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Last Name	First Name and Middle Initial	Colenda Your Owerest	by Report   Senate Office / Agency (	n Which Employed		
SESSIONS, 111	JEFFERSON B.	Annual 1996 Report Bur May 15	U. S. Se	nator Jeff	Sessions	s
Maling Address (Number, Store), City State, and 20° Code)	Telaphone No. (Scotade Assa Cada)	Teterination Date (Mo	. Day, Yr.) Prior Office / Agency in 1	Mich Employed		
495 Russell Senate Bldg. Mashington, DC 20510	(202) 224-4124	Teoritopisse Report				
<del></del>	G THE INSTRUCTION	DIRECTOR STATE OF THE ACT		PACITA		-
AL LEG HEADIN	G THE MOTHOCHON					_
Old any individual or organization make a donation to char paying you for a speech, appearance, or article in the report if yes, Complete and Atlach PART I.	ting period? YES NO X	Did you, your spouse, or dependen bursements for travel in the reporting source)? If yes, Complete and Atlach PART VI	period (i.e., worth more than	travel or reim- \$250 from one N / A	YES NO	Х
Did you or your spouse have earned income (e.g., salaries non-investment income of more than \$200 from any report in the reporting period? If yes, Complete and Attach PART II.	or fees) or able source YES X NO	Did you, your spouse, or dependent \$10,000 during the reporting period if yes, Complete and Altach PART Vi	,	lity (more than	YES NO	
Did you, your spouse, or dependent child receive unearms ment income of more than \$200 in the reporting period reports the asset worth more than \$1,000 at the end of the if yee, Complete and Attach PART MA and/or WB.	or hold any	Did you hold any reportable position calendar year? If yes, Complete and Altach PART VI		in the current	YES NO	
Did you, your spouse, or dependent child purchase, self, of any reportable asset worth more than \$1,000 in the report if yes, Complete and Attach PART IV.	r exchange res NO ×	Do you have any reportable agreeme it yes, Complete and Attach PART Of	ent or arrangement with an outs	ido entity?	YES NO	
Did you, your spouse, or dependent child receive any reporting seriod (i.e., aggregating more than \$250 en wise exemptly? If yee, Complete and Attach PART V.	nable gift in the state of the	Each question mu PART attached for			opropriate	9
File this report and any amendm Office Building, U.S. Senate, Wa						ate
This Financial Disclosure Statement is required available by the Office of the Secretary by the Select Committee on Ethics. Any indithis report may be subject to civil and crimin	of the Senate to any requesting productions of the Senate to any requestions of the Senate to any requesting productions of the Senate to any requestions of the Senate to any requestions of the Senate to any requestions of the Senate to any requestion of the Senate	erson upon written application falsities, or who knowingly a	n and will be reviewed and willfully fails to file	For Ottorial Use Coly - I	Do Not Write Selow Th	is Us
Certification Signature of Reporting	Individual C	Date please. Da	(Rear)	1	4.5	
I CERTIFY sintler penalty of perjury that the attempters I have made on an information at attempts of a sintle of the statement of the same time, complete and cornect to the bast of my knowledge.	and the second	May 1	5, 1997	E	775	
For Official Use Only / Do Not Write Bel	ow This Line			1 -	三層	
It is the opinion of the reviewer that self Signature of Reviewer statements made in this form are in	g Official	Date (Meetly Die	e Youd		65 10	
compliance with Title I of the Ethics in Government Act.				(14)	8 8	
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S	SSSIC	INS	PART I. PAYMENT	S TO CHARITABLE ORGANIZATIONS IN LIEU	OF HUNUHARIA	2
				ny payment from each source to a charitable organization mad spearance) which generated the payment. For further informati		ou during
	tote: T	ravel exp	penses in excess of \$250 related to activities	giving rise to these payments must be reported in Part VI, Rein	nbursements.	
-	Date of F	ayment	Name of Source	Address (City, State)	Speech, Article, or Appearance	Amount
£1×	апріоз:	3/26/9X 7/23/9X	Association of American Associations XYZ Magazine	Wash., D.C. NY, NY	Speech Article	\$1,000 \$500
,			N/A			
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A separate, confidential report which includes the identity of the charitable organization receiving such payment must be filed directly with the Select Committee on Ethics

RESSIONS	PART II. EARNED AND NON-INVESTMENT INCOME	Page Numb

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 socuse. Do not report income from employment by the U.S. Government for you or your spause.

#### Individuals not covered by the Honoraria Ben:

For you and/or your spouse, report honoraria income received which appreciates \$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 fieu of honoraria reported on Part I.

	Name of Income Source	Address (City, State)	Type of Income	Amount
Exemples	JP Computers MCI (Spouse)	Wash., D.C. Arlington, VA	Selary Selary	\$16,000 Over \$1,000
1 STA	TE OF ALABAMA	Montgomery, AL	Salary	\$113,727
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#### PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

#### 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 "unsamed" Income during the reporting period.

Include no this Part ISA a complete identification of each public bond, multisal fund, publicly traded partnership interest, excerded investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan. (BM Corp. (stock)

1 Community Banesbares (stock) Dean Witter Limid 2 DC Asset Fund Alliance Growth Fund DC (widely diversified) Dean Witter Liquid 4 DC Asset Fund All lance Growth Fund s DC (widely diversified) Keystone Small Co. Growth s DC Fund (widely diversified) DC Keystone Small Co. Growth Fund (widely diversified) 8 DC Dean Witter Liquid Asset Fund DC Alliance Growth Fund

**BLOCK B** Valuation of Accets At close of reporting period.

if none, or less than \$1,001. check the 1st column.

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 individal,

Amount of Income Actual Amount "Olber" **Enpoisor** 



(widely diversified) Keystone Small Co. Growth Bund (widely diversified)

EXEMPTION TEST: If you amitted any asset because it meets the three-part less for exemption described in the instructions, please check here.

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

Previous Editions Connet Be Used

SESSIONS	PART	Ш	Α.	P	JB	LIC	L)	/ 1	R	A	DE	D	AS	S	ΕT	S	A١	4D	U	NEARN	EC	)	NC	0	ME	Ξ 5	50	U	RC	ES	5	
Identity of Publicly Traded A and Unearned Income Sou Report the complete name of eac raded asset held by you, your spour	rces b publicly			A1	alua close cone, ched	tion of te or le	sporti ss th	As ing p an S	verio 1,00	NJ.			,	f "N	lone					Type an (01)" is ched ncome receiv	d A	no	othe	en	try i	is n	eade					itern.
dependent child, for production of incom		B		П		T	1	П		Г	I		П			T)	pe o	of In	com	•	Г				A	mos	unt e	of to	com			
ment which:  (1) had a value exceeding \$1,000 of the reporting period; and/or (2) generated over \$200 in "unequind during the reporting period; and/or (2) generated over \$200 in "unequind during the reporting period description on this Part III As complete feed each public period indexed public period indexed period contains (and period investment accounts, excepted and qualified blind publicly traded assets of a retirement pill public public period in the period of the period per	ad" income discellen of raded part- ands, bank trusts, and	None (or less than \$1,001)	"	\$15,001 - \$50,000	\$50,001 - \$100,000 \$100,001 - \$100,000	\$250.001 - \$500.000	\$500,0001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$56,000,000	Over \$50,000,000	Thefords	Bent	Colemna	Caottai Gains	Excepted investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specity Type)	None (or less than \$201)	\$201 - \$1,000	150	\$2,501 - \$5,000	331		W-1	\$100,001 - \$1,000,000	9		Act Amo Pequi *Oth Spec	ount ired if
Examples: BM Corp. (slock)  ** Examples: Kiryclain Equity Find (wide)	diversibled				- 2	F	1	F		-	H	-	9	١.	- 100	-	100	-	180 70			×		×		-	H	-	4	210	L ,	
, DC Merrill Lynch Growth (widely diversified)	Puna			Ħ	13	1	Ħ	T	8	T	Ī	П	13		12		T	1				x										
DC Merrill Lynch redera	Secur.		Ĥ		7	1		-		-			200		000	1						x		-				-			-	
3 DC Pasadena Investment Growth Fund (widely		1	×	V.	10.78			Γ		Γ					100000	1		Ī				x								2000		
4 S First Union Corporat	ion	100 m			2,600			Γ	1	Γ				4	COS.		100					х								-		
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6 Childrens Discovery		8	×		100	L		L					I	1	100	×		L			z,							. 8	21	Ž.		
7 Tax Exempt Fund CLAS	5 A *	1		×	1								ě		X 3.00	ď							×		ř							
Sun America Small Co Growth (IRA)			×		200												*	-							Ž.					1000		
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identity of Publicity Traded A and Unearned Income Sour Beport the complete name of each traded asset hold by you, your sanus	rces ži publiciy		A	nana,	BLOCK SON OF of report of fest F the 1st	f Asi	eried.			H °N				\$201	Type ar )" is chec one recen	d Ai ked,	10 01	nto here	ntry	is ne	eded i				it Aen
december (with the production of income of the control of the cont	is the classa and income tritication of raded part- unds, bank trusts, and an.	Note (or been than \$1,001)	123	× \$50,001 - \$100,000	1 - 189		075\$ 1007000°18	000 000008 - 100 000 525		Rent		Capital Gains  Exceptific Investment Fand	Excepted Trust	Trust	Other (Specify Type)	A A A A A A A A A A A A A A A A A A A	X × \$201 - 51,000	× \$2,601 · \$5,600	315,000	\$15,001 - \$50,000	\$100,001 - 51,000,001	Objective	\$1,000,001 - \$5,000,000	An Rep	ctual nount uired ther
ASSOT Fund  6 7 8 9 9 10 10 10 10 10 10 10 10 10 10 10 10 10	es held indep	andeni	ly by 1	he spa	part le	al for	iert d	sid. If the	a3501				ens, p				e the			goriae	of val		approx approx	-	

RICKA	T			BLOC	K B	********		-T	Γ						DE.	XXC	****	THE REAL PROPERTY.				A
Identity of Non-Publicly Trade	ed Assets		Valuat					- 1	ļ					Type as								
and Unearned Income Sour			At close if none, a	or literal	than 8	1,001		١	14.3					1)" is chec come recei								
		89 E	check	the 1s	it colu	CERT.	10000	4	<u> </u> _						7							
Report the name, address (city, description of each interest held b	ly you, your 🖁	8	16		器			1	950	-61	Type	of In	iome Resi		-	Pisto	-	umou	nt of h	noom	2 Block	
spouse, or your dependent child for the finance or investment in a non-pubuloheas which.  (1) had a value exceeding \$1 close of the reporting page of the reporting page of the reporting page of the reporting period, included the above report for each und which is not incidental to the trade Publicity studied assets held by a non-may be fasted on Part III.A.	blic trade or 1,000 at the riod; and/or ne during the lerlying asset or business.	\$1,001 - \$15,000	350,001 - \$100,000	\$250,001 - \$500,000	Over \$1,000,000***		25,000,001 - \$25,000,000	Over \$50,000,000		No. III	Capital Gains	Excepted Trust	Southful Blant Hust	Other (Specify Type)	fore (p. 800 (ber \$20 )		\$2.501 - \$5,000	\$15,001 - \$50,000	\$100,001 - \$1,000,000	Over \$10K poets		Actue Amous Only "Other Specifi
Description of the property of	to 11te													None	*							
Wilcox County, Alabama One-half owner, subject state, house & 17 acre timberland, Bladon Spri facetaw County, Alabama	ings. B	×		х							×	_					x					
340 acres timberland, Choctaw County, AL			×								8000000			None	×							
One-fourth owner, subjectifie estate, house and timberland, Hybart, Mon	13 acres aroe Co.,	,						۱			20090000			None_								
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Reporting Individual's Nume SESSIONS	PART IV. TF	RAN	15/	C	nons										8	***
	change by you, your spouse, or dependent child during							A	lmou	nt of	Tras	sacti	on (	0	_	-
securities when the amount of the resulted in a loss. Do not report a sonal residence, or a transaction	properly, stocks, bonds, commodity futures, and other te transaction exceeded \$1,000. Include transactions that a transaction involving property used solely as your per- between you, your spouse, or dependent child. Please involved in any reportable exchange.		nsaci ype (	x)	Date (Mo., Day, Yr.)	W. C.	900,022 - 100,212	重要集	20/952\$ - 100/951\$	1	200,000,11 - 100,0022		\$1,000,001 - \$5,000,000	888	900'900'855 - H00'000'525	STATE OF STA
S Example: ABC Corp. (stock)	Identification of Assets		蒙		2/1/90		E		12		8		5		9	8000
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	y transaction because it meets the three-part test for exemption descri- ishes held independently by the sociase or dependent child. If the seest lobe							other	r cale	gories	s of w	_] elve_4	is app	proprie	Q10.	
								-			_	-		_		ą,

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

l	charge	accounts.			Sec.	Interest Rate		7	=	8	5	麗.		3	麗音.
Г	No	ne of Creditor	Address of Creditor	Type of LiebiRty			Sec.	\$10,001	100'055		100/1623		š 🎆	\$5,000,001	One \$51,0
800	c fex-	First Dissect Bank	Washington, D.C.	Mortgage on undeveloped land	(44)	19%	Sec.		×				100		
ľ	anole:		Washington, D.C.	Promissory note	1960	10%					×			150	
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EXEMPTION TEST: If you omitted any liability because it meets the three-part test for examption described in the instructions, please check here.

"This oppose godes only if no obtains was said that if it soose or dependent offici. We for appropriate the part of initial pleasance will be possed of the obtaining as proposition.

Report the source, brief description (including dates of travel and a brief timerary related to travel gifts) 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 of the production of the control of the production of the product of the descriptions.

Excluder: (1) Bequests and other forms of inheritance; (2) Suitable immension of a function honoring the reporting individual; (3) Polisical campagn contributions; (4) Communications to your officies including absorptions for newspapers and periodicis; (5) Communitations; (3) Communitations; (3) Communitations; (3) Communitations; (4) Communitations; (4) Communitations; (4) Communitations; (4) Communitations; (4) Communitations; (5) Communitations; (6) Communita

Name of Source	Address of Source	Dates and Brief Description	Value of giff
sample: Mr. John Q. Snath	Anytown, VA	August 12, 199X, Silver platter—Efrica Committee waiver granted	\$400
N/A			
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Note: Most gifts in excess of \$49.99 are prohibited by the Senate Gifts Rule.

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Report necessary travel miletal expenses aggregating more than \$250 in value provided in comencion with a speaking engagement, feet-finding event, or other revent where services are provided by the reporting individual, necessive by you, your speakened to his, for each source during the reporting period. Disclosure is required reparteless of whether those expenses were reimbursed to the individual or paid directly by the sepondering organization. A description of the timerary, including date(s) and the nature of appenses is required. If you are irreimbursed to more than one trip from the same sponsor (and the titips added together are worth more than \$250), then you must report each trip individually, even if the reimbursment for each separate trip (so each cequal more than \$250). Report (fills or Travel in Part V.

Exclude: Trevel 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; and reimbursements to a spouse or dependent child totally independent of his or her relationship to you. For further information, see instructions.

Name of Source Address of Source		issne of Source Distree Address of Squrce Distree and Bright Description		
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Inserting Individual's Norre		Page N
SESSIONS	PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT	12

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, fractor, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profic organization or educations in institution.

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

	Name of Organization	Address of Organization	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Ожлан	Nat'l Asyn, of Rock Collectors	MY, NY	Non-profit education	President	6/90	Present
_	Jones & Smith	Homstown, USA	Law firm	Patrer	7/95	11/9X
ı H	untingdon College	Montgomery, Alabama	Non-profit education	Trustee	5/95	Presen
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Compensation in excess of \$200 from any position must be reported in Part II.

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SESSIONS	PART IX. AGREEMENTS OR ARRANGEMENTS	13

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 employment (including severance payments), or confining participation in an employee benefit plan. See this tructions regarding the reporting of negotiations for any of these arrangements or benefits.

		- 1
Status and Terms of any Agreement or Arrangement	Parties	Date
Example: Pursued to partnership agreement, will recover lump sum payment of capital outcome & pontenting store calculated on certains per- formed through 1 MW and retained persoon benefits (diversified, independently managed, fully funded, stefined contribution plan)	James & Smith, Homestwin, USA	1/83
Pursuant to Partnership Agreement, may receive agreed sum for services performed prior to taking office as attorney General of Alabama in January, 1995.	Stockman & Bedsole	1/95
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orting kratinidusi's Name	 T Pess	- Munther
SESSIONS	PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE	4

#### NEW EMPLOYEES 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, partimetrip, or other business enterprise, or any non-profit organization when you directly provided the services generating a less or payment of non-bins 185,000, you need not report the U.S. Government as a source.

$\overline{}$	Name of Source	Address of Source	Brief Description of Duties
	Jones & Smith	Hospitows, TX	Legal services
Example	Metro University (plant of Jones & Smith)	Moneytown, USA	Legal services in connection with university construction
	N/A		
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