

JEFF SESSIONS
1445 Narrow Lane Court
Montgomery, Alabama 36106

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May 14, 1996

Secretary of the Senate
Office of Public Records
Hart Senate Office Building, Room 232
Second and Constitution Avenue, NE
Washington, D.C. 20510

Gentlemen:

Pursuant to the instructions contained in a memorandum to Senate Candidates from the Select Committee on Ethics of the United States Senate, dated March 14, 1996, I am enclosing a new cover sheet signed and dated May 14, 1996 and my initial report which was filed January 25, 1996, as amended.

Very truly yours,


Jeff Sessions

JS/cz

Enclosures

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**UNITED STATES SENATE
FOR NEW EMPLOYEE AND CANDIDATE REPORTS**

Last Name	First Name and Middle Initial	Date of Employment	Senate Office/Agency in which Employed
SESSIONS, III	Jefferson B.	New Employee Report Due within 30 days of emp. date	
Residing Address (Street, Office, City, State, and ZIP Code)	Telephone No. (Include Area Code)	Consequence of Delinquency	State
1445 Narrow Lane Court Montgomery, AL 36106	(334) 242-7401	Candidate Report May 15, 1996 See p. 2 of Instructions for due date	ALABAMA

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

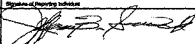
<p>Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If yes, Complete and Attach PART II.</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you hold any reportable positions during the reporting period? If yes, Complete and Attach PART VII.</p> <p>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 IIB.</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you have any reportable agreement or arrangement with an outside entity on the filing date? If yes, Complete and Attach PART DL.</p> <p>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>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p align="center">NEW EMPLOYEES ONLY</p> <p>Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, Complete and Attach PART X.</p> <p align="center">N/A</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Each question must be answered and the appropriate PART attached for each "Yes" response.

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 1976, 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. 1821, and 28 U.S.C. 1746.)

For Official Use Only - Do Not Write Below This Line

Declaration	Signature of Reporting Individual	Date (Month, Day, Year)
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.		May 14, 1996
For Official Use Only - Do Not Write Below This Line		
It is the opinion of the reviewer that the disclosures made in this form are in compliance with Title 1 of the Ethics in Government Act.	Signature of Reviewing Official	Date (Month, Day, Year)

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RECEIVED
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MAY 15 1996

UNITED STATES SENATE PUBLIC FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name SESSIONS, III	First Name and Middle Initial Jefferson B.	Date of Employment New Employee Report	Senate Office - Agency in which Employed
Mailing Address (Number, Street, City, State, and ZIP Code) 1445 Narrow Lane Court Montgomery, AL 36106	Telephone No. (include Area Code) (334) 242-7401	Continuance of Candidacy Candidate Report Sept. 28, 1995	State ALABAMA

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

<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 I.</p> <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you hold any reportable positions during the reporting period? If yes, Complete and Attach PART VII.</p> <p>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>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you have any reportable agreement or arrangement with an outside entity on the filing date? If yes, Complete and Attach PART IX.</p> <p>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>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p style="text-align: center;">NEW EMPLOYEES ONLY</p> <p>Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, Complete and Attach PART X.</p> <p style="text-align: center;">N/A</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Each question must be answered and the appropriate PART attached for each "Yes" response.

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.

<p>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.)</p>		<p>For Official Use Only - Do Not Write Below This Line</p>
<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;">January 25, 1996</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>

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Revised 2/95

SESSIONS

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:	3/25/9X	Association of American Associations	Wash., D.C.	Speech	\$1,500
	7/23/9X	XYZ Magazine	NY, NY	Article	\$500
1			N/A		
2					
3					
4					
5					
6					
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14					

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.

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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 aggregates \$1000 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 MCI (Spouse)	PERIOD: Jan. 1, 1995 through Jan. 26, 1996	Wash., D.C. Arlington, VA	Salary Salary	\$15,000 Over \$1,000
1	Stockman, Bedsole and Sessions	Mobile, Alabama		Partnership Income	\$ 17,502
2	State of Alabama	Montgomery, Alabama		Salary	\$120,516
3					
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Previous Entries Cannot Be Used

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Revised 2/95

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BLOCK A		BLOCK B						BLOCK C																			
Identity of Publicly Traded Assets and Unearned Income Sources		Valuation of Assets at close of reporting period. If none, or less than \$1001, check the 1st column.						Type and Amount of Income																			
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.		None (or less than \$1001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$1,000,000	Rent	Interest	Capital Gains	Dividends	Excluded 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	Actual Amount	Required if "Other" Specified
1	IBM Corp. (stock)				X												X										
2	Keystone Equity Fund (widely diversified)																										
3	DC Merrill Lynch Growth Fund		X														X										
4	DC Pasadena Growth Fund		X														X										
5	DC Merrill Lynch Federal Security Trust Fund																X										
6	DC Merrill Lynch Federal Security Trust Fund		X														X										
7	S Childrens Discovery Centers		X																								
8	S First Union Corp.		X														X										
9	DC FICO Series I		X														X										
10	DC Dean Witter Liquid Asset Fund		X														X										
11	DC Alliance Growth Fund		X														X										
12	SEE ATTACHED CONTINUATION SHEET																										

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

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DOI: 10.1002/for

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.

PLATE 1

Valuation of Assets
at close of reporting period.
If none, or less than \$1001,
check the 1st column.

[illegible]

45-1255-1

Type and Amount of Income

If "None for 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.

Type of Income		Amount of Income	
Dividends		None (or less than \$201)	Actual Amount Required if "Other" Specified
Interest		\$201 - \$1,000	
Capital Gains		\$1,001 - \$2,500	
Employed Investment Funds		\$2,501 - \$5,000	
Excluded Trust		\$5,001 - \$15,000	
Qualified Blind Trust		\$15,001 - \$50,000	
		\$50,001 - \$100,000	
		\$100,001 - \$1,000,000	
		Over \$1,000,000	

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

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 \$1001,
 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.

			Valuation of Assets							Type of Income							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	Over \$500,000	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	Actual Amount	Required if "Other" Specified
1	Ex-empt Assets	IBM Corp. (stock)					X										X										
2		Keystone Equity Fund (widely diversified)																									
3		Dean Witter Liquid Asset Fund		X													X										
4		American Express High Yield Tax Exempt Fund																X									
5		Sun America Small Co. Growth (IRA)		X													X										
6		Connecticut Mutual Panorama (IRA)															X										
7	S	ENERGEN		X													X										
8	S	Compass Bank		X													X										
9	J	AmSouth Bank SUGS															X										
10		Transamerica Life Annuity (SEP)		X													X										

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

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BLOCK A		BLOCK B						BLOCK C												
Identity of Non-Publicly Traded Assets and Unearned Income Sources		Valuation of Assets at close of reporting period. If none, or less than \$1001, check the 1st column.						Type and amount of income												
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.		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$500,000	Type of Income					Amount of Income					Actual Amount Only if "Other" Specified		
							Rent	Capital Gains	Dividends	Interest	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$10,000	\$10,001 - \$25,000		\$25,001 - \$50,000	Over \$50,000
1	JP Computers, Wash. D.C. (Computer Sales)																			
2	Undeveloped land in Dubuque, Iowa																			
3	One-half owner, subject to life estate of 500 acres farmland, Wilcox County, Alabama											None								
4	One-fourth owner, subject to life estate of home and 13 acres timberland, Hybart, Monroe County, AL		X									None								
5	One-half owner, subject to life estate, house and 17 acres timberland, Bladen Springs, Choctaw Co., Alabama		X									None								
6	40 acres Timberland, Choctaw County, Alabama			X								None								
7																				
8																				

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

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.

2	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (y)						
		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
3	(Example: ABC Corp. stock)				2-1-9X	x						
4	N/A											
5												
6												
7												
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EXEMPTION TEST: If you omitted any transaction because it meets the three-part test for exemption described in the instructions, please check here. ☐

Report the source, brief description (including dates of travel and a brief itinerary 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 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	
2				
3				
4				
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8				
9				
10				
11				

Note: Most gifts in excess of \$250 are prohibited by the Senate Gifts Rule.

Report necessary travel related expenses aggregating more than \$250 in value provided in connection with a speaking engagement, fact-finding event, or other event where services are provided by the reporting individual, received by you, your spouse, or your dependent child, from each source during the reporting period. 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; 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	Date and Brief Description
Example:	ABC Sales 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
2			
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Pre-Audit Software Covered By User

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Revised 2005

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) 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			Amount of Liability			Interest Rate			Term of Agreement			Over		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1	Ex	First District Bank	Washington, D.C.	Mortgage on undeveloped land	10%	12%	2 years													
2		John Jones	Washington, D.C.	Promissory note	10%	10%	1 year													
3				NONE																
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				

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

Previous Editions Cannot Be Used

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Revised 2-95

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.

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:	Natl Assn. of Rock Collectors	NY, NY	Non-profit education	President	6 90	Present
	Jones & Smith	Romestown, USA	Law firm	Partner	7 85	11 9X
1	Stockman, Bedeacis & Sessions	Mobile, Alabama	Law firm	Partner	1-1-95	1-16-95
2						
3						
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Compensation in excess of \$200 from any position must be reported in Part II.

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Rev 10-255

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 1988 and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)	Jones & Smith, Hometown, USA	1/85
1	Pursuant to Partnership Agreement, may receive agreed sum for services	STOCKMAN AND BEDSOLE Mobile, Alabama	1/95
2	performed prior to taking office as Attorney General. There is no		
3	agreement for future employment.		
4			
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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, partnership, or other business enterprise, or any non-profit organization when you directly provided the services generating 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	Houston, TX	Legal services
	Myco University (client of Jones & Smith)	Moynihan, USA	Legal services in connection with university construction
1		N/A	
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Revised 2005

SESSIONS

PART II. EARNED AND NON-EMPLOYMENT

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 aggregates \$1000 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 MCI (Spouse)	PERIOD: Jan. 1, 1995 through Jan. 26, 1996	Salary Salary	\$15,000 Over \$1,000
1	Stockman, Bedsole and Sessions	Mobile, Alabama	Partnership income	\$ 17,502
2	State of Alabama	Montgomery, Alabama	Salary	\$120,516
3				
4	* Names of Clients			
5	Marilyn Myrick as Conservator			
6	of Brittany Barber	Grand Bay, Alabama		
7	Marilyn & Morris Myrick	Saraland, Alabama		
8	James Toomey	Chickasaw, Alabama		
9				
10				
11				
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14				

BLOCK A

Identify 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 IIA 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.

Type of Income
Amount of Income

		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.															
		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$500,000	Rent	Partnership Income	Capital Gains	Dividend Income	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	Amount of Income							Actual Amount	Required if "Other" Specified	
		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														
Ex- ample	IBM Corp. (stock)			X											X									
	Keystone Equity Fund (widely diversified)															X								
1	DC Merrill Lynch Growth Fund		X												X									
2	DC Pasadena Growth Fund		X												X									
3	DC Merrill Lynch Federal Security Trust Fund														X									
4	DC Merrill Lynch Federal Security Trust Fund		X												X									
5	S Childrens Discovery Centers		X												X									
6	S First Union Corp.		X												X									
7	DC FICO Series I *		X												X									
8	DC Dean Witter Liquid Asset Fund		X												X									
9	DC Alliance Growth Fund		X												X									
10	SEE ATTACHED CONTINUATION SHEET																							

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

BLACK &

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.

DECCA

Valuation of Assets
at close of reporting period.
If none, or less than \$100,
check the 1st column.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000

504

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.

Type of Income		Amount of Income	
Dividends	None (or less than \$201)	None (or less than \$201)	Actual Amount
Interest	\$201 - \$1,000	\$201 - \$1,000	Required "Other" Spent
Capital Gains	\$1,001 - \$2,500	\$1,001 - \$2,500	
Excluded Investment Funds	\$2,501 - \$5,000	\$2,501 - \$5,000	
Excluded Trust	\$5,001 - \$15,000	\$5,001 - \$15,000	
Excluded Blind Trust	\$15,001 - \$50,000	\$15,001 - \$50,000	
	\$50,001 - \$100,000	\$50,001 - \$100,000	
	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000	
	Over \$1,000,000	Over \$1,000,000	

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

Identify 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.

Valuation of Assets
at close of reporting period.
If none, or less than \$1001,
check the 1st column.

Line	Asset	Value (at close of reporting period)					
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	Over \$250,000
1	IBM Corp. (stock)						
2	Keystone Equity Fund (widely diversified)						
3	Dean Witter Liquid Asset Fund	X					
4	American Express High Yield Tax Exempt Fund CLASS A						
5	Sun America Small Co. Growth (IRA)	X					
6	Connecticut Mutual Panorama (IRA)	X					
7	ENERGEN	X					
8	Compass Bank	X					
9	AmSouth Bank SUGS						
10	Transamerica Life Annuity (SEP)	X					

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.

Type of Income		Amount of Income							Actual Amount Required if "Other" Specified
Other (Specify Type)		None (or less than \$201)							
		\$201 - \$1,000	\$1,001 - \$5,000	\$5,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000	
Dividends									
Rent									
Interest									
Capital Gains									
Excepted Investment Fund									
Excepted Trust									
Qualified Blind Trust									

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

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