

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

☐ Amendment

Last Name Lee	First Name and Middle Initial Michael S.	Annual Report Calendar Year Covered by Report 2012	Senate Office / Agency in Which Employed Office of Senator Michael S. Lee
Senate Office Address (Number, Street, City, State, and ZIP Code) 316 Hart Senate Office Building Washington, DC	Senate Office Telephone Number (Include Area Code) 202-224-5444	Termination Report Termination Date (mm/dd/yy)	Prior Office / Agency in Which Employed

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

	YES	NO		YES	NO
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.	<input type="radio"/>	<input checked="" type="radio"/>	Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$350 from one source)? If Yes, complete and attach PART VI.	<input checked="" type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input checked="" type="radio"/>	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.	<input checked="" type="radio"/>	<input type="radio"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, complete & attach PART IIIA and/or IIIB.	<input checked="" type="radio"/>	<input type="radio"/>	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.	<input type="radio"/>	<input checked="" type="radio"/>
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.	<input type="radio"/>	<input checked="" type="radio"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, complete and attach PART IX.	<input checked="" type="radio"/>	<input type="radio"/>
Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="radio"/>	<input checked="" type="radio"/>	If this is your <u>FIRST</u> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, complete and attach PART X.	<input type="radio"/>	<input checked="" type="radio"/>

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

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SECRETARY OF THE SENATE

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, (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
- (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 the close of reporting period.
If None, or less than \$1,001,
Check the first column.

BLOCK C

Type and Amount of Income

Type of Income

Amount of Income

		S, DC, or J	IBM Corp. (stock)	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	None	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	Actual Amount Required if "Other" Specified
Example:			(S) Keystone Fund				X										X						Example		X										Example	
1	<input checked="" type="checkbox"/>		(J) Utah Community Credit Union (bank account)			X											X							Example	X										Example	
2	<input checked="" type="checkbox"/>		(J) Fidelity Investments, Fidelity Freedom 2035				X										X							Example	X										Example	
3	<input checked="" type="checkbox"/>		(J) Utah Retirement Systems, Long Horizon		X												X								X											
4	<input checked="" type="checkbox"/>		(J) Federal Employees Retirement Fund		X												X								X											
5	<input checked="" type="checkbox"/>																																			
6	<input checked="" type="checkbox"/>																																			
7	<input checked="" type="checkbox"/>																																			
8	<input checked="" type="checkbox"/>																																			
9	<input checked="" type="checkbox"/>																																			
10	<input checked="" type="checkbox"/>																																			

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.

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PART VI. REIMBURSEMENTS

Report necessary travel related expenses from each source aggregating more than \$350 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 (personal campaign, or otherwise). 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 \$350), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$350. 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 Income Source		Address of Source	Dates and Brief Description
Example:	All States Company	Maintown, TX EXAMPLE	Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 201X EXAMPLE
1	Young America's Foundation	Santa Barbara, CA	Lodging and meal expenses in Santa Barbara, CA for speaking engagement (self and spouse) (October 10-12, 2012)
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PART VII. LIABILITIES

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (See p.3, CONTENTS OF REPORTS, Part B of Instructions), 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 (**except for Senators**); (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.

				Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount of Value (x)									
Name of Creditor		Address	Type of Liability					\$10,001 - \$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
Example: S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	1992	13%	1 pt	25 yrs			X		E	X	A	M	P	L
	(J) John Jones	Wash., DC	Promissory Note	2000	10%	n/a	On dmd				X	E	X	A	M	P	L
1	(S) Nelnet	Omaha, NE	Student Loan	1997	4.875	n/a	20 yrs	X									
2																	
3																	
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Status and Terms of any Agreement or Arrangement

Date

Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/0X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)

Jones & Smith, Hometown, USA

EXAMPLE

1 / 94

XYZ Co., Bethesda, MD

EXAMPLE

1 / 1X

Pursuant to partnership and severance agreements, Howrey LLP to pay remaining partner salary due from 2010

Howrey LLP, Salt Lake City, UT

11/2010

Book publishing agreement with Regnery Books / Eagle Publishing. Terms of agreement include royalties from sale of book published in July 2011.

Eagle Publishing, Washington, DC

2/2011

14

14