

00000602945

**UNITED STATES SENATE FIN
FOR ANNUAL AND TERMINATION REPORTS**

CLOSURE REPORT Amendment

Last Name	First Name and Middle Initial	Annual Report	
Enzi	Michael B.	Calendar Year Covered by Report:	Senate Office / Agency in Which Employed
Senate Office Address (Number, Street, City, State, and ZIP Code)	Senate Office Telephone Number (Include Area Code)	Termination Report	
SR-379A, Washington, DC 20510	202-224-3424	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="checkbox"/>	<input checked="" type="checkbox"/>	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 type="checkbox"/>	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	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="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	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="checkbox"/>	<input checked="" type="checkbox"/>
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 checked="" type="checkbox"/>	<input type="checkbox"/>	Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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="checkbox"/>	<input checked="" type="checkbox"/>	If this is your FIRST Report: 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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, DC 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 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. 4, § 104, and 18 U.S.C. § 1001.)

**FOR OFFICIAL USE ONLY
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.		05/15/2012

J2 MAY 15 PM 2:14

SECRETARY OF THE SENATE

For Official Use Only - Do Not Write Below This Line	Signature of Reviewing Official	Date (Month, Day, Year)
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.		

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PART II. EARNED AND NON-INVESTMENT INCOME

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 spouse. (See p.3, CONTENTS OF REPORTS Part B of Instructions.) 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
Example:	JP Computers	Wash., DC	EXAMPLE	Salary \$15,000
	MCI (Spouse)	Arlington, VA	EXAMPLE	Salary Over \$1,000
1	PIN WYO (SPOUSE)	CHEYENNE, WY	SALARY	OVER \$1,000
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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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.

S,
Example: DC,
or J IBM Corp. (stock) X

(S) Keystone Fund X

1 J 1) U.S. SENATE FEDERAL CREDIT UNION X

2 2) FIRST INTERSTATE BANK FIXED RATE IRA CD X

3 S 3) CHARLES SCHWAB IRA* X

4 *THERE ARE NO UNDERLYING ASSETS VALUED
OVER \$1,000 AND/OR EARNED OVER \$200

5 4) SECURITY STATE BANK BASIN CD X

6 J 5) EDWARD JONES - D. DEWALD - ADMINISTRATOR X

7 5A) FORT WORTH TEX INDEPENDENT 2/15/19, 5.000%
FULL CALL ON 8/15/12 X

8 5B) ST PAUL MN INDPT SCH DIST NO
2/1/2013, 4.500% X

9 5C) COLORADO POSTSEC EDL FAC 6/1/16, 5.000%
FULL CALL ON 4/25/12 X

10 5D) MICHIGAN ST HSG DEV AUTH LTD
4/15/2018, 6.000% X

BLOCK B
Valuation of Assets

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

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
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BLOCK C
Type and Amount of Income

Type of Income							Amount of Income											
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 - \$10,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	Over \$500,000	Actual Amount Required if "Other" Specified
X									X	X								Example
							X											Example
								X										
									X									
										X								
											X							
												X						
													X					
														X				
															X			
																X		
																		X

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.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Enzi

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.

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
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BLOCK C
Type and Amount of Income

Type of Income							Amount of Income														Actual Amount Required if "Other" Specified	
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***	Over \$5,000,000	Actual Amount Required if "Other" Specified			

S, Example: DC, or J	IBM Corp. (stock)	X																		
	(S) Keystone Fund		X																	
1	5E) SOUTHERN MINN MUN PWR AGY PWR 1/1/2023, 0.000%	X																		
2	5F) PORT SEATTLE WASHINGTON REV 4/1/2024, 5.100%	X																		
3	5G) ID STATE WTR RES BRD REV RFDG 8/1/2027, 5.300% FULL CALL 9/23/12	X																		\$5,000
4	5H) OHIO UNIV GENERAL RECEIPTS 12/1/2027, 4.500%	X																		
5	5I) CHICAGO ILLINOIS MIDWAY 1/1/2028, 5.000%	X																		
6	5J) ILLINOIS DEV FIN AUTH WTR FACS 2/1/2028, 5.000%	X																		
7	5K) MISSOURI ST ENVIRONMENTAL IMPT 11/1/2028, 5.000%	X																		
8	5L) MONTGOMERY CNTY PENNSYLVANIA 6/1/2029, 5.050%	X																		
9	5M) INDIANAPOLIS IND LOC PUBLIC 1/1/2031, 4.750%	X																		
10	5N) ID STATE WTR RES BRD REV RFD 9/1/2031, 5.000%	X																		

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.

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Enzis

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

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

None (or less than \$1,000)							
\$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							

BLOCK C

Type and Amount of Income

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.**



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, (See p.3, *CONTENTS OF REPORTS Part B of Instructions*) for production of income or investment which:

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BLOCK B

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

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
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Type and Amount of Income

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.

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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

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BLOCK A

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And Unearned Income Sources

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S, IBM Corp. (stock)

Example: DC, or J

(S) Keystone Fund

BLOCK B
Valuation of Assets

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

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
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BLOCK C

Type and Amount of Income

Type of Income							Amount of Income														
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	
X						X		Example	X												Example

1 6S) TEMPLETON WORLD CLASS A

X

2 J 7) MUTUAL FUNDS, D. SECHRIST - ADMINISTRATOR
UNDERLYING ASSETS ARE AS FOLLOWS:

3 7A) CASH

X

4 7B) FORWARD INTERNATIONAL

X

5 7C) AMERICAN CENTURY ULTRA FUND

X

6 7D) DODGE & COX INCOME FUND

X

7 7E) EUROPACIFIC GROWTH FUND CLASS A

X

8 7F) FIDELITY CONTRA FUND

X

9 7G) FIRST TR STRATEGIC HIGH INCOME FD 11

X

10 7H) FRANKLIN SMALL-MID CAP GROWTH FUND

X

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.

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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:

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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.**

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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000
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BLOCK C
Type and Amount of Income

S, Example: DC, or J	IBM Corp. (stock) (S) Keystone Fund	X		X	Example	X	Example
1	7I) HARBOR INTERNATIONAL FUND	X			X	X	
2	7J) MANAGERS SPECIAL EQUITY	X			X	X	
3	7K) NUVEEN GLOBAL GOVT ENHANCED INCOME FD	X			X		X
4	7L) NUVEEN MULTI STRATEGY INCOME & GROWTH	X			X		X
5	7M) T ROWE PRICE EQUITY INCOME	X			X		X
6	7N) T ROWE PRICE MID-CAP GROWTH	X			X		X
7	7O) VANGUARD 500 INDEX FUND INVESTOR SHARES	X			X		X
8	7P) VANGUARD GNMA FUND	X			X		X
9	7Q) VANGUARD INFLATION PROTECTED	X			X		X
10	7R) FORWARD COREPLUS FUND INSTITUTIONAL	X			X		X

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.**



PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Enzis

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)

your dependent child; (See p.5,
**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.

Example: DC, S, or J IBM Corp. (stock) (S) Keystone Fund

1 7S) FORWARD EXTENDED MARKETPLUS FUND
(FORMALLY NAMED FORWARD SMALL TO MID CAP FUND)

2 || Page

ANSWER

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5 | Page

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ANSWER The answer is 1000.

ANSWER The answer is 1000. The area of the rectangle is 1000 square centimeters.

8

9 || Page

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BLOCK B

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

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 \$500,000,000
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Type of Income		Amount of Income		Actual Amount Required if "Other" Specified
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	
				.
X			Example	X
	X		Example	X
	X			Example
				Example

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.**



Enzi

PART IV. TRANSACTIONS

10

Report any purchase, sale, or exchange by you, your spouse, or dependent child (See p.3 CONTENTS OF REPORTS Part B of Instructions) 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.

Identification of Assets

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.

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Enzi

PART VII. LIABILITIES

11

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; (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	Type of Liability	Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)							
							\$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***	
S, Example: DC, or J	First District Bank (J) John Jones	Wash., DC Wash., DC	Mortgage on undeveloped land Promissory Note	1992 2000	13% 10%	25yrs On dmd		X		E	X	A	M	P
1 J	WELLS FARGO	WASHINGTON, DC	MORTGAGE - REFI	2003	5.25%	15YRS	X			E	X	A	M	P
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														

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