CLOSURE REPORT I REPORTS UNITED STATES SENATE FIN FOR ANNUAL AND TERMINATION in M 00000000

ast Name		First Name and Middle Initial		Annual Report		Senate Office / Agency in Which Employed	h Employed	
Bennet		Michael F		Calendar Year Cover 2011	rear Covered by Report:	United States Senator	ator	
Senate Office Address (Number, Street, City, State, and ZIP Code)	State, and ZIP Code)	Senate Office Telephone Nur	Telephone Number (Include Area Code)	Termination Report		Prior Office / Agency in Which E	Which Employed	
1127 Sherman Street Denver Colorado 80203	/er,	303-455-7600		Termination Date (m	(mm/dd/yy):			
AFTER READING THI	E INSTRUCT	TIONS - ANSWE	R EACH OF 1	HESE QUES	TIONS AND	ATTACH THE	RELEVANT	T PART
			YES NO					YES NO
Did any individual or organization make paying you for a speech, appearance, o If Yes, Complete and Attach PART I.	e a donation to or article in the	charity in lieu of reporting period?	Did y reim from from from	you, your spands abursements one source) es, Complete	ouse, or dependent child receive for travel in the reporting period ??	ild receive any reportable ng period (i.e., worth mor	travel or e than \$335	
Did you or your spouse have earned in investment income of more than \$200 reporting period? If Yes, Complete and Attach PART II.	income (e.g., 0 from any rep	salaries or fees) or non- oortable source in the	Did y than than If Ye	ou, your spouse, \$10,000) during the s, Complete and /	ender orting PART	ave any reportable	liability (more	
use, or depend at the end of the se of more than & Attach PART	cei ort	reportable asset worth ve unearned or ing period?	Did	you hold any reporent rent calendar year es, Complete and	table positions	n or before the date of	filing in the	
Did you, your spouse, or dependent child purchase, reportable asset worth more than \$1,000 in the report Yes, Complete and Attach PART IV.	ase, repo	sell, or exchange any rting period?	Po	o you have any reportable ntity? Yes, Complete and Attach	ortable agreement Attach PART IX.	or arrangement with an	outside	
Did you, your spouse, or dependent child receive reporting period (i.e., aggregating more than \$335 exempt)? If Yes, Complete and Attach PART V.	t child receive any repo nore than \$335 and not V.	any reportable gift in the and not otherwise	# If the state of	this is your FfRST Re 5,000 from a single so Yes, Complete and A	Report: Did you re source in the two	receive compensation of more prior years?	nore than	
Each que	tion must	be answered and	d the appropr	iate PART at	attached for	each "YES" resp	oonse.	
File this report and any ame Senate, Washington, DC 20	amendments with the 3 20510. \$200 Penalty	Secretary of for for formal	ne Senate, Off than 30 days	of Public er due dat	Records, Room e.	232, Hart Senate O	Office Building,	g, U.S.
cial Disclosure Statice of the Secretary	is requi Senate	Ethics in Gove uesting person	rnment Act of 1978, as a upon written application	mended. Tand will be	e statement viewed by t	will be made available he Select Committee	FOR OFFICIAL Do Not Write Be	IAL USE ONLY Below this Line
on Ethics. Any individual who knorriminal sanctions. (See 5 U.S.C.	owingly an app. 4, §	or who	knowingly and willfully	ully fails to file this	report n	subject to civil and		
_		Signature of Re	porting Individual		Date (M	(Month, Day, Year)		
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.					1/6	15/2012	ETARY OF	
	1 /	For Official Use Only - Do	Not Write Below This	Line				
t is the Opinion of the reviewer that		Signature of Reviewing	ewing Official		Date (M	Date (Month, Day, Year)		
the statements made in this form are in compliance with Title I of the Ethics in Government Act.								•
	,							