

**6 GAR**  
**CH. 4 APPENDICES A THROUGH D**  
**FINANCIAL DISCLOSURE INSTRUCTIONS AND FORMS**

**FINANCIAL DISCLOSURE**  
**INSTRUCTIONS AND FORMS**

**APPENDIX A**  
**FORM FDA INSTRUCTIONS**

**COMPILER NOTE:** Appendix A contains General and Specific Instructions for the accompanying Forms relating to 4 GAR, Chapter 4. The Compiler, pursuant to authority granted by 1 GCA § 1606, moved each specific instruction to the beginning of its applicable form.

**GENERAL INSTRUCTIONS**

(a) Who Must File. Every person who is an “official” during any portion of any calendar year must file a report under the Financial Disclosure Act during the succeeding calendar year. For purposes of this rule, the term “official” means: any person elected to any public office in Guam and any person appointed, with legislative concurrence or by the Guam Legislature, to any public office to include but not limited to:

(1) All elected officials;

(2) Officials appointed by the Governor to boards and Commission whose appointment is subject to the consent of the Guam Legislature, except ex-officio and student members; and

(3) Chief executive officers or by whatever title they may be known, of all agencies and instrumentalities of the Government of Guam whether or not confirmation by the Guam Legislature is required; and

(4) All individuals who are given or delegated sole authority by an elected or appointed official to enter into contracts for procurement or approved change-order. Exempt are classified employees who do administrative processing but do not have discretion on awards.

(b) When to File. Officials must file their reports on or before April 22 of each calendar year for the preceding calendar year. A candidate must file a report on the date he files his or her petition for candidacy.

(c) Where to File. All reports must be filed with the Election Commission located in Suite 200, 2nd Floor GCIC Building, Hagåtña, Guam.

(d) Persons Covered by Report. All reports shall contain the gross income of officials or candidates as well as their spouses and dependent children, if any.

(e) Failure to File. Any official or candidate who fails to file a report required by this Chapter, or who knowingly and willfully files a false report under this Chapter shall be guilty of a misdemeanor. The Guam Election Commission shall report to the Attorney General for appropriate action the name of any official or candidate who fails to file a report required by this Chapter, or who in his professional judgment has knowingly filed a false report. This section shall not be construed to permit prosecution of a person who has unintentionally filed an erroneous report, which report shall be subject to correction.

(f) Additional Information. Questions regarding requirements contained in this Chapter may be directed to the Office of the Election Commission, Suite 200, 2nd Floor GCIC Building, Hagåtña, Guam.

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(g) Particular Source Defined. For purposes of this Act, “particular source” is defined as an individual, including a spouse, dependent children and any entity over which he or she exercises actual or constructive control.

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**APPENDIX B**  
**FORM FDA-1 STATEMENT OF ASSETS AND LIABILITIES**  
**SPECIFIC INSTRUCTIONS**

(a) Assets and liabilities should be shown at both their cost basis and their estimated market value as of the date of the statement where the cost of the item differs from the actual value.

(b) Insert the word “none” in Columns A and B for any items appearing on the form which are not applicable.

(c) If an estimated market value does not differ from the cost, enter the cost basis of the item in Column B.

(d) If an estimated market value does differ from the cost, attach a brief statement regarding the manner in which a market value was determined. For example, “market value of securities obtained from the Wall Street Journal quotes of December 31, 20\_\_\_\_ closing prices,” or, “market value of real estate obtained from appraisal completed by (firm or individual) or from bona-fide offer to purchase from (name) or (date).”

(e) The law does not require inclusion of household furnishing or personal effects, however, they may be shown under “Other Assets” if desired.

(f) Accrued income taxes payable should reflect only that portion which had not been paid at the close of the calendar year.

(g) Deferred income taxes on unrealized asset appreciation should reflect the tax effect applicable to the unrealized gain only.

(h) Schedule 1-A: “Cash.” Cash should include monies in bank accounts of family members covered by this statute including interest, identified by account name, type of account, i.e. “checking”, “savings”, “certificate of deposit”, as well as name of bank or savings institution. The balance shown should be as of the end of the calendar year covered by the report. Cash on hand includes cash in safe deposit boxes as well as in personal possession.

(i) Schedule 1-B: “Receivables.” Receivables should include all accounts, loans and notes receivable owned by any family member covered in this statute identified by name of owner, name of debtor, collateral, if any, and amount owed at the end of the calendar year covered by the report.

(j) Schedule 1-C: “Marketable Securities.” Marketable securities should include descriptions of all securities owned, (i.e. one hundred (100) shares AT&T common), the total cost or basis at date of acquisition and the market value at the end of the calendar year covered by the report.

(k) Schedule 1-D: “Cash Value of Life Insurance.” Cash value of life insurance should include all policies with a cash value owned by or insuring any family member covered in this statute, identified by name of the insured, insurer, amount of policy loan outstanding, if any, and cash value at the end of the calendar year covered by the report, or the policy anniversary date closest thereto.

(l) Schedule 1-E: “Net Assets of Proprietorships.” Net assets of proprietorships should include net assets at both cost and market value at the end of the calendar year covered by the report of all proprietorships owned by any family member covered by this statute, identified by business name and owner.

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(m) Schedule 1-F: “Interest in Net Assets of Corporations, Partnerships and Joint Ventures.” Interest in net assets of corporations, partnerships and joint ventures, should include interest owned by any family member covered by this statute in any corporation, partnership or joint venture, at both cost and market value as of the end of the calendar year covered in this report, identified by business name, type of business entity, i.e., corporation, partnership, joint venture, small business, etc., name of owner and percent owned.

(n) Schedule 1-G: “Investment in Real Estate.” Investment in real estate should include all real estate at both cost and market values owned by any family member covered by this statute at the end of the calendar year covered by the report, identified by description, (i.e., ten (10) unit apartment building, Yona, Guam, or five thousand (5,000) square meters agricultural land, Yigo, Guam, etc.), owner of property and percent owned.

(o) Schedule 1-H: “Present Value of Future Interests.” Present value of any future interest should include interest owned by any family member covered by this statute at the end of the calendar year covered by the report, identified by description, (i.e., vested interest in pension plans, interest in annuities, estates or trusts, etc.)

(p) Schedule 1-I: “Other Assets.” Other assets should include all assets, except household furnishings and personal effects, owned by any family member covered by this statute at the end of the calendar year covered by this report which has not been included in any of the above categories. Values should be shown at cost and market value if they differ.

(q) Schedule 1-J: “Accounts Payable and Accrued Expenses.” Accounts payable and accrued expenses should include all open accounts and accrued expenses in excess of five thousand dollars (\$5,000.00) each as unpaid interest owned by any family member covered by this statute at the end of the calendar year covered by the report, identified by payee, payer, type of obligation and amount.

(r) Schedule 1-K: “Notes Payable-Unsecured.” Notes payable-unsecured should include all unsecured notes in excess of five thousand dollars (\$5,000.00) each made by a family member covered by this statute which are unpaid at the end of the calendar year covered by the report, identified by holder, maker, interest rate, due date and balance owed.

(s) Schedule 1-L: “Notes Payable-Secured.” Notes payable-secured should include all secured notes in excess of five thousand dollars (\$5,000.00) each made by any family member covered by this statute which are unpaid at the end of the calendar year covered by this report, identified by holder, maker, collateral, interest rate, due date and balance owed.

(t) Schedule 1-M: “Other Liabilities.” Other liabilities should include liabilities in excess of five thousand dollars (\$5,000.00) each of any family member covered by this statute at the end of the calendar year covered by the report which have not been included in any of the above categories. These should be identified by payee, payer, type of obligation and amount owed. Obligations of less than five thousand dollars (\$5,000.00) each may be entered on the bottom line in total, without specific identification.

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**FINANCIAL DISCLOSURE INSTRUCTIONS AND FORMS**



**GUAM ELECTION COMMISSION**  
 Kumision Ileksion Guåhan  
 P.O. Box BG • Hagåtña, Guam 96932



FORM FDA-1 (10/83)  
 GUAM  
 FINANCIAL DISCLOSURE ACT  
 TITLE IV, CHAPTER 13  
 GUAM CODE ANNOTATED

NAME: \_\_\_\_\_  
 MAILING: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE #: \_\_\_\_\_  
 TITLE: \_\_\_\_\_

**STATEMENT OF ASSETS AND LIABILITIES**

As of \_\_\_\_\_

		<u>Column A</u>	<u>Column B</u>
<b>ASSETS:</b>	<u>Schedule</u>	<u>Cost Basis</u>	<u>Estimated Value Basis</u>
Cash	1-A	\$ _____	\$ _____
Receivables	1-B	_____	_____
Marketable Securities	1-C	_____	_____
Cash Value of Life Insurance	1-D	_____	_____
Net Assets of Proprietorships	1-E	_____	_____
Interest in Net Assets of Corporations, Partnerships, Joint-Ventures Residence	1-F	_____	_____
Investment in Real Estate	1-G	_____	_____
Present Value of Future Interests	1-H	_____	_____
Other Assets	1-I	_____	_____
<b>TOTAL ASSETS</b>		<b>\$ _____</b>	<b>\$ _____</b>
<b>LIABILITIES:</b>			
Accounts Payable and Accrued Expenses	1-J	\$ _____	\$ _____
Notes Payable-Unsecured	1-K	_____	_____
Notes Payable-Secured	1-L	_____	_____
Accrued Income Taxes Payable		_____	_____
Deferred Income Taxes on Unrealized Asset Appreciation		_____	_____
Other Liabilities	1-M	_____	_____
<b>TOTAL LIABILITIES</b>		<b>\$ _____</b>	<b>\$ _____</b>
<b>EXCESS OF ASSETS OVER LIABILITIES</b>		<b>\$ _____</b>	<b>\$ _____</b>

Under penalties of perjury, I declare the above Statement of Assets and Liabilities and accompanying schedules are stated accurately and include all income from all sources for the year indicated for myself, my spouse and my dependents.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

Appendix I

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**CH. 4 APPENDICES A THROUGH D**  
**FINANCIAL DISCLOSURE INSTRUCTIONS AND FORMS**

FORM FDA-1 (10/83)  
 GUAM  
 FINANCIAL DISCLOSURE ACT  
 TITLE IV, CHAPTER 13  
 GUAM CODE ANNOTATED

NAME: \_\_\_\_\_

PERIOD ENDING: \_\_\_\_\_

**SCHEDULE 1-A - CASH**

Account Name	Type	Bank	Balance
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL CASH IN BANKS</b>			\$ _____
<b>CASH ON HAND</b>			\$ _____
<b>TOTAL CASH</b>			\$ _____

**SCHEDULE 1-B - RECEIVABLES**

Owner	Name of Debtor	Collateral	Balance
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL RECEIVABLES</b>			\$ _____

**SCHEDULE 1-C - MARKETABLE SECURITIES**

Description	Cost	Estimated Value
_____	\$ _____	\$ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL MARKETABLE SECURITIES</b>		\$ _____

**SCHEDULE 1-D - CASH VALUE OF LIFE INSURANCE**

Insured	Insurer	Policy Loan	Cash Value
_____	_____	\$ _____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL CASH VALUE OF LIFE INSURANCE</b>		\$ _____	\$ _____

(Use plain continuation sheet(s) if necessary)

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FORM FDA-1 (10/83)  
 GUAM

NAME: \_\_\_\_\_

FINANCIAL DISCLOSURE ACT  
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PERIOD ENDING: \_\_\_\_\_

**SCHEDULE 1-E - NET ASSETS OF PROPRIETORSHIPS**

Business Name	Owner	Net Assets	
		Cost	Estimated Value
_____	_____	\$ -	\$ -
_____	_____	-	-
_____	_____	-	-
_____	_____	-	-
<b>TOTAL NET ASSETS OF PROPRIETORSHIPS</b>		\$ -	\$ -

**SCHEDULE 1-F - INTEREST IN NET ASSETS OF CORPORATIONS, PARTNERSHIPS AND JOINT VENTURES**

Business Name	Type	Owner of Share	Percent Owned	Net Asset Value of Percent Owned	
				Cost	Estimated Value
_____	_____	_____	_____	\$ -	\$ -
_____	_____	_____	_____	-	-
_____	_____	_____	_____	-	-
_____	_____	_____	_____	-	-
<b>TOTAL INTEREST IN NET ASSETS OF CORPORATIONS, PARTNERSHIPS AND JOINT-VENTURE</b>				\$ -	\$ -

**SCHEDULE 1-G - INVESTMENT IN REAL ESTATE**

Description	Owner	Percent Owned	Cost	Estimated Value
_____	_____	_____	\$ -	\$ -
_____	_____	_____	-	-
_____	_____	_____	-	-
_____	_____	_____	-	-
_____	_____	_____	-	-
<b>TOTAL INVESTMENT IN REAL ESTATE</b>			\$ -	\$ -

**SCHEDULE 1-H - PRESENT VALUE OF FUTURE INTERESTS**

Description	Owner	Present Value
_____	_____	\$ -
_____	_____	-
_____	_____	-
<b>TOTAL PRESENT VALUE OF FUTURE INTERESTS</b>		\$ -

(Use plain continuation sheet(s) if necessary)

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NAME: \_\_\_\_\_

PERIOD ENDING: \_\_\_\_\_

**SCHEDULE 1-I - OTHER ASSETS**

Description	Owner	Cost	Estimated Value
_____	_____	\$ -	\$ -
_____	_____	-	-
_____	_____	-	-
_____	_____	-	-
<b>TOTAL OTHER ASSETS</b>		\$ -	\$ -

**SCHEDULE 1-J - ACCOUNTS PAYABLE AND ACCRUED EXPENSES**

Payable To	Maker	Type of Debt	Amount
_____	_____	_____	\$ -
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
<b>TOTAL ACCOUNTS PAYABLE AND ACCRUED EXPENSES</b>			\$ -

**SCHEDULE 1-K - NOTES PAYABLE - UNSECURED**

Payable To	Maker	Interest Rate	Due Date	Amount
_____	_____	_____	_____	\$ -
_____	_____	_____	_____	-
_____	_____	_____	_____	-
<b>TOTAL NOTES PAYABLE - UNSECURED</b>				\$ -

**SCHEDULE 1-L - NOTES PAYABLE - SECURED**

Payable To	Maker	Collateral	Interest Rate	Due Date	Amount
_____	_____	_____	_____	_____	\$ -
_____	_____	_____	_____	_____	-
_____	_____	_____	_____	_____	-
_____	_____	_____	_____	_____	-
<b>TOTAL NOTES PAYABLE - SECURED</b>					\$ -

**SCHEDULE 1-M - OTHER LIABILITIES**

Payable To	Maker	Type of Debt	Amount
_____	_____	_____	\$ -
_____	_____	_____	-
_____	_____	_____	-
<b>TOTAL OTHERS - LESS THAN \$5,000.00 EACH</b>			-
<b>TOTAL OTHER LIABILITIES</b>			\$ -

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**APPENDIX C**

**FORM FDA-2 STATEMENT OF INCOME**

**SPECIFIC INSTRUCTIONS**

(a) “Statement of Income.” Statement of income should include income from all sources for the entire calendar year for which the report is filed, for all family members covered by this statute.

(b) Schedule 2-A: “Wages, Salaries and Other Employee Compensation.” This should include all wages, salaries and other employee compensation such as bonuses, etc. for all family members covered by this statute earned or paid during the calendar year covered by the report, identified as to payee, nature and source of income and amount.

(c) Schedule 2-B: “Fees, Commissions, Honorariums, Etc.” It should include all fees, Commissions, honorariums, etc. received by any family member covered by this statute during the calendar year covered by this report, identified by recipient, nature and source of income and amount. If paid in goods or services rather than money, the appraised value thereof should be shown.

(d) Schedule 2-C: “Interest, Dividends and Royalties.” Interest, dividends and royalties received should include any family member covered by this statute during the calendar year covered by the report, identified by recipient, type of income and source and amount.

(e) Schedule 2-D: “Gross Rentals.” Gross rentals should include rental amounts from all real and personal property received by any family member covered by this statute during the calendar year covered by the report, identified by recipient, type of income and source and amount.

(f) Schedule 2-E: “Income from Business Interests.” Income from business interests should include shares of income from all partnerships, joint-ventures, etc. received by or accruing to any family member covered by this statute during the calendar year covered by the report, identified by recipient, type of business, name of business and amount.

(g) Schedule 2-F: “Gains (Losses) from Sale or Exchange of Real Property.” Gains and losses resulting from the sale or exchange of real property should include any family member covered by this statute during the calendar year covered by the report, detailing seller, purchaser, description of property, cost or basis, selling price and gain or loss.

(h) Schedule 2-G: “Income from Estates and Trusts.” Income from estates and trusts should include all income received by or accruing to any family member covered by this statute during the calendar year covered by the report, identified by beneficiary, name of estate or trust, nature of beneficiary's interest and amount.

(i) Schedule 2-H: “Income from Gifts.” Income from gifts should include all gifts to the official or candidate, whose aggregate value exceeds one hundred dollars (\$100.00) from a particular source during the calendar year covered by the report. All gifts made jointly to the official or candidate and spouse or dependent children, or gifts made to spouse or dependent children whose aggregate value exceeds five hundred dollars (\$500.00) from a particular source during the calendar year covered by report must also be included. All gifts included above should be identified by donee, donor, nature of gift and amount. In the case of gifts other than money, the fair market value of same should be shown.

(j) Schedule 2-I: “Income from Forgiveness of Indebtedness.” Income resulting from the forgiveness of any indebtedness should include any family member covered by this statute during the

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calendar year covered by the report, identified by donee, donor, nature of indebtedness and amount forgiven.

(k) Schedule 2-J: "Other Income." Other income should include income from all sources not included in the above categories received by or accruing to any family member covered by this statute during the calendar year covered by this report, identified by recipient, nature and source of income and amount.

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**FORM FDA-2 (10/83)**  
**GUAM**  
**FINANCIAL DISCLOSURE ACT**  
**TITLE IV, CHAPTER 13**  
**GUAM CODE ANNOTATED**

**NAME:** \_\_\_\_\_  
**MAILING** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_  
**TITLE:** \_\_\_\_\_

**STATEMENT OF INCOME**

For the Year Ended \_\_\_\_\_

	<u>Schedule</u>	<u>Amount</u>
Wages, Salaries and Other Employee Compensation	2-A	\$ _____ -
Fees, Commissions, Honorariums, etc.	2-B	_____ -
Interest, Dividends and Royalties	2-C	_____ -
Gross Rentals	2-D	_____ -
Income from Business Interests	2-E	_____ -
Gains (Losses) from Sale or Exchange of Real Property	2-F	_____ -
Income from Estates and Trusts	2-G	_____ -
Income from Gifts	2-H	_____ -
Income from Forgiveness of Indebtedness	2-I	_____ -
Other Income	2-J	_____ -
<b>TOTAL INCOME</b>		<b>\$ _____ -</b>

Under the penalties of perjury, I declare the above Statement of Income and accompanying schedules are stated accurately and include all income from all sources for the year indicated for myself, my spouse and dependent children.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

**Appendix II**

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FORM FDA-2 (10/83)

NAME: \_\_\_\_\_

GUAM

FINANCIAL DISCLOSURE ACT

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TITLE IV, CHAPTER 13

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**SCHEDULE 2-A - WAGES, SALARIES AND OTHER EMPLOYEE COMPENSATION**

Paid To	Nature And Source of Income	Amount
_____	_____	\$ -
_____	_____	-
_____	_____	-
_____	_____	-
<b>TOTAL WAGES, SALARIES AND OTHER EMPLOYEE COMPENSATION</b>		<b>\$ -</b>

**SCHEDULE 2-B - FEES, COMMISSIONS, HONORARIUMS, ETC.**

Paid To	Nature And Source of Income	Amount
_____	_____	\$ -
_____	_____	-
_____	_____	-
_____	_____	-
<b>TOTAL FEES, COMMISSIONS, HONORARIUMS, ETC.</b>		<b>\$ -</b>

**SCHEDULE 2-C - INTEREST, DIVIDENDS AND ROYALTIES**

Paid To	Type of Income	Source	Amount
_____	_____	_____	\$ -
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
<b>TOTAL INTEREST, DIVIDENDS AND ROYALTIES</b>			<b>\$ -</b>

**SCHEDULE 2-D - GROSS RENTALS**

Paid To	Description and Location of Property	Amount
_____	_____	\$ -
_____	_____	-
_____	_____	-
_____	_____	-
<b>TOTAL GROSS RENTALS</b>		<b>\$ -</b>

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NAME: \_\_\_\_\_

PERIOD ENDING: \_\_\_\_\_

**SCHEDULE 2-E - INCOME FROM BUSINESS INTERESTS**

Paid To	Type of Business	Name of Business	Amount
_____	_____	_____	\$ -
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
<b>TOTAL INCOME FROM BUSINESS INTERESTS</b>			\$ -

**SCHEDULE 2-F - GAINS (LOSSES) FROM SALE OR EXCHANGE OF REAL PROPERTY**

Seller	Purchaser	Property	Cost or Basis	Selling Price	Gain (Loss)
_____	_____	_____	\$ _____	\$ _____	\$ -
_____	_____	_____	_____	_____	-
_____	_____	_____	_____	_____	-
_____	_____	_____	_____	_____	-
<b>TOTAL GAINS (LOSSES) FROM SALE OR EXCHANGE OF REAL PROPERTY</b>					\$ -

**SCHEDULE 2-G - INCOME FROM ESTATES AND TRUSTS**

Beneficiary	Name of Estate or Trust	Nature of Interests	Amount
_____	_____	_____	\$ -
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
<b>TOTAL INCOME FROM ESTATES AND TRUSTS</b>			\$ -

**SCHEDULE 2-H - INCOME FROM GIFTS**

Donee	Donor	Nature of Gifts	Amount
_____	_____	_____	\$ -
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
<b>TOTAL INCOME FROM GIFTS</b>			\$ -

(Use plain continuation sheet(s) if necessary)

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FORM FDA-2 (10/83)  
 GUAM  
 FINANCIAL DISCLOSURE ACT  
 TITLE IV, CHAPTER 13  
 GUAM CODE ANNOTATED

NAME: \_\_\_\_\_

PERIOD ENDING: \_\_\_\_\_

**SCHEDULE 2-I - INCOME FROM FORGIVENESS OF INDEBTEDNESS**

Donee	Donor	Nature of Indebtedness	Amount
_____	_____	_____	\$ -
_____	_____	_____	-
_____	_____	_____	-
_____	_____	_____	-
<b>TOTAL INCOME FROM FORGIVENESS OF INDEBTEDNESS</b>			<b>\$ -</b>

**SCHEDULE 2-J - OTHER INCOME**

Paid To	Nature and Source of Income	Amount
_____	_____	\$ -
_____	_____	-
_____	_____	-
_____	_____	-
<b>TOTAL OTHER INCOME</b>		<b>\$ -</b>

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**APPENDIX D**

**FORM FDA-3 STATEMENT OF RECEIPTS AND DISBURSEMENTS**

**SPECIFIC INSTRUCTIONS**

- (a) Statement of receipts and disbursements should include beginning cash balance, total receipts for the year, total disbursements for the year and the ending cash balance for any fund or funds established by or on behalf of an official or candidate to assist him or her in defraying expenses which may be incurred by reason of his or her being an official or candidate.
- (b) Schedule 3-A: "Receipts." Receipts should list all funds reported on FORM FDA-3 during the calendar year covered by this report, showing name and address of donor and amount.
- (c) Schedule 3-B: "Disbursements." Disbursements should list all funds reported on FORM FDA-3 during the calendar year covered by this report, showing payee, reason for payment and amount.

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FORM FDA-3 (10/83)  
GUAM  
FINANCIAL DISCLOSURE ACT  
TITLE IV, CHAPTER 13  
GUAM CODE ANNOTATED

NAME: \_\_\_\_\_  
MAILING \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
TITLE: \_\_\_\_\_

**STATEMENT OF RECEIPTS AND DISBURSEMENTS**  
**For the Year Ended \_\_\_\_\_**

CASH ON HAND - January 1	\$ _____	-
ADD:     Receipts for Year - Schedule 3-A	_____	-
Sub-Total	\$ _____	-
DEDUCT:   Disbursement for Year - Schedule 3-B	_____	-
CASH ON HAND - December 31	\$ _____	-

Under penalties of perjury, I declare the above Statement of Receipts and Disbursements and accompanying schedules are stated accurately and include all receipts and disbursements of the above-named fund for the year indicated.

**SIGNED:** \_\_\_\_\_

**DATED:** \_\_\_\_\_

Appendix III



