	D STATES SENATE FINA FOR ANNUAL AND TER											
Last Name	First Name and Middle Initial	Annual Report		A 5 - 1 - 5								
Cantwell	Maria E.	Calendar Year Cov	Senate Office / Agency in \ ered by Report: U.S. Senator	Which Employed .								
Senate Office Address (Number, Street, City, State, and ZIP Code)	ity, State, and ZIP Code) Senate Office Telephone Number (Include Area Code) Termination Report Prior Office / Agency in Which E											
311 Hart Senate Office Building Washington, DC 20510	202-224-3441	nich Employed										
AFTER READING THE INSTRUC	TIONS - ANSWER EACH OF	THESE OUES	STIONS AND ATTACH TH									
	YES NO		en and the state of the control of t									
Did any individual or organization make a donation to paying you for a speech, appearance, or article in the If Yes, Complete and Attach PART I.	charity in lieu of reporting period?	oid you, your spouse, eimbursements for tra form one source)? Yes, Complete and	or dependent child receive any reporta avel in the reporting period (i.e., worth Attach PART VI.	able travel or								
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. Did you, your spouse, or dependent child have any reportable liability than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.												
Did you, your spouse, or dependent child hold any rep more than \$1,000 at the end of the period, or receive investment income of more than \$200 in the reporting if Yes, Complete & Attach PART IIIA and/or IIIB.	of filing in the											
reportable asset worth more than \$1,000 in the report If Yes, Complete and Attach PART IV.	ou, your spouse, or dependent child purchase, sell, or exchange any table asset worth more than \$1,000 in the reporting period?											
Did you, your spouse, or dependent child receive any reporting period (i.e., aggregating more than \$335 and exempt)? If Yes, Complete and Attach PART V.	d not otherwise	f this is your FIRST F 55,000 from a single s f Yes, Complete and	Report: Did you receive compensation a source in the two prior years? Attach PART X.	of more than								
Each question must l	oe answered and the approp	riate PART a	tached for each "YFS" re									
File this report and any amendments with Senate, Washington, DC 20510. \$200 Per	n the Secretary of the Senate, Of naity for filing more than 30 days	ice of Public Re after due date.	cords, Room 232, Hart Senate	Office Building, U.S.								
This Financial Disclosure Statement is required to by the Office of the Secretary of the Senate to an on Ethics. Any individual who knowingly and will criminal sanctions. (See 5 U.S.C. app. 4, § 104,	ny requesting person upon written app Ifully falsifies, or who knowingly and w	lication and will be	reviewed by the Select Committee	Do Not Write Below this Line								
Certification	Signature of Reporting Individual		Date (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.	Y OF THE SE											
	For Official Use Only - Do Not Write Below T	his Line		5								
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.	Signature of Reviewing Official	-	Date (Month, Day, Year)									

Reporting Individual's Name Page Number PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES Cantwell, Maria E. **BLOCK A BLOCK B BLOCK C Identity of Publicly Traded Assets** Valuation of Assets Type and Amount of Income **And Unearned Income Sources** At the close of reporting period. If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This If None, or less than \$1,001, Report the complete name of each publicly includes income received or accrued to the benefit of the individual. Check the first column. traded asset held by you, your spouse, or Type of Income Amount of Income your dependent child, (See p.3, CONTENTS OF REPORTS Part B of Instructions) for production of income or investment which: (1) had a value exceeding \$1,000 at the close of the reporting period; and/or Actual \$1,001) \$50,000,000 Other (2) generated over \$200 in "unearned" \$25,000,000 Amount \$201) \$5,000,000 \$1,000,001 - \$5,000,000 \$1,000,000 income during the reporting period. \$1,000,000 - \$250,000 **Excepted Investment** \$500,000 Required Include on this PART IIIA a complete \$100,000 Qualified Blind Trust Over \$1,000,000*** - \$100,000 (Specify \$50,000 None (or less than - \$50,000 Over \$50,000,000 Over \$1,000,000** \$15,000 identification of each public bond, mutual \$15,000 Over \$5,000,000 Type) \$5,000 "Other" \$2,500 Trust fund, publicly traded partnership interest, - \$1,000 Capital Gains Specified \$25,000,001 \$1,000,001 \$500,001 -\$5,000,001 excepted investment funds, bank Dividends \$250,001 Excepted \$100,001 \$50,001 \$100,001 \$15,001 \$50,001 \$15,001 Interest accounts, excepted and qualified blind \$5,001 \$1,001 \$2,501 Rent trusts, and publicly traded assets of a \$201 retirement plan. IBM Corp. (stock) Example Example Example: DC. (S) Keystone Fund Example Example RealNetworks, Inc (stock) X **US Bank Checking** RealNetworks - 401(k) Retirement William Blair International Growth Vanguard Retirement Savings Trust X Vanguard Windsor II Fund Morgan Stanley Institutional Fund Small Company Growth American Beacon Small Cap Value X Vanguard Total Bond Market Index Fund X American Funds Growth R-4 Class 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 box to the right. *** 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.

_	vell, Maria E.	P	PART IIIA. PUBLICLY TRADED														ADED ASSETS AND UNEARNED INCOME SOURCES														ge Number 2			
id A Report		BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, Check the first 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.															n. This			
your c	d asset held by you, your spouse, of dependent child, (See p.3,		Т	Type of Income														Ι	Am	iou	nt o	f In	con	ne	_	r								
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Reporting Individual's Name Cantwell, Maria E.	PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES															ge Number																		
BLOCK A Identity of Non-Publicly Traded Assets and Unearned Income Source		BLOCK B Valuation of Assets At the close of reporting period.									_							Т	Type and		LOC mo t			ncc)me	}								
Report the name, address (city, state and description) of each interest held by you,	,		Type of Income Amount of Income																															
your spouse, or your dependent child (Sep.3, CONTENTS OF REPORTS Part B of Instructions) 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 "unearned" 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 non-public entity may be listed on Part IIIA.	e p e p	1 - \$15,000	1 - \$5(\$50,001 - \$100,000	,001 - \$250	\$250,001 - \$500,000	,001 - \$1,0	*1,000,000,13	0,001	0,0	0,001 - \$50,0	550,000,000		None		Kent			d Investment Fund		Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	1 - \$5,000	1 - \$15,000	01 - \$50,000	101 - \$100,000	,001 - \$1,000,000	\$1,000,000,***	00,001 - \$5,000,000	8	Actual Amount Required if "Other" Specified
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