

**FINANCIAL DISCLOSURE STATEMENT
TO BE COMPLETED BY INDIVIDUAL DEFENDANT**

A. GENERAL INSTRUCTIONS - READ CAREFULLY

The information requested in the following form is to be submitted concerning a current case in connection with an asset investigation. Prior to completing and submitting this form, you should discuss this matter and this form thoroughly with your own attorney.

The purpose of this form is to determine what assets you may have or are in control of. If you are married or have a live-in companion, you must list assets held by your spouse or companion, as well as yourself, and show whether each asset is owned individually or jointly. By completing and signing this financial disclosure statement, you acknowledge that the information provided will affect action by the United States Department of Justice and further understand that any false answers can lead to the termination or nullification of any plea agreement ultimately reached and/or prosecution for false statements as provided under Title 18, United States Code, Section 1001 (maximum prison sentence of five (5) years and/or a fine of not more than \$250,000).

Each separate question must be answered completely. If the answer is "none" you must state "none." Do not leave any question unanswered. If there is insufficient space on the form, please attach additional sheets as necessary, and date and initial each additional page.

You must sign this page, date and initial each page, and sign page 15 and the accompanying Releases. Note the signature/initial line wherever the arrow → appears.

B. ACKNOWLEDGMENT, IF REPRESENTED BY COUNSEL - Signature Required

I _____ am _____ am not (check one) represented by counsel in the collection of this debt. If I am represented by retained or appointed counsel, I acknowledge having reviewed the foregoing instructions with my counsel. My counsel's name is _____.

Date: _____

Name: _____
Last
First
Middle



Signature _____

Authority for the solicitation of the requested information includes one or more of the following: 5 U.S.C. § 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. § 501 -530A; 28 U.S.C. § 1651, 3201 -3206; 31 U.S.C. § 3701 -3731; 44 U.S.C. § 3101; 4 C.F.R. § 101 -101.8; 28 C.F.R. § 0.160, 0.171 and Appendix to Subpart Y; 18 U.S.C. § 3664(d)(3).

The principal purpose for gathering this information is to evaluate your ability to pay the government's claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register, Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407; Justice/USA-007 at pages 53408-53410; Justice/CRIM-016 at pages 12774. Disclosure of the information is voluntary. If the requested information is not furnished, the United States may seek disclosure through other means.

FINANCIAL DISCLOSURE STATEMENT

A. PERSONAL IDENTIFYING DATA

1. FULL NAME: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (Last) (First) (Middle) </div> Circle appropriate title: Mr. Ms. Mrs. Dr. Jr. III				
2. STATE ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN.		a. _____		
b. _____		c. _____		
3. YOUR DATE OF BIRTH MONTH/DAY/YEAR	4. YOUR DRIVER'S LICENSE NO. AND STATE OF ISSUANCE.	5. YOUR SOCIAL SECURITY NO.	6. YOUR HOME TELEPHONE NUMBER	7. YOUR CELLULAR TELEPHONE NUMBER
_____ / _____ /19 _____	No. _____ State _____	_____ / _____ / _____	(____) _____ - _____	(____) _____ - _____
8. PRESENT HOME ADDRESS		9. DATES OF RESIDENCE		10. YOUR EMAIL ADDRESS
_____ Address		_____ / _____ /19 _____ to Present		_____ @ _____
State _____ Zip Code _____				

EDUCATION		Check all that apply	Location of School
11. PROVIDE YOUR EDUCATIONAL BACKGROUND.	Less Than 12 years	<input type="checkbox"/>	
	High School Diploma or equivalent	<input type="checkbox"/>	
	Vocational School	<input type="checkbox"/>	
	College (provide degree or no. of years attended)	<input type="checkbox"/>	
	Post Graduate (provide degree or no. of years attended)	<input type="checkbox"/>	
	Vocational School	<input type="checkbox"/>	
12. PROFESSIONAL LICENSES:	Type:	Expiration Date:	
	_____	_____	
	_____	_____	

B. EMPLOYMENT INFORMATION

13. FULL NAME OF PRESENT EMPLOYER: _____
14. OCCUPATION: _____
15. DATES OF EMPLOYMENT: From: _____ / _____ /19 _____ to Present
16. BUSINESS ADDRESS: _____ State _____ Zip _____ Tel. No.(____) _____
PREVIOUS EMPLOYER (List all previous employers for past five (5) years.) Please include addresses and dates of employment.

Initials _____

17. COMPANY NAME: _____ Dates Employed: From: ____/____/19__ to ____/____/19__
 OCCUPATION: _____
 ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____

18. COMPANY NAME: _____ Dates Employed: From: ____/____/19__ to ____/____/19__
 OCCUPATION: _____
 ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____

19. COMPANY NAME: _____ Dates Employed: From: ____/____/19__ to ____/____/19__
 OCCUPATION: _____
 ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____

20. COMPANY NAME: _____ Dates Employed: From: ____/____/19__ to ____/____/19__
 OCCUPATION: _____
 ADDRESS: _____ STATE ____ ZIP _____ Telephone No.(____) _____

C. EARNINGS (SALARY, WAGES, COMMISSIONS, ETC.) AND BACKGROUND INFORMATION

21. YOUR GROSS SALARY FROM YOUR PRESENT EMPLOYER. MARK ONE: a. Weekly <input type="checkbox"/> b. Bi-Weekly <input type="checkbox"/> c. Monthly <input type="checkbox"/>	\$	d. YOUR TAKE HOME PAY.	\$

22. ARE YOU CURRENTLY AN ACTIVE MEMBER OF THE ARMED FORCES, INCLUDING NATIONAL GUARD AND RESERVES?	Yes	
	No	

a. IF YES, PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF YOUR UNIT AND HOW MANY YEARS REMINING IN YOUR ENLISTMENT.

b. Unit	c. Term

23. DO YOU HAVE ANY OTHER EARNED INCOME FROM ANY OTHER SOURCE OR BUSINESS?	Yes	
	No	

a. IF YES, PLEASE IDENTIFY EACH SOURCE AND STATE YOUR MONTHLY GROSS EARNINGS (SALARY, WAGES, COMMISSIONS, ETC.) FROM EACH SOURCE.

b. Source	c. Income

24. GARNISHMENT: Are you or your spouse/companion's wages under garnishment at this time?	Yes	
	No	
a. IF YES, PROVIDE SPECIFIC DETAILS.		

25. LIST EACH PREVIOUS HOME ADDRESS (Include all permanent or temporary residences and dates of occupancy for the last five (5) years.)				
a. Dates of residence:	Address	City	State	Zip Code
b. Dates of residence:	Address	City	State	Zip Code
c. Dates of residence:	Address	City	State	Zip Code
d. Dates of residence:	Address	City	State	Zip Code

26. RENTAL AGREEMENT. Do you or your spouse/companion rent the premises on which you live? If YES, please complete the following:	Yes	
	No	

a. Name of Landlord	b. Address/telephone number of Landlord	c. Payment Schedule (weekly, monthly, annually)	d. Rent Payment	e. Utilities included in rent	f. Deposit or other funds held by landlord
			\$		\$

27. MARITAL STATUS (Mark one box to show your current marital status and provide information about your spouse(s) below.)					
a. Never Married: <input type="checkbox"/> b. Married <input type="checkbox"/> c. Separated: <input type="checkbox"/> d. Legally Separated <input type="checkbox"/> e. Divorced <input type="checkbox"/> f. Widowed <input type="checkbox"/>					

28. NAME OF SPOUSE/COMPANION _____ (Last) (First) (Middle)		
a. SPOUSE/COMPANION'S DATE OF BIRTH Month/Day/Year	b. SPOUSE/COMPANION'S HOME TELEPHONE NUMBER	c. SPOUSE/COMPANION'S CELLULAR TELEPHONE NUMBER
_____/_____/19____	()	()
c. SPOUSE/COMPANION'S OCCUPATION	d. BUSINESS TELEPHONE NUMBER	
	()	

29. SPOUSE/COMPANION'S EMPLOYER			
a. NAME			
b. ADDRESS _____ STATE _____ ZIP _____ Telephone No. _____			

30. LIST NAME OF EACH FORMER SPOUSE AND DATES OF MARRIAGE(S)	DATES OF MARRIAGE
a. Name	From: ___/___/19__ to ___/___/19__
b. Name	From: ___/___/19__ to ___/___/19__
c. Name	From: ___/___/19__ to ___/___/19__
d. Name	From: ___/___/19__ to ___/___/19__

31. DEPENDENT CHILDREN/RELATIVES (List type of relationship and date of birth of each person listed.)				
a. Complete Name(s)	b. Relationship	c. Date of Birth	d. Cellular telephone number	e. Do these relatives reside with you. (Circle one)
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO
				YES NO

32. CHILD SUPPORT PAYMENTS RECEIVED - Do you or your spouse/companion receive child support payments? If yes, complete the following:				Yes	
				No	
Name of dependent	Dependent's Date of Birth	Name of non-custodial parent	Name of Custodial Parent	List arrearage (if any)	

CHILD SUPPORT PAYMENTS MADE - Do you or your spouse/companion make child support payments? If yes, answer the following:				Yes	
				No	
Name of dependent	Dependent's Date of Birth	Name of non-custodial parent	Name of Custodial Parent	List arrearage (if any)	

33. Do you receive or expect to receive aid to families with dependent children, unemployment compensation or any other type of assistance from the United States, your own state, any other governmental agency or any other person? If yes, list the source and amount.

a. Source of Payment (name of person, state, etc.)	b. Program	c. Payment Amount	d. Payment schedule

34. Name of each bank, credit union and any other financial institution or company with which you, your spouse/companion, or any other person or entity associated with you have or have ever had any account at any time during the past five (5) years.

a. Name of Financial Institution and Address	b. Name(s) on Account	c. Account No. and Type	d. Current Balance in Account

35. SAVINGS BONDS: Do you, your spouse/companion or your defendants own U.S. Savings Bonds?.

a. Demonination of Bond	b. Name(s) on Bond	c. Purchase Date	d. Value

36. INDIVIDUAL RETIREMENT ACCOUNT. Do you or your spouse have any Individual Retirement Account ("IRA"), Keogh Account, other retirement account or savings, or any interest in any profit-sharing or pension plan? If YES, please identify each account by name of financial institution, address, account number and name on account.

a. Name of Financial Institution and address	b. Name(s) on Account	c. Account No. And Type	d. Current Balance In Account	Yes
				No

37. SAFETY DEPOSIT BOXES: Do you, or your spouse, or any other person maintain or rent a safety deposit box in your name(s) or in any other name? If YES, give name and address of banks(s) and name(s) utilized to open or maintain the safety deposit box(es).

a. Name of Financial Institution and Address	b. Safety Deposit Box No.	c. Account No.	d. Type of Account	Yes
				No

D. ASSETS AND LIABILITIES

38. Do you or your spouse/companion have any interest in any real estate anywhere in the world? (This includes any real estate currently being sold under contract.) If YES, identify each real estate interest as stated below.

Yes

No

a. Complete Address (Include State and County)	b. Name on Deed	c. Purchase Price	d. Fair Market Value	e. Balance Due on Mortgage	f. Monthly Payment	g. Date Mtg. Paid Off
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

**h. Provide the name of the company with whom your home is insured.
i. Provide the address of your insurer.**

j. LEASEHOLD INTERESTS. If any real estate holdings are income producing properties, identify tenants name and address and current lease terms. Provide income statemens and/or tax returns for the last two years for each rental property.

Name on lease: _____
Address: _____
City: _____ State _____
Zip: _____ TERM: _____

Name on lease: _____
Address: _____
City: _____ State _____
Zip: _____ TERM: _____

Name on lease: _____
Address: _____
City: _____ State _____
Zip: _____ TERM: _____

39. Do you or your spouse/companion or dependents own or have possession of any automobiles, boats, aircrafts, other vehicles or mobile homes? If YES, specify as stated below.

a. Description: Include Year, Make and Model	b. Do you own the vehicle or property?		c. Purchase Price	d. Loan Balance
	Yes	No		
Automobile			\$	\$
Automobile (2nd)			\$	\$
Automobile (3rd)			\$	\$
Boat			\$	\$
Truck			\$	\$
Recreational Vehicles (campers, Motor homes)			\$	\$
Utility Trailer			\$	\$
Any other vehicles (Including ATVs, Jet-Skis, snowmobiles)			\$	\$
Aircraft			\$	\$
Mobile Home			\$	\$
Motorcycle			\$	\$

**e. Provide the name of the company(ies) with whom your vehicles are insured.
Provide the address(es) of the company(ies) with whom your vehicles are insured.**

40. Do you or your spouse/companion or dependents own or have possession of any sporting goods? If YES, specify as stated below.

a. Description: Include Year, Make and Model	b. Do you own the property?		c. Purchase Price	d. Loan Balance
	Yes	No		
Guns			\$	\$
Hunting Gear			\$	\$
Recreational Equipment (pool table, pinball machine)			\$	\$
Swimming Pool			\$	\$
Jacuzzi/Hot Tub			\$	\$
Sauna			\$	\$
Any other equipment			\$	\$

41. Do you or your spouse/companion or dependents own or have possession of any miscellaneous assets? If YES, specify as stated below.

a. Description:	b. Do you own the asset?		c. Purchase Price	d. Loan Balance
	Yes	No		
Animals			\$	\$
Season Tickets			\$	\$
Time Shares			\$	\$
E-Trade Accounts			\$	\$
Retainers/Deposits/Advance Payments			\$	\$
Mineral Interests			\$	\$
Other (describe)			\$	\$

42. SECURITIES: Do you or your spouse own any Securities (bonds, stocks, mutual funds, etc.)? If YES, please furnish the following information for each such asset.

				Yes	
				No	
a. Name of Issuing Company	b. Number of Units or Shares	c. Fair Market Value	d. Amount of Indebtedness		

e. Are you a member of any investment or barter trading clubs? If yes, provide account statements for the last two years showing investments and current club value.

Yes

No

43. GIFTS/TRANSFERS. Have you or your spouse transferred, sold, gifted, or in any other way disposed of any assets or property with a cost or fair market value of \$300 or more at any time in the past three (3) years? If YES, please furnish the following information for each such asset.				Yes	
				No	
a. Description of Asset	b. Date of Transfer	c. Fair Market Value When Transferred	d. Amount Received	e. Name and Relationship of Transferee to Defendant	
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

44. RECEIVABLES Do you or your spouse or your companion have any accounts receivable or notes owed to you? If YES, specify as stated below.				Yes	
				No	

a. Account Name	b. Book Value	c. Liquidation Value	d. Amount of Indebtedness	e. Date, if Pledged	
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

45. JUDGMENTS Do you or your spouse have any judgments owed to you? If YES, specify as stated below.				Yes	
				No	
a. Amount of Judgment	b. Full Name of Debtor				

46. List all other forms of compensation which you or your spouse receive and which you have not already disclosed (including insurance annuity, disability benefits, lottery winnings, pensions, etc.)		
a. Identify Source of Compensation	b. Schedule for Receipt (e.g., Weekly, Monthly)	c. Amount
		\$
		\$
		\$
		\$

47. Does anyone or any entity owe any money to you or your spouse not previously disclosed? If yes, please state specific information listed below.				Yes	
				No	
a. Name of Person/Entity	b. Their Address	c. Date of Loan	d. Amount Owed		

48. Do you or your spouse have any life insurance policy now in force with right to change beneficiary reserved? If YES, state specific information listed below.	Yes	
	No	

a. Company Name	b. Policy Number	c. Amount of Policy	d. Present Cash Surrender Value Plus Accumulated Dividends	e. Policy Loan	f. Date Made	g. Premium Date	h. Amount of Payments Made

49. Do you or your spouse have any life insurance policy assigned or pledged on any indebtedness?	Yes	
	No	

If any of the policies listed in item 49, above, are assigned or pledged on indebtedness, except with insurance companies, give the following information about each policy:

a. Policy Number	b. Name and Address of Pledge or Assignee	c. Amount of Indebtedness	d. Date, if Pledged

50. Do you or your spouse/companion or dependents own or have any ownership interest in any jewelry, antiques, precious metals, art objects, stamp or coin collections or other assets of any kind with a total value in excess of \$500? If YES, state specific information listed below.	Yes	
	No	

a. Asset	b. Date Acquired	c. Value at Acquisition	d. Present Value

51. Do you or your spouse/companion or dependents own any furniture and fixtures, including machinery or equipment? If YES, state specific information listed below.	Yes	
	No	

a. Description	b. Purchase Price	c. Current Value	d. Amount of Indebtedness	e. Date, if Pledged
1. Furniture and Fixtures (business)	\$	\$	\$	
2. Furniture (household/residence)	\$	\$	\$	
3. Machinery (specify type)	\$	\$	\$	
4. Equipment (specify type)	\$	\$	\$	
Total	\$	\$	\$	

52. STATEMENT OF YOUR INCOME	Per Pay Period	This Year to Date	Last Year Total
a. Gross Income	\$	\$	\$
b. Salaries, Wages, Commissions	\$	\$	\$
c. Dividends	\$	\$	\$
d. Interest	\$	\$	\$
e. Income from business or profession	\$	\$	\$
f. Partnership income	\$	\$	\$
g. Capital Gains or Losses (from Schedule D, Form 1040)	\$	\$	\$
h. Annuities and pensions	\$	\$	\$
I. Rents and royalties	\$	\$	\$
j. Income from estates and trusts	\$	\$	\$
k. Total Gross Income	\$	\$	\$
l. Federal Income Tax Itemized Deductions	\$	\$	\$
m. Contributions	\$	\$	\$
n. Interest Paid	\$	\$	\$
o. Taxes Paid	\$	\$	\$
p. Casualty Losses (by fire, storm, etc.)	\$	\$	\$
q. Bad Debts	\$	\$	\$
r. Depreciation	\$	\$	\$
s. Total Deductions	\$	\$	\$
t. Net Income (loss)	\$	\$	\$
u. Nontaxable income	\$	\$	\$
v. Total Net Income	\$	\$	\$

53. Have you any inheritance, life interest or remainder interest, either vested or contingent, in any trust or estate, or are you a beneficiary of any trust or estate? If YES, please furnish a copy of the instrument creating the trust or estate and also, give the following information.	Yes	
	No	

a. Name of Trust or Estate	b. Present Value of Assets	c. Value of Your Interest	d. Annual Income Received from this Source
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

54. Are you the grantor or donor of any trust, or the trustee or fiduciary for any trust? If YES, please furnish a copy of the instrument creating the trust and give present value of corpus of trust, and any other pertinent information.	Yes	
	No	
a. Trust	b. Value of Trust	

55. Have you any other assets or any interest in assets, either actual or contingent, other than those previously identified here? If YES, please describe each such asset including present value.	Yes	
	No	
a. Description	b. Present Value	

56. Are foreclosure proceedings pending on any real estate which you own or have an interest in?	Yes	
	No	

If YES, please give location of real estate, court caption and case number of foreclosure proceedings.		
a. Court Caption: _____ Location: _____	Case No. _____	
b. Court Caption: _____ Location: _____	Case No. _____	
c. Court Caption: _____ Location: _____	Case No. _____	
Was the Government made a party to any such foreclosure suit? If YES, please describe.	Yes	
	No	

57. Do you have any bankruptcy or receivership proceedings pending? Have you filed any bankruptcy proceeding in the last 7 years? If YES, list court caption and case number of all pending cases.	Yes	
	No	
a. Court Caption: _____ Location: _____	Case No. _____ Date Closed (if applicable) _____	
b. Court Caption: _____ Location: _____	Case No. _____ Date Closed (if applicable) _____	
c. Court Caption: _____ Location: _____	Case No. _____ Date Closed (if applicable) _____	

58. What is the prospect of an increase in value of your assets or your present income? (Please give a general statement.)		

59. Are you a party to any civil lawsuit now pending? If YES, please describe each such lawsuit by court name and case number.	Yes	
	No	
a. Court Caption: _____ Case No. _____ Location: _____		
b. Court Caption: _____ Case No. _____ Location: _____		
c. Court Caption: _____ Case No. _____ Location: _____		

60. Is anyone holding any money or other property of any kind on your behalf or for you?	Yes	
	No	

If YES, please identify each person by name and address and amount of money or other property being held for you.

a. Name	b. Address	c. Amount of Money/or Value of Property Being Held For You.
		\$
		\$
		\$
		\$
		\$

61. Do you receive, or under any circumstances expect to receive, any benefits from a claim for compensation or damages? If YES, please identify in specific detail.	Yes	
	No	

62. Did you file a federal income tax return last year?	Yes		Joint	
	No		Individual	

Please attach complete copies of each federal income tax return you filed for the last three (3) years. Mark yes or no to indicate whether copies of your tax returns are attached as required.	Yes	
	No	
63. Has the IRS audited any of your tax returns?	Yes	
	No	
64. Are your federal taxes current?	Yes	
	No	
65. Do you anticipate receiving or have received within the last six (6) months a tax refund from any entity?	Yes	
	No	

a. If YES, list from whom and the amount of each refund.	b. Amount of Refund
	\$
	\$
	\$

66. CREDIT CARDS: Do you have any credit card, charge account or line of credit?	Yes		
	No		

If yes, please identify each type of account or credit/charge card, the name and address of the issuer, the credit limit, amount owed and the minimum monthly payment.

a. Type of Account or Card	b. Name and Address of Issuer	c. Credit Limit	d. Amount Owed	e. Minimum Monthly Payments

67. OUTSTANDING LOANS: Do you have any outstanding loans payable to banks, finance companies, etc?	Yes		
	No		

If yes, please identify each type of account, the name and address of the issuer, the credit limit, amount owed and the minimum monthly payment.

a. Type of Account	b. Name and Address of Institution	c. Credit Limit	d. Amount Owed	e. Minimum Monthly Payments

68. JUDGMENTS Do you or your spouse have any judgments against you? If YES, specify as stated below.

Yes	
No	

a. Amount of Judgment	b. Full Name of Creditor

69. OTHER ASSETS: Do you own or control any asset or thing of value, including cash or any certificate of deposit or other instrument or account, not previously disclosed with a value in excess of \$300?

Yes	
No	

If yes, please identify each such asset or thing of value and state the worth of each and its present location.

a. Asset	b. Current Value	c. Location

70. PRESENT FINANCIAL NEEDS

In order to help determine your financial needs as well as those of your dependents, provide the following information as to present monthly income and expenses.

EARNINGS/OTHER INCOME					MONTHLY EXPENSES	
	Yours	Spouse	Total			
a. Net salary					a. Home Rent or Mortgage	
b. Overtime					b. Utilities: Electric	
c. Part-time job					Heating Oil/Gas/Wood	
d. Commission					Water/Sewer	
e. Net profit from business					Telephone	
f. Net rental income					Cell Phones	
g. Pension					c. Groceries	
h. Social Security					d. Insurance:	
I. Interest					Auto	
j. Dividends					Health	
k. Alimony/Child support					Life	
l. Income of other dependents					Homeowners/renters	
m. Social Services					e. Minimum installment payments	
n. Food Stamps					f. Transportation	
o. Benefits from the U.S.					g. Medical	
p. Disability Compensation					h. Clothing	
q. Military Pay					i. Alimony	
s. Income from relatives					j. Daycare/Babysitting	
t. Other (lottery winnings, royalties, user fees, tax refunds, etc.)					k. Cable TV/Satellite System	
					l. Tuition (college/private)	
					m. Child Support	
					n. Entertainment	
					o. Personal Care/Hygiene	
					p. Dry Cleaning/Laundromat	
					q. Gifts	
					r. Newspaper/Magazines	
					s. Tobacco	
					t. Internet Access	
					u. Organization/Health Club	
					v. Veterinary Fees	
					w. Charitable contributions	
					x. Other	
					y. Other	
I. TOTAL					z. Other	

*Explain fully here any unusual, recurring monthly expenses you have for yourself or any dependent.

71. Criminal Activity

How long were you engaged in the criminal activity to which you pled guilty?

Did you make any gains or profits from the criminal activity? If no, why not?

Where did you deposit and/or spend the illegal gains and profits? List specifically what property you purchased (i.e., cars, jewelry, guns).

Name the bank(s), account name(s), and account number(s) where illegal gains and profits were deposited and from which they were spent.

Specifically, identify the location of other gains and profits which were made.

How much did you win gambling with your illegal profits?

72. Pursuant to the instructions to this Financial Disclosure Statement, I have attached additional pages to complete this document.

Yes

No

If YES, there are ____ (insert number) of supplemental pages attached to this Financial Disclosure Statement.

C. DECLARATION UNDER PENALTY OF PERJURY - Signature Required

With knowledge of the maximum penalties for false statements provided by Title 18 U.S.C. § 1001 {five (5) years imprisonment and/or a fine of not more than \$250,000} and with the knowledge that this financial disclosure statement is submitted by me to affect action by the United States Department of Justice, I certify that the above responses are all true and correct and represent that this is a complete statement of all my income, assets and liabilities, real and personal, either held in my name or by any others, as well as expenses as of this date.



Date: _____ Signature: _____

74. AUTHORITY TO RELEASE INFORMATION

I hereby authorize the United States Attorney's Office to speak to the following individuals regarding this debt. If this release is not provided, the United States Attorney will not answer questions nor provide any information to any other party in this matter.

a. FULL NAME: _____
(Last) (First) (Middle)



_____ _____
Date Signature

75. AUTHORITY TO OBTAIN CREDIT REPORT

I hereby authorize the United States Attorney's Office to obtain a credit report at any time. I understand that my signature below allows the United States to use a credit report for identifying information as well as for collection of any debt. This permission is given to the United States pursuant to 15 U.S.C. § 1681b. That statute provides authority for a credit reporting agency to furnish my consumer report with my written permission.

NAME: _____
(Last) (First) (Middle)



_____ _____
Date Signature

76. SPOUSE/COMPANION AUTHORITY TO RELEASE INFORMATION

I certify that I am the spouse/companion of the debtor in this case. By signature below, I am granting the United States the permission to **obtain a copy of my credit report to verify financial information and assist in the collection of the debt of this case.**

a. FULL NAME: _____
(Last) (First) (Middle)



b. SIGNATURE. OF SPOUSE/COMPANION _____

c. DATE OF BIRTH _____/_____/_____

d. ADDRESS: _____ STATE _____ ZIP _____

e. SOCIAL SECURITY NO. _____/_____/_____

f. TELEPHONE NUMBER () _____

77. AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

In connection with the financial investigation being conducted by the UNITED STATES ATTORNEY, I hereby authorize any authorized representative or agent of the UNITED STATES ATTORNEY bearing this release, or copy thereof, within five years of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records, including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records, medical records, credit records, financial records, city, state, and federal tax records, returns and supporting documentation; bank records or records of any financial institution or entity; and records maintained by any city, county, state, or federal agency. I hereby direct you to release such information upon request of the bearer.

This release is executed with full knowledge and understanding that the information will be used in connection with the consideration of my liability on a debt claimed by the UNITED STATES and my financial ability to pay said debt and/or to determine what income and assets I may have available to contribute toward restitution, fines and forfeitures of any nature, and that the information will be disseminated only to those individuals or agencies directly involved in this determination or to fulfill other obligations imposed by law, regulation or presidential directive or executive order.

I hereby release you, as the custodian of such records, and school, college, university or other educational institution, financial institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, retail business establishment, or public agency, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

a. FULL NAME: _____
(Last) (First) (Middle)



_____ Date Signature

Return to:

U.S. Attorney's Office
Attn: Financial Litigation Unit
400 North Tampa Street, Suite 3200
Tampa, Florida 33602