted on terms made available to the general public • 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

Reportable Information

	Name of creditor *(include city and state where the creditor is located)*	**Type of liability** *(personal loan, margin account, etc.)*
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, DC	Margin account
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Employee's Name ***(Print last, first, middle initial)***	**Page Number**

Part III: Outside Positions

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

Reportable Information

	Organization *(include city and state where the 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	Educational 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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Employee's Name ***(Print last, first, middle initial)***	**Page Number**

Part III: Outside Positions Continuation Page

	Organization *(include city and state where the organization is located)*	**Type of organization**	**Position**	**No longer held**
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Employee's Name ***(Print last, first, middle initial)***	**Page Number**

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 or former employer • A leave of absence • Future employment, including the date you accepted an employment offer • Continuation of payment by a current or former employer (including severance payments)	• Any agreement or arrangement related to your employment by the Federal Government • Spouse's and dependent child's agreements or arrangements • Continuing participation in a defined contribution plan, such as a 401(k) plan, to which an employer is no longer making contributions

Reportable Information

	Entity with which you have an agreement or arrangement *(include city and state where the entity is located)*	**Terms of Agreement or Arrangement**
EXAMPLES — Go to the last page to see additional 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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Employee's Name *(Print last, first, middle initial)*	**Page Number**

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) totaling more than $525* from any one source during the reporting period; include where you traveled, the purpose, and date(s) of the trip for travel gifts and reimbursements *If you received more than one gift from one source: 1. Determine the value of each item you received from that source 2. Ignore each item valued at $210 or less 3. Add the value of those items valued at more than $210; if the total is more than $525, then you must list those items on this form NOTE: These amounts apply to gifts and travel reimbursements received in calendar years 2026-2028. The next three–year adjustment to these amounts is scheduled to occur in 2029.	• Anything received from relatives, the Federal Government, DC, state, or local governments • Bequests and other forms of inheritance • Gifts and travel reimbursements given to your agency in connection with your official travel • Gifts of hospitality (food, lodging, entertainment) at the donor's residence or personal premises • Anything received by your spouse or dependent child totally independent of their relationship to you

Reportable Information

	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 $525 from one source*)
	CGH Culinary Institute, Tokyo, Japan	Airline ticket, hotel room, and meals incident to culinary seminar in Tokyo, Japan from May 1-5, 2023 (*Example of travel reimbursement*)
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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 the 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. **Report 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**
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*)	X
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 *(include the city and state where the creditor is located)*	**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, DC	Law Firm	Partner	X
Bestever Elementary School, Buffalo, NY	Parent Teacher Association	President	
Sunnydale Homeowners Association, Stowe,VT	Homeowners Association	Vice President	X

Part IV: Agreements or Arrangements

Entity with which you have an agreement or arrangement *(include city and state where the 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 Federal Government service.
Allied Business Computing, Inc., Reston, VA	Pursuant to company policy for retired corporate officers, my spouse and I 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