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| | STATES FOR ANN | SENATE FINANCIAL | DISCLOSURE | REPORT | |
| Lasi Name | First Name and Middle Initial | | Annual Report | Senate Office / Agency in Which Employed | ch Employed |
| STEVENS | THEODORE (TED) F. | | Calendar Year Covered by Neport: | | |
| Scnale Office Address (Number, Street, City, State, and ZIP Code) | Senate Office Telephone Numbe | sone Number (inchride Area Code) | le) Termination Report | Prior Office / Agency in Which Employed | Employed |
| SENATE HART 522 WASHINGTON DC 20510 | (202)224-3004 | · | Termitation Date printinglyy): | | |
| AFTER READING THE INSTRUCTIONS | AN. | SWER EACH OF | THESE QUESTIONS | AND ATTACH THE | ATTACH THE RELEVANT PART |
| | , Ai | 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. | charity in lieu of eporting period? | × | Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$305 from one source)? If Yes, Complete and Attach PART VI. | child receive any reportabliorling period (i.e., worth mover.) | le travel or ore than |
| 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. | - | x | 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. | child have any reportable inting period? /II. | |
| 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. | it worth | | 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. | s on or before the date of f | ifing in the |
| Did you, your spouse, or dependent child purchase, sett, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV. | | X | Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX. | ent or arrangement with an X. | x Outside |
| Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If Yes, Complete and Attach PART V. | n the | X | 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. | u receive compensation of we prior years? (. | more than |
| Each question must be answered | ~~ | he appro | and the appropriate PART attached for | each "YES" | response. |
| File this report and any amendments with the Secretary Senate. Washington, DC 20510. \$200 Penalty for filing | the Secretary of the alty for filing more th | Senate, Of | y of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S more than 30 days after due date. | n 232, Hart Senate O | ffice Building, U.S. |
| 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 falsifies, or who knowingly and willfully falsifies or who knowingly and willfully falsifies or who knowingly and willfully falsifies or who knowingly and willfully falsifies. | y the Ethics in Governmy requesting person upculy falsifies, or who kno in 18 13 S. 1001). | nent Act of 19 on written app wingly and w | Sovernment Act of 1978, as amended. The statement will be made available rson upon written application and will be reviewed by the Select Committee who knowingly and willfully fails to file this report may be subject to civil and 11.3. | will be made available he Select Committee be subject to civil and | FOR OFFICIAL USE ONLY Do Not Write Below titls Line 1 |
| Certification | Signature of Reporting Individual | Indiwidual | Date | Date (Month, Day, Year) | UL. |
| I CERTIFY that the statements I have made on this form and ell attached schedules are true. Complete and covered to the best of the best o | A Des | 14 | 1/4 | 10/1 | ECFIVED Y OF THE 17 PM |
| | | ily - Do Not Write Below This Line | | Date (Month Day Year) | SE 2: |
| 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. | Digitature di Nevrewi | | | manni, coy, con | NATE 27 |
| LIL. | | | | | |

eporting Information Strainer 3 2 2 2 8 S heodore (Ted) F. Stevens

EARNED AND NON-INVESTMENT INCOME PART II.

Page Number 2

or your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No mount 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 teport the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. S. Government for you or your spouse.

Idividuals not covered by the Honoraria Ban:

or 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 | Address (City, State) | Type of Income | шe | Amount |
|---------|-----------------------------------|----------------|-----------------------|----------------|---------|--|
| | JP Computers | Wash, DC | Example | Safary Ex | Example | \$15,000 |
| xample: | MCI (Spouse) | Arlington, VA | Example | Safary Exal | Екатрю | Over \$1,000 |
| (S) Ma | (S) Mayer, Brown, Rowe & Maw, LLP | Washington, DC | | Salary | | over \$1,000 |
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Theodore (Ted) F. Stevens

PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES PART IIIA.

Page Numbe 3

Required Specified "Other" Example Amount Actual Example If "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This Over \$5,000,000 000'000'9\$ - 100'000'1\$ includes income received or accruad to the benefit of the individual Amount of Income XEMPTION 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 ***000,000, F\$ 19VO 000'000'1\$ - 100'001\$ 000,0012 - 100,022 Type and Amount of Income 000'09\$ - 100'91\$ 000'91\$ - 100'9\$ \$2,501 - \$5,000 × × BLOCK C 005,2\$ - 100,1\$ 000'1\$ - 10Z\$ × None (or less than \$201) × × × Specify Example Example Other **Type)** Type of Income **Dualified Blind Trust** Excepted Trust × Excepted Investment Fund Capital Gains Interest × × × × Kent Dividends × × Over \$50,000,000 922,000,001 - \$50,000,000 000'000'97\$ - 100'000'9\$ At the close of reporting period. If None, or less than \$1,001, Valuation of Assets 000'000'5\$ - 100'000'1\$ Check the first column. ***000,000, F\$ 18VO BLOCK B 2200,000,1\$ - 100,002\$ 000'009\$ - 100'09Z\$ 2100'001 - \$220'000 × × \$100,000 - 100 09\$ × \$12,001 - \$50,000 000'91\$ - 100'1\$ × × (100,1\$ nsdt sael 10) enoM × raded asset held by you, your spouse, or your dentification of each public bond, mutual fund, sublicly traded partnership interest, excepted and qualified blind trusts, and publicly traded dependent child, (See p.3, CONTENTS OF nvestment funds, bank accounts, excepted Report the complete name of each publicly (S) Bank of America (Checking Account) roduction of income or investment which: (1) had a value exceeding \$1,000 at the (J) United States Senate Federal Credit dentity of Publicly Traded Assets And Unearned Income Sources (2) generated over \$200 in "unearned" close of the reporting period; and/or income during the reporting period. San Francisco, CA (Money Market) (J) Wells Fargo (Checking Account) (S) Wells Fargo (Checking Account) nclude on this PART IIIA a complete REPORTS Part B of Instructions) for (S) Credit Suisse Securities, LLC IBM Corp. (stock) Wickenburg, AZ (1/3 interest) Washington, DC (S) Keystone Fund **BLOCK A** assets of a retirement plan. Washington, DC Anchorage, AK Union example: DC,

appropriate.

PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES PART IIIA.

Page Number

Required if *Other* Specified Actual Amount Ехатріе Example if "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This O00,000,6\$ 19VO 000'000'5\$ - 100'000'1\$ includes income received or accrued to the benefit of the individual Amount of Income XEMPTION 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 ***000,000,1\$ 19VO 000'000'1\$ - 100'001\$ 220,001 - \$100,038 Type and Amount of Income 215,001 - \$50,000 000'91\$ - 100'9\$ 000'9\$ - 109'7\$ BLOCK C \$1,001 - \$2,500 \$201 - \$1,000 × None (or less than \$201) × × Specify Example Other Example Type) Type of Income Qualified Blind Trust Excepted Trust Excepted Investment Fund × × teerest Rent Dividends × × 000,000,03\$ 19YO \$25,000,001 - \$50,000,000 000'000'97\$ - 100'000'9\$ At the close of reporting period. If None, or less than \$1,001, Valuation of Assets 000'000'9\$ - 100'000'1\$ Check the first column. ***000,000, t\$ 19VO BLOCK B 000'000'1\$ - 100'009\$ 2520,001 - \$500,000 \$100,001 - \$250,000 × × 000'001\$ - 100'09\$ 000'09\$ - 100'91\$ \$1,000 L\$ - 100,1\$ None (or less than \$1,001) × raded asset held by you, your spouse, or your ependent child, (See p.3, CONTENTS OF dentification of each public bond, mutual fund ublicly traded partnership interest, excepted ind qualified blind trusts, and publicly traded ivestment funds, bank accounts, excepted leport the complete name of each publicity roduction of income or investment which: IRA w/Fidelity Investments as Custodian (1) had a value exceeding \$1,000 at the dentity of Publicly Traded Assets Fidelity International Small Cap And Unearned Income Sources (2) generated over \$200 in "unearned" close of the reporting period; and/or income during the reporting period. nclude on this PART IIIA a complete REPORTS Part B of Instructions) for Fidelity Cash Reserves IBM Corp. (stock) (S) Keystone Fund Consisting of the following: BLOCK A Opportunity Fund issets of a retirement plan. C io xample: DC

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heodore (Ted) F. Stevens

PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES PART IIIA.

Page Number

Required Amount "Other" Specified Ехатріе Example f "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This Over \$5,000,000 000'000'9\$ - 100'000'1\$ includes income received or accrued to the benefit of the individual Amount of Income KEMPTION 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 light.

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 ***000,000,1\$ 19VO 000,000,1\$ - 100,001\$ 000'001\$ - 100'09\$ Type and Amount of Income 000'09\$ - 100'91\$ 000'91\$ - 100'9\$ 22,501 - \$5,000 BLOCK C 100,12 - 100,12 × × 000'L\$ - LOZ\$ × × × None (or less than \$201) × × × × Example Specify Example Other Type) Type of Income Jaut Daild beilifiauQ Excepted Trust × × × × Excepted Investment Fund × × × × Capital Gains × lenest **ebnebiviG** Over \$50,000,000 000'000'09\$ - 100'000'9Z\$ 000'000'92\$ - 100'000'9\$ At the close of reporting period. If None, or less than \$1,001, Valuation of Assets Check the first column. 000'000'9\$ - 100'000'1\$ ***000,000, f2 19VC **BLOCK B** 000,000,1\$ - 100,003\$ 000'009\$ - 100'09Z\$ × 2100'001 - 2220'000 000'001\$ - 100'09\$ 000'09\$ - 100'91\$ × 000'91\$ - 100'1\$ × × × × × × None (or less than \$1,001) (S) CGCM Large Cap Value Eq Investments aded asset held by you, your spouse, or your ependent child, (See p.3, CONTENTS OF (S) CGCM Emerging Mkts Equ Investments lentification of each public bond, mutual fund (S) CGCM International Equity Investments (S) CGCM Large Cap Growth Investments ublicly traded partnership interest, excepted S) CGCM Small Cap Growth Investments nd qualified blind trusts, and publicly traded ivestment funds, bank accounts, excepted (S) CGCM Small Cap Value Investments eport the complete name of each publicly roduction of income or investment which: (1) had a value exceeding \$1,000 at the dentity of Publicly Traded Assets And Unearned Income Sources (2) generated over \$200 in "unearned" close of the reporting period; and/or CITIGROUP SMITHBARNEY IRA Consisting of the following funds: income during the reporting period. (S) CGCM Govt Money Investments iclude on this PART IIIA a complete EPORTS Part B of Instructions) for IBM Corp. (stock) (S) Keystone Fund BLOCKA ssets of a retirement plan. xample: DC, or J (S)

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 $10\,0\,0\,0\,3\,2\,0\,2\,8\,7$ eporting individuals Name

Theodore (Ted) F. Stevens

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

9

| BLOCK A Identity of Publicly Traded Assets | BLOCK B Valuation of Assets | Тур | BLOCK C Type and Amount of Income |
|--|--|---|---|
| And Unearned Income Sources Report the complete name of each publicly | At the close of reporting period. If None, or less than \$1,001, | If "None (or less than \$201)" is C includes income re | 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. |
| raded asset held by you, your spouse, or your | Check the first column. | Type of Income | Amount of Income |
| tependent child, (See p. 3, CON IEN IS 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" | 000,000,000,000,000 | ļs. | 000,00 |
| income during the reporting period. Include on this PART IIIA a complete dentification of each public bond, mutual fund, bublicly traded partnership interest, excepted nvestment funds, bank accounts, excepted and qualified blind trusts, and publicly traded | nsdt sesi no) enoM 000,21\$ - 100,1\$ 000,00\$ - 100,21\$ 000,001\$ - 100,02\$ 000,00\$ - 100,001\$ 000,02\$ - 100,001\$ 000,1\$ - 100,002\$ 000,1\$ - 100,002\$ 000,2\$ - 100,000,1\$ 000,2\$ - 100,000,1\$ 000,2\$ - 100,000,2\$ | Pent Fent Interest Capital Gains Excepted Investme Excepted Investme Excepted Truet Custified Blind Truet | 000, 12 - 100, 200 on old |
| S, IBM Corp. (stock) | × | X | nple X |
| xample: DC, or J (S) Keystone Fund | × | X X Example | npie X Example |
| (S) MAYER, BROWN, ROWE & MAW 401(k) plan administered by: | | | |
| BOK Financial Services and consists of the following funds: | | | |
| (S) DWS Equity 500 Index Fund (Formerly Scudder Equ 500 Index Fund) | × | × | × |
| (S) TCW Select Equities Fund 1 (Formerly TCW Galileo Select Equ Fund) | X | × | × |
| (S) Jennison Small Company Z | × | × | × |
| (S) STI Classic Sm Cap Growth Stock Fund | × | × | × |
| (S) Fidelity Adv. Diversified Intl Fund | × | × | * |
| | | | |
| | | | |
| C | | | |
| EXEMPTION TEST (see instructions before marking box): If you omitted any asset be "This category applies only if the asset is/was held independently by the spouse or appropriate. | If you omitted any asset because it meets the three-par endently by the spouse or dependent child. If the asse | rt test for exemption described in the st is/was either held by the filer or joir | scause it meets the three-part test for exemption described in the instructions, please check box to the right. dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as |
| | | | |

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NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES PART IIIB. heodore (Ted) F. Stevens

Page Number

Required "Other" Specified (6424) (4264)Example Example Amount 9048 if "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This 157 Over \$5,000,000 nctudes income received or accrued to the benefit of the Individual. 000'000'9\$ - 100'000'1\$ Amount of Income KEMPTION 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 iswas held independently by the spouse or dependent child. If the asset iswas either held by the filer or jointly held, use the other categories of value, as ***000,000, h\$ 1eVC 000'000'1\$ - 100'001\$ 000'001\$ - 100'09\$ × Type and Amount of Income 000'09\$ - 100'91\$ \$5'201 - \$2'000 \$2,500 - 100,1\$ × × 2501 - \$1,000 × None (or less than \$201) × Specify Example Type) Example **Sher** S E 2 wrkg intrst C Type of Income Zualified Blind Trust × Excepted Investment Fund Capital Gains teerest × **Pividends** × × 000,000,03\$ 19VO 000'000'09\$ - 100'000'9Z\$ 000'000'92\$ - 100'000'9\$ At the close of reporting period. If None, or less than \$1,001, Valuation of Assets 000'000'9\$ - 100'000'1\$ Check the first column. ***000,000, t\$ 19VO 000,000,12 - 100,003\$ \$250,001 - \$500,000 × \$100,001 - \$250,000 000'001\$ - 100'09\$ × 000,03\$ - 100,31\$ 000,21\$ - 100,1\$ × × × × None (or less than \$1,001) escription) of each interest held by you, your usiness. Publicly traded assets held by non-Assets and Unearned Income Sources vestment in a non-public trade or business iclude the above report for each underlying istructions) for the production of income or sset, which is not incidental to the trade or (1) had a value exceeding \$1,000 at the pouse, or your dependent child (See p.3, eport the name, address (city, state and Undeveloped land, Dubuque, lowa Identity of Non-Publicly Traded close of the reporting period; and/or (2) generated over \$200 in "unearned" (S) State of Alaska Permanent Fund State of Alaska Permanent Fund income during the reporting period. ONTENTS OF REPORTS Part B of ublic entity may be listed on Part IIIA Alaska's Great Eagle As Well, LLC (S) National Life (Life Insurance) Theodore F. Stevens Blind Trust JP Computer, Wash DC Oil Interests (individual wells) Alaska's Great Eagle, LLC **BLOCK A** Sacks Restaurant, LLC Oklahoma City, OK Montpelier, VI Anchorage, AK Anchorage, AK Girdwood, AK Girdwood, AK Dividend Dividend 0 cample: DC, . 당

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heodore (Ted) F. Stevens

NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES PART IIIB.

Page Number

Required if Amount "Other Specified Example Example if "None (or less than \$201)" is Checked, no other entry is needed in Block C for that item. This Over \$5,000,000 000'000'5\$ - 100'000'1\$ includes income received or accrued to the benefit of the individual. Amount of Income KEMPTION 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 Over \$1,000,000,000*** 000'000'1\$ - 100'001\$ 000,001\$ - 100,03\$ Type and Amount of Income 000'09\$ - 100'91\$ 000'91\$ - 100'9\$ \$2,501 - \$5,000 009'Z\$ - 100'L\$ 2501 - \$1,000 × None (or less than \$201) × × × × Example Specific Example Other 7,08) Type of Income **Qualified Blind Trust** Excepted Trust Excepted investment Fund Snisə letiqsə interest Rent Dividends 000,000,03\$ 15VO 000'000'09\$ - \$00'000'92\$ \$2'000'001 - \$22'000'000 At the close of reporting period. If None, or less than \$1,001, Valuation of Assets 000'000'9\$ - 100'000'1\$ Check the first column. ***000,000, f\$ 18VO **BLOCK B** 000,000, r\$ - 100,003\$ \$250,001 - \$500,002\$ 000'092\$ - 100'001\$ 220'001 - \$100'09\$ 000'09\$ - 100'91\$ × × 000'91\$-100'1\$ None (or less than \$1,001) (S) Interest in Bank Account- Wells Fargo escription) of each interest held by you, your usiness. Publicly traded assets held by non-Assets and Unearned Income Sources clude the above report for each underlying vestment in a non-public trade or business istructions) for the production of income or sset, which is not incidental to the trade or couse, or your dependent child (See p.3, (1) had a value exceeding \$1,000 at the Interest in Commercial Property Undeveloped land, Dubuque, lowa Anchorage, AK (Family Investment Co.) eport the name, address (city, state and Identity of Non-Publicly Traded (2) generated over \$200 in "unearned" close of the reporting period; and/or income during the reporting period. ublic entity may be listed on Part IIIA. ONTENTS OF REPORTS Part B of (S) Investment in Rental House JP Computer, Wash DC (S) CHAMER COMPANY INC. BLOCKA Wickenburg, AZ Anchorage, AK Anchorage, AK cample: DC Ŝ 당당

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Over \$50,000,000 ш ш Page Number _O \$22'000'001 - \$20'000'000 Amount of Transaction (x) 000'000'97\$ - 100'000'9\$ Δ. Δ, 000'000'9\$ - 100'000'1\$ Σ Z EMPTION 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. ***000,000, f \$ 19VO ⋖ ⋖ 000'000'1\$ - 100'009\$ × × ш ш \$250,001 - \$500,005\$ 2100'001 - \$220'001\$ × × 000'001\$ - 100'09\$ 000'09\$ - 100'91\$ × 000'91\$ - 100'1\$ × × × × × (Mo., Day, Yr.) Transaction PART IV. TRANSACTIONS 1/27/0X 11/28/06 05/15/06 2/1/0X 5/18/06 90/9/01 5/15/06 90/9/9 Date Exchange **Transaction** Type (x) × **9|25** Purchase × eport any purchase, sale, or exchange by you, your spouse, or dependent sporting period of any real property, stocks, bonds, commodity futures, and nid (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the volving property used solely as your personal residence, or a transaction etween you, your spouse, or dependent child. Please clarify which two iclude transactions that resulted in a loss. Do not report a transaction ther securities when the amount of the transaction exceeded \$1,000. Stockmen's Bank (Now National Bank of Arizona) (checking account) TFStevens Bedbug Outfit - undivided 1/2 interest in Livestock (Gifted to Family) (Gifted to Family) roperties are involved in any reportable exchange. Identification of Assets (Capital Call) (Capital Call) (Capital Call) (DC) Microsoft (stock) NASDAQ/OTC IBM Corp. (stock) NYSE IRA with Fidelity Investments as custodian: Fidelity International Small Cap Opp Fund Alaska's Great Eagle As Well, LLC COCOCO TO TO TO TO TO SO heodore (Ted) F. Stevens Alaska's Great Eagle, LLC Alaska's Great Eagle, LLC Wickenburg, AZ Congress, AZ S, Example: DC, or J

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Page Number

PART IV. TRANSACTIONS

| | | | | | ¥ | Amount of Transaction (x | t of] | <u>[ran</u> | sacti | ou (| ÷ | |
|---|--------------------------|---------------|--|-----------------------|---------------------|--------------------------|-------------------|---------------------|------------------|--|------------------------|------------------|
| Report any purchase, sale, or exchange by you, your spouse, or dependent third (See p. 3 CONTENTS OF REPORTS Part B of Instructions) during the | Transaction Type (x) | action (x) | | | | | | | | | | |
| eporting 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 avolving 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. | - сучзе | yenge | Transaction Date (Mo., Day, Yr.) | 000,21\$ - 100 | 000'001\$ - 100' | 00001-\$250,000 | 000'009\$ - 100'0 | 000'000'1\$ - 100'0 | ***000,000,1\$ | 000,000, - \$5,000,000 000,001 - \$25,000,000 | 00'000'09\$ - 100'000' | \$1 \$50,000,000 |
| Identification of Assets | nud la2 | | | | | | \$25 | | | | _ | |
| S, IBM Corp. (stock) NYSE | × | | 2/1/0X | | × | | E | × | Y | M | 1 | Е |
| Example: DC, (DC) Microsoft (stock) NASDAQ/OTC | × | | 1/27/0X | | | × | Е | × | 4 | A E | 1 | Е |
| (S) CITIGROUP SMITHBARNEY- IRA Consisting of the following funds: | | | | | | | | | | | | |
| (S) CGCM- Large Cap Value Equity | × | | 1/30/06 | × | | | | | | | | |
| (S) CGCM- Small Cap Value Equity | × | | 1/30/06 | × | | | | | | | | |
| (S) CGCM- Emerging Markets Equity | × | | 1/30/06 | × | | | | | | | | |
| (S) CGCM- International Equity | × | | 1/30/06 | × | | | | | | | | |
| (S) CGCM- Large Cap Growth Equity | × | | 1/30/06 | × | | | | | | | | |
| (S) CGCM- Small Cap Growth Equity | ×. | | 1/30/06 | × | | | | | | | | |
| (S) CGCM- International Equity | × | | 8/22/06 | × | | | | | | | | |
| (S) CGCM- Large Cap Growth Equity | × | | 8/22/06 | × | | | | | | \dashv | | |
| (S) CGCM- Large Cap Value Equity | × | | 12/15/06 | × | | | | - | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| KEMPTION 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 test was either | for exemp | yion described in the inst ie filer or jointly held, use ti | tructions he other | t, pleas categor | e check les of v | t box to | the ris | ght. ipriate. | | . — — | |

Reporting in, CAT 유유민 조 2 요 2 요 2 Theodore (Ted) F. Stevens

Page Number

PART IV. TRANSACTIONS

| | | | | | Am | Amount of Transaction (x) | 힏 | rans | actic | x) u | | |
|---|----------------------------|---------------------------|---|-------------------------|---------------------|---------------------------|-------------------|---------------------|-------------------|------------------------|-------------------------|----------------|
| Report any purchase, sale, or exchange by you, your spouse, or dependent child (See n.3 CONTENTS OF REPORTS Part B of Instructions) during the | Trans | Fransaction Type (x) | | | | | | | | | | |
| 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. | | e nange | Transaction Date (Mo., Day, Yr.) | 000,21\$ - 100 | 000'00\$\$ - 100' | 000'097\$ - 100'0 | 000'009\$ ~ 100'0 | 000,000,1\$ - 100,0 | ***000,000,1\$ 1€ | 000'000'97\$ - 100'000 | 00'000'09\$ - 100'000'9 | 000,000,03\$ 1 |
| Identification of Assets | ınd | Sal | | | - | | \$25 | | - | | | ΛQ |
| S, IBM Corp. (stock) NYSE | × | _ | 2/1/0X | _ | × | | Ш | × | M | а. | - | ш |
| Example: DC, or J (DC) Microsoft (stock) NASDAQ/OTC | | × | 1/27/0X | | | × | ш | × | ¥ ¥ | 4 | _ | Ш |
| es car | | | | | | | | | | | | |
| 2 (S) DWS Equity 500 Index Fund | × | | 1/1/06 | × | | | | | - | | | |
| 3 (S) TCW Select Equities Fund 1 | × | | 1/1/06 | × | | | | | | | | |
| 4 (S) STI Classic Sm Cap Growth Stock T Fund | × | · | 1/1/06 | × | | | | | | · | | |
| 5 (S) Fidelity Adv. Diversified Int'l Fund | × | | 1/1/06 | × | | | | | | | | |
| s (S) DWS Equity 500 Index Fund | × | | 4/1/06 | × | | | | | | | | |
| 7 (S) TCW Select Equities Fund 1 | × | | 4/1/06 | × | | | | | | | | |
| 8 (S) STI Classic Sm Cap Growth Stock T Fund | × | | 4/1/06 | × | | | | | | | | |
| 9 (S) Fidelity Adv. Diversified Int'l Fund | × | • | 4/1/06 | × | | | | | | | | |
| 0 exchanged for Jennison Small Company 2 | | × | 10/1/06 | | × | | | | | | | |
| 1 (S) DWS Equity 500 Index Fund | | × | 11/22/06 | × | | | | | | | | |
| 2 (S) TCW Select Equities Fund 1 | | × | 11/22/06 | × | | | | | | | | |
| XEMPTION 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. | se-part tes is/was eith | it for exem er held by | because it meets the three-part test for exemption described in the instructions, please check box to the right Sendent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as approprie | structions the other | , please categor | check ies of va | t box to | the rig | Jht. priate. | | لــــا | |
| | | | | | | | | | | | ı | 1 |

Over \$50,000,000 ш ш Page Number 12 252,000,001 - \$50,000,000 ۰ Amount of Transaction (x) 92,000,001 - \$25,000,000,3\$ σ. 0 Σ Ξ 000'000'9\$ - 100'000'1\$ --+000,000,1\$ 19VO ⋖ ⋖ × 000'000'1\$ - 100'00\$\$ ш ш \$220,001 - \$500,000 \$100,001 - \$250,000 × 000'001\$ - 100'09\$ 212'001 - 220'000 × 000'91\$ - 100'1\$ × × Transaction (Mo., Day, Yr.) PART IV. TRANSACTIONS 1/27/0X 11/22/06 11/22/06 2/1/0X Date Exchange **Transaction** Type (x) Sale × × × Purchase Report any purchase, sale, or exchange by you, your spouse, or dependent eporting period of any real property, stocks, bonds, commodity futures, and thiid (See p.3 CONTENTS OF REPORTS Part B of Instructions) during the avolving property used solely as your personal residence, or a transaction between you, your spouse, or dependent child. Please clarify which two nclude transactions that resulted in a loss. Do not report a transaction other securities when the amount of the transaction exceeded \$1,000. (S) MAYER, BROWN, ROWE & MAW- 401(k) plan administered by BOK Financial Services. Consisting of the following funds: properties are involved in any reportable exchange. dentification of Assets (DC) Microsoft (stock) NASDAQ/OTC IBM Corp. (stock) NYSE (S) Fidelity Adv. Diversified Int'l Fund (S) Jennison Small Company Z Seporting from Constant Consta Theodore (Ted) F. Stevens Example: DC,

KEMPTION 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 V. GIFTS

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eport the source, brief description and value of all gifts aggregating more than \$305 in value received by you, your spouse, or your dependent child, (See .3 CONTENTS OF REPORTS Part B of Instructions), from each source. Gifts with a value of \$122 or less need not be aggregated towards the disclosure reshold, "Gift" is defined in the Instructions.

y persons other than yourself; (5) Gifts received prior to your Federal employment; (6) Gifts to your spouse or dependent child totally independent of his or xclude: (1) Bequests and other forms of inheritance; (2) Political campaign contributions; (3) Communications to your offices including subscriptions to ewspapers and periodicals; (4) Consumable products provided by home state businesses to your offices, if those products are intended for consumption er relationship to you; (7) Gifts from relatives; (8) Personal hospitality of any individual (see instructions); (9) meals and beverages unless consumed in onnection with a gift of overnight lodging; and (10) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign ountry, or by federal, state, D.C., or local governments.

| 2 | Name of Income Source | Address | of Source | Dates and Brief Description | Gift Value |
|---------|--|---------------|-----------|---|------------|
| | | | | | 0014 |
| cample: | Mr. John Q. Smith | Anytown, VA | Example | August 12, 200X, Silver platter - Ethics Committee warver granted | \$400 |
| Kenai | Kenai River Sportsfishing Assoc. 501(c)3 | Kenai, Alaska | (3 | July 2006, Smith & Wesson; Engraved for public service | \$1,400 |
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ste: The Senate Gift Rule prohibits most gifts in excess of \$49.99.

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PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

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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 nterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was fficer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business

xclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

| | | | | | | F |
|---------|---|-----------------------|--------------------------|---------------------|---------|---------|
| Z | Name of Organization | Address (City, State) | Type of Organization | Position Held | (Mo/Yr) | (Mo/Yr) |
| | National Assn. of Rock Collectors | NY,NY EXAMPLE | Non-profit education | President | 06/90 | Present |
| xample: | Jones & Smith | wn, USA | Law Firm | Partner | 7/85 | 11/0X |
| Dwigh: | Dwight D. Eisenhower Memorial Commission | Washington, DC | Presidential Appointment | Member of the Board | 4/01 | Present |
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compensation in excess of \$200 from any position must be reported in Part II.