

UNITED STATES SENATE PUBLIC FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
SESSIONS	Jefferson B., III	1997	U. S. Senator Jeff Sessions
Mailing Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Area Code)	Termination Report Termination Date (Mo., Day, Yr.):	Prior Office / Agency in Which Employed
495 Russell Senate Bldg. Washington, DC 20510-0104	(202) 224-4124		

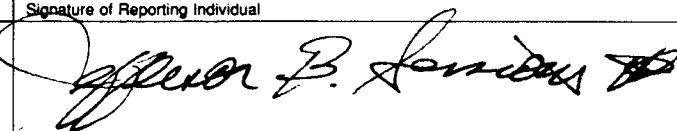
AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

<p>Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach PART I.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$250 from one source)? If yes, Complete and Attach PART VI.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If yes, Complete and Attach PART II.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, Complete and Attach PART VII.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, Complete and Attach PART IIIA and/or IIIB.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach PART VIII.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, Complete and Attach PART IV.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Do you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach PART IX.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, Complete and Attach PART V.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>If this is your FIRST Report: Did you receive compensation of more than \$5,000 from a single source in the two prior years? N / A</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, D.C. 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

For Official Use Only - Do Not Write Below This Line

<p>Certification</p> <p>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</p>	<p>Signature of Reporting Individual</p> 	<p>Date (Month, Day, Year)</p> <p style="text-align: center;">2/11/98</p>
<p>For Official Use Only - Do Not Write Below This Line</p>		
<p>It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.</p>	<p>Signature of Reviewing Official</p>	<p>Date (Month, Day, Year)</p>

SECRETARY OF THE SENATE
 OFFICE OF PUBLIC RECORDS
 ROOM 232
 HART SENATE OFFICE BUILDING
 WASHINGTON, D.C. 20510

Reporting Individual's Name
Sen. Jeff Sessions

PART I. PAYMENTS TO CHARITABLE ORGANIZATIONS IN LIEU OF HONORARIA

Page Number
3

Report the source (name and address), date, and amount of any payment from each source to a charitable organization made in lieu of honoraria to you during the reporting period. Identify the activity (speech, article, or appearance) which generated the payment. For further information, see Instructions.

Note: Travel expenses in excess of \$250 related to activities giving rise to these payments must be reported in Part VI, Reimbursements.

Date of Payment		Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
Examples:	3/26/9X	Association of American Associations	Wash., D.C.	Speech	\$1,000
	7/23/9X	XYZ Magazine	NY, NY	Article	\$500
1	11/26/97	Alabama Farmers Cooperative, Inc.	Decatur, AL	Speech	\$1,000.00
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A separate, confidential report which names the charitable organization receiving such payments must be filed directly with the Select Committee on Ethics.

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:

For you and/or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Examples:	JP Computers	Wash., D.C.	Salary	\$15,000
	MCI (Spouse)	Arlington, VA	Salary	Over \$1,000
1	State of Alabama	Montgomery, Alabama	Salary	\$ 322
2	Stockman & Bedsole	Mobile, Alabama	Attorney fees earned pre-1995	\$15,999
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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A

Identity of Publicly Traded Assets and Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this Part IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At close of reporting period.
If none, or less than \$1,001,
check the 1st column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.
This includes income received or accrued to the benefit of the individual.

S, DC or J	Examples:	Valuation of Assets										Type and Amount of Income																							
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000			
		IBM Corp. (stock) NYSE				x									x								x												
		Keystone Equity Fund (widely diversified)					x											x							x										
Jt.	1	Compass Bank			x										x									x											
Jt.	2	Dean Witter Trust Fund													x									x											
		Liquid Asset Account		x																															
MBS	3	Dean Witter Trust Fund													x																				
		Liquid Asset Account		x																															
Jt.	4	IDS Hi Yield TX-EX Fund, Inc. (Former American Express)				x									x																				
Jt.	5	Dean Witter Reynolds																																	
		Energen		x											x																				
MBS	6	Merrill-Lynch													x									x											
		First Union Corporation				x													x																
Jt.	7	Dean Witter Reynolds																																	
		Community Bankshares		x																															
		(IRA)																																	
JBS	8	Sunamerica Small Co. Growth Fd			x																														
		(IRA)																																	
JBS	9	Mass Mutual/Panorama				x																													
		(SEPP)																																	
JBS	10	TransAmerica Life		x																															

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in "unearned" income during the reporting period.

Include on this Part IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At close of reporting period.
If none, or less than \$1,001,
check the 1st column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.
This includes income received or accrued to the benefit of the individual.

S. DC or J	Examples:	BLOCK B								BLOCK C										Actual Amount Required if "Other" Specified	
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	\$1,000,001 - \$5,000,000		Over \$5,000,000
	IBM Corp. (stock) NYSE				x																
	Keystone Equity Fund (widely diversified)																				
1	Dependent Child																				
2	Alliance Growth Fund (CL. B)		x																		
3	Dean Witter Trust Company Liquid Asset Fund		x																		
4	Merrill-Lynch Growth Fund		x																		
5	Evergreen Small Co. Growth Fund S-4 (former Keystone)		x																		
6	Pasadena Investment Trust Growth Fund (CL. A)																				
7	Merrill-Lynch Federal Security Trust (CL 3)		x																		
8																					
9																					
10																					

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A

Identity of Publicly Traded Assets and Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
(2) generated over \$200 in "unearned" income during the reporting period.

Include on this Part IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

BLOCK B

Valuation of Assets

At close of reporting period.
If none, or less than \$1,001,
check the 1st column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.
This includes income received or accrued to the benefit of the individual.

S. DC or J		Examples:	Valuation of Assets								Type and Amount of Income									
			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	Actual Amount
																				Required if "Other" Specified
		IBM Corp. (stock) NYSE				x						x								
		Keystone Equity Fund (widely diversified)					x						x							
1		Dependent Child																		
2		Alliance Growth Fund (CL B)		x																
3		Dean Witter Liquid Asset Fund	x																	
4		Evergreen Small Company Growth Fund (former Keystone)		x																
5																				
6																				
7																				
8																				
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10																				

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Sen. Jeff Sessions

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

[illegible]

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Sen. Jeff Sessions

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A

Identity of Non-Publicly Traded Assets and Unearned Income Sources

Report the name, address (city, state), and description of each interest held by you, your spouse, or your dependent child for the production of income or investment in a non-public trade or business which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in income during the reporting period.

Include the above report for each underlying asset which is not incidental to the trade or business. Publicly traded assets held by a non-public entity may be listed on Part IIIA.

BLOCK B

Valuation of Assets

At close of reporting period.
If none, or less than \$1,001,
check the 1st column.

[illegible]

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.
This includes income received or accrued to the benefit of the individual.

[illegible]

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

[illegible]

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

[illegible]

EXEMPTION TEST (see instructions before marking box): If you omitted any transaction because it meets the three-part test for exemption described in the Instructions, please check here.

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART V. GIFTS

Report the source, brief description and value of all gifts aggregating more than \$250 in value received by you, your spouse, or your dependent child, from each source. Gifts with a value of \$100 or less need not be aggregated towards the disclosure threshold. "Gift" is defined in the Instructions.

Exclude: (1) Bequests and other forms of inheritance; (2) Suitable mementos of a function honoring the reporting individual; (3) Political campaign contributions; (4) Communications to your offices including subscriptions to newspapers and periodicals; (5) Consumable products provided by home state businesses to your offices, if those products are intended for consumption by persons other than yourself; (6) Gifts received prior to your Federal employment; (7) Gifts to your spouse or dependent child totally independent of his or her relationship to you; (8) Gifts from relatives; (9) Personal hospitality of any individual (see Instructions); (10) meals and beverages unless consumed in connection with a gift of overnight lodging; and (11) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign country, or by federal, state, D.C., or local governments.

Name of Source		Address of Source	Dates and Brief Description	Value of gift
Example:	Mr. John Q. Smith	Anytown, VA	August 12, 199X, Silver platter—Ethics Committee waiver granted	\$400
1	None			
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Note: Most gifts in excess of \$49.99 are prohibited by the Senate Gifts Rule.

Report necessary travel related expenses from each source aggregating more than \$250 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event. Disclosure is required regardless of whether those expenses were **reimbursed** to the individual or **paid directly** by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$250), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$250. Report Gifts of travel in Part V.

Exclude: Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

Name of Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX	Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1, 199X
1	None, except those previously reported on Form RE3, pursuant to Senate Rule 35.		
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PART VII. LIABILITIES

Report liabilities over \$10,000 owed by you, your spouse, or dependent child, to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. **Exclude:** (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor			Address of Creditor	Type of Liability	Incurred	Rate	Appli- cable	\$10,001	\$15,001	\$50,001	\$100,001	\$250,001	\$500,001	Over \$1	\$1,000,001	\$5,000,001	\$25,000,001	Over \$50
S DC or J	Ex- ample:	First District Bank	Washington, D.C.	Mortgage on undeveloped land	1981	13%	25yrs.			x								
		John Jones	Washington, D.C.	Promissory note	1988	10%	on demand					x						
1	South Carolina Student Loan Corp.		Charlotte, NC	Promissory Note	1994	T-Bond	Upon											
					1995	+2.5%	Grad	x										
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EXEMPTION TEST (see instructions before marking box): If you omitted any liability because it meets the three-part test for exemption described in the Instructions, please check here. ☐

***This category applies only if the obligation was solely that of the spouse or dependent child. If the obligation was the filer's or a joint obligation with the spouse or dependent child, use the other categories, as appropriate.

PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address of Organization	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Nat'l Assn. of Rock Collectors	NY, NY	Non-profit education	President	6/90	Present
	Jones & Smith	Hometown, USA	Law firm	Partner	7/85	11/9X
1	Huntingdon College	Montgomery, AL	Non-Profit University	Board of Trustees	5/95	Present
2	Samford University	Birmingham, AL	Non-Profit University	Board of Overseers	10/97	Present
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Compensation in excess of \$200 from any position must be reported in Part II.

PART IX. AGREEMENTS OR ARRANGEMENTS

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

Status and Terms of any Agreement or Arrangement		Parties	Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/9X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	1/83
1	Pursuant to Partnership Agreement, may receive agreed sums for services performed prior to taking office as Attorney General of Alabama in January 1995	Stockman & Bedsole, Mobile, AL	1/95
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PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**FIRST TIME FILERS ONLY:**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Examples:	Jones & Smith	Hometown, TX	Legal services
	Metro University (client of Jones & Smith)	Moneytown, USA	Legal services in connection with university construction
1	Ron Willis (client of Stockman & Bedsole)	Mobile, Alabama	Legal services
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United States Senate

WASHINGTON, DC 20510-0104

CLERK OF THE SENATE

OFFICE OF THE CLERK

June 11, 1998

10:10

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

To Whom It May Concern:

I enclose herewith my *1997 United States Senate Public Financial Disclosure Report for Annual and Termination Reports*.

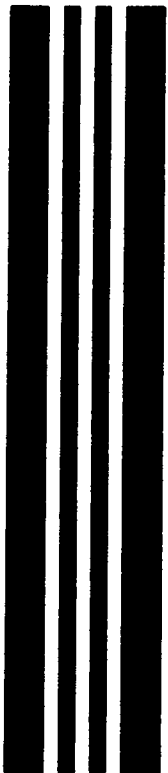
Should you have any questions regarding this, please contact my Executive Assistant, Peggi Jeffreys at 224-6611.

Very truly yours,



Jeff Sessions
United States Senator

JS:pj



Amendment
Filed For
Senator *SESSIONS*
For Calendar Year '96

SECRETARY OF THE SENATE
98 JUL 16 PM 2:54
H.D.

United States Senate

CLERK OF THE SENATE

WASHINGTON, DC 20510-0104

58 JUN 15 PM 12:58

June 16, 1998

H.D.

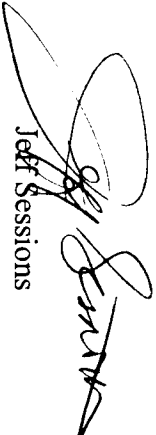
Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

To Whom It May Concern:

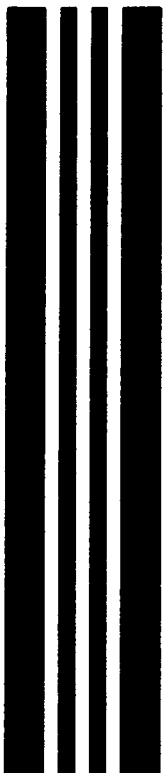
I enclose herewith an amended page 7 of my 1996 Financial Disclosure Reports.

Should you have any questions regarding this, please contact my Executive Assistant, Peggi Jeffreys, at 224-6611.

Very truly yours,


Jeff Sessions
United States Senator

JS:pj
Enclosure



Amendment
Filed For
Senator SESSIONS
For Calendar Year '96

CLERK OF THE SENATE
93 JUN 12 PM 6:41
H.D.

United States Senate

WASHINGTON, DC 20510-0104

CLERK OF THE SENATE

93 JUN 12 PM 01:07

June 11, 1998


H.D.

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

To Whom It May Concern:

I enclose herewith amendments to pages 1, 5 and 8 of my 1996 Financial Disclosure Reports.

Should you have any questions regarding this, please contact my Executive Assistant, Peggi Jeffreys at 224-6611.

Very truly yours,

Jeff Sessions
United States Senator

JS:pj
Enclosures

UNITED STATES SENATE PUBLIC FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

Last Name SESSIONS, III	First Name and Middle Initial JEFFERSON B.	Calendar Year Covered by Report Annual Report 1996 Due May 15	Senate Office / Agency in Which Employed U. S. Senator Jeff Sessions
Mailing Address (Number, Street, City, State, and ZIP Code) 495 Russell Senate Bldg. Washington, DC 20510	Telephone No. (Include Area Code) (202) 224-4124	Termination Date (Mo., Day, Yr.) Termination Report Due within 30 days of term. date	Prior Office / Agency In Which Employed

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

<p>Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, Complete and Attach PART I.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$250 from one source)? If yes, Complete and Attach PART VI.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A</p>
<p>Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If yes, Complete and Attach PART II.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, Complete and Attach PART VII.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, Complete and Attach PART IIIA and/or IIIB.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, Complete and Attach PART VIII.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If yes, Complete and Attach PART IV.</p> <p style="text-align: right;"><i>JS</i> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Do you have any reportable agreement or arrangement with an outside entity? If yes, Complete and Attach PART IX.</p> <p style="text-align: right;">YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$250 and not otherwise exempt)? If yes, Complete and Attach PART V.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p style="text-align: center;">Each question must be answered and the appropriate PART attached for each "Yes" response.</p>

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, D.C. 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, 18 U.S.C. 1621, and 28 U.S.C. 1746.)

For Official Use Only - Do Not Write Below This Line

<p style="text-align: center;">Certification</p> <p><i>I CERTIFY under penalty of perjury that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.</i></p>	<p style="text-align: center;">Signature of Reporting Individual</p>	<p style="text-align: center;">Date (Month, Day, Year)</p> <p style="text-align: center;">May 15, 1997</p>
<p>For Official Use Only - Do Not Write Below This Line</p>		
<p><i>It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.</i></p>	<p style="text-align: center;">Signature of Reviewing Official</p>	<p style="text-align: center;">Date (Month, Day, Year)</p>

SECRETARY OF THE SENATE
 H.D.
 MAY 12 4 10 PM '97

Reporting Individual's Name SESSIONS		PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															Page Number 5																																											
BLOCK A Identity of Publicly Traded Assets and Unearned Income Sources		BLOCK B Valuation of Assets At close of reporting period. If none, or less than \$1,001, check the 1st column.							BLOCK C Type and Amount of Income If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.																																																			
Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child, for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or (2) generated over \$200 in "unearned" income during the reporting period. Include on this Part IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 12.5%;">None (or less than \$1,001)</th> <th style="width: 12.5%;">\$1,001 - \$15,000</th> <th style="width: 12.5%;">\$15,001 - \$50,000</th> <th style="width: 12.5%;">\$50,001 - \$100,000</th> <th style="width: 12.5%;">\$100,001 - \$250,000</th> <th style="width: 12.5%;">\$250,001 - \$500,000</th> <th style="width: 12.5%;">\$500,001 - \$1,000,000</th> <th style="width: 12.5%;">Over \$1,000,000***</th> </tr> </table>							None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="7" style="text-align: center;">Type of Income</th> <th colspan="7" style="text-align: center;">Amount of Income</th> <th rowspan="2" style="text-align: center; vertical-align: middle;">Actual Amount Required if "Other" Specified</th> </tr> <tr> <th style="width: 12.5%;">Dividends</th> <th style="width: 12.5%;">Rent</th> <th style="width: 12.5%;">Interest</th> <th style="width: 12.5%;">Capital Gains</th> <th style="width: 12.5%;">Excepted Investment Fund</th> <th style="width: 12.5%;">Excepted Trust</th> <th style="width: 12.5%;">Qualified Blind Trust</th> <th style="width: 12.5%;">Other (Specify Type)</th> <th style="width: 12.5%;">None (or less than \$201)</th> <th style="width: 12.5%;">\$201 - \$1,000</th> <th style="width: 12.5%;">\$1,001 - \$2,500</th> <th style="width: 12.5%;">\$2,501 - \$5,000</th> <th style="width: 12.5%;">\$5,001 - \$15,000</th> <th style="width: 12.5%;">\$15,001 - \$50,000</th> <th style="width: 12.5%;">\$50,001 - \$100,000</th> <th style="width: 12.5%;">\$100,001 - \$1,000,000</th> <th style="width: 12.5%;">Over \$1,000,000</th> <th style="width: 12.5%;">\$1,000,001 - \$5,000,000</th> <th style="width: 12.5%;">Over \$5,000,000</th> </tr> </table>										Type of Income							Amount of Income							Actual Amount Required if "Other" Specified	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000
None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***																																																					
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Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000		\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000																																									
S DC or J	Examples: IBM Corp. (stock) Keystone Equity Fund (widely diversified) Merrill Lynch Growth Fund (widely diversified) Merrill Lynch Federal Secur. Trust Fund Pasadena Investment Trust Growth Fund (widely divers.) First Union Corporation Dean Witter Liquid Asset Fund Childrens Discovery Centers American Express High Yield Tax Exempt Fund CLASS A * Sun America Small Co. Growth (IRA) Connecticut Mutual Panorama (IRA) Transamerica Life Annuity (SEP)																																																											
1	DC		X						X																																																			
2	DC			X					X																																																			
3	DC		X						X																																																			
4	S			X																																																								
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7				X																																																								
8			X																																																									
9				X																																																								
10			X																																																									

* IRA Contract Investment Portfolio (65% stocks, 35% bonds)

EXEMPTION TEST: If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

Reporting Individual's Name

SESSIONS

PART IV. TRANSACTIONS

Page Number

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two properties are involved in any reportable exchange.

Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)										
Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
x			2/1/9X		x									
	x		10/9/96	x										
	x		7/30/96	x										
	x		12/20/96	x										

EXEMPTION TEST (see instructions before marking box): If you omitted any transaction because it meets the three-part test for exemption described in the Instructions, please check here. ☐

** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

