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5 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

P			
Date of Appointment, Candidacy, Election, or Nomination (<i>Month, Day, Year</i>)	Status Covered by Report Non	Entrant, inee, or didate	Any individual who is required to file this report and does so more than 30 days
	Last Name	First Name and Middle Initial	after the date the report is required to be filed, or, if an extension is granted, more
Reporting Individual's Name	1	than 30 days after the last day of the	
individual's Name	LA Roucher	filing extension period, shall be subject	
······	Title of Position	to a \$200 fee.	
Position for Which		Department or Agency (If Applicable)	
Filing	President of Hellnikel States		Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office			where you must also include the filing
(or forwarding address)	18520 Rown XTopLn, Kound Hill	UA20141 (703)777-9451	year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held		Schedule D is not applicable.
Government During the Preceding			Termination Filers: The reporting
12 Months (If Not Same as Above)	None		period begins at the end of the period
	pone		covered by your previous filing and ends
	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust?	at the date of termination. Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation			Schedule D is not applicable.
to senate contribution	D	Yes No	Nominees, New Entrants and
			Candidates for President and Vice President:
Certification	Signature of Reporting Individual	Date (Month, Day, Year)	vice Fresident:
I CERTIFY that the statements I have made on this form and all attached			Schedule AThe reporting period
schedules are true, complete and correct		april M, 2001	for income (BLOCK C) is the preceding
to the best of my knowledge.	Mondon H. La Kruhe M	Cipil Fi ace	calendar year and the current calendar year up to the date of filing. Value assets
	Signature of Other Reviewer	Date (Month, Day, Year)	as of any date you choose that is within
Other Review (If desired by			31 days of the date of filing.
agency)	U .		Schedule BNot applicable.
	· ·		Schedule Britte applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Of	Ficial Data (Marthe Data Year)	Schedule C, Part I (Liabilities)The
	Signature of Designated Agency Etincs Official Reviewing Of	ficial Date (Month, Day, Year)	reporting period is the preceding calendar year and the current calendar year up to
On the basis of information contained in this report, I conclude that the filer is in compliance		Actul	any date you choose that is within 31 days
with applicable laws and regulations (subject to		01/101	of the date of filing.
any comments in the box below).	CARS-	-/0/	
Office of Government Ethics	Signature /	Date (Month, Day, Year)	Schedule C, Part II (Agreements or Arrangements)-Show any agreements or
			arrangements as of the date of filing.
19 1401 Use Only	Any Coushele	5116/01	-
		<u></u>	Schedule D The reporting period is
	If additional space is required, use the reverse side of this sh		the preceding t wo calendar years and the current calendar year up to the date
* Additional information on :	Schedule A pourded by Kathy Magraw to FEC on St	s/01.	of filing.
the ner information provided	by ethics offices by FEC. 151 Check box if filing exter	ision granted & indicate number of days)	
an for the	by ethics officies at fee, is (check box if filing exter S/H/Q.		
	• -		Agency Use Only
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Reviewed for App	arent Compliance was a set of the		OGE Use Only
with the Federal Elec	tion Compaign A of h015514(0)	box if comments are continued on the reverse side)	MAY LL OCOL
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Reporting Individual's Name Lyndon H. LARuche, Tr																Paş	Page Number																
Lynac	A IT. LIFICALLE, J7															<u> </u>	· · · · · · · · · · · · · · · · · · ·																
	Assets and Income		Valuation of Assets at close of reporting period											In	ICO	me ced	e: ty	pe	an	d a	mo	uni	t. If	"N ede	lon d i	e ((n B	or l	ess k C	than \$201 for that its)" is em			
	1		at close of reporting period											checked, no other entry is needed in Bloo											100	N C							
	BLOCK A		5 <u>9</u> 1	т	— —		.OCK	: B		<u> </u>	·			·	r r	_		BLOCK C Amount															
For you, y report ea	your spouse, and dependent child ch asset held for investment or									i						ŀ		Tyj I	pe T							4 	<u>\m</u>	ou	nt	 i			
value exce	on of income which had a fair ma eeding \$1,000 at the close of the rep d, or which generated more than \$	port-	3							0	8	80		Ъ																Q			
in income	during the reporting period, toge	ther	\$1,001)			8	8	000		0,00	00,00	000		nt Fi							\$201)						0	000		0,0		Other Income	Date (<i>Mo., Day</i> ,
For yours	elf, also report the source and ac			38	00,0	0.0	0,0	8	ð	5,00	25,0	\$50,	80	tme				lties			han		0	。	8	8),00	000,	ğ	5,00	8	(Specify Type &	Yr.)
amount of than from	f earned income exceeding \$200 (o the U.S. Government). For your spo	ther ouse,	Less that	\$50.000		- \$250,000	- \$5(- 51,	0,00	1-\$	1 - \$	- 10	000	nves	lrus	Irus		loya		ins	ess t	000	2,50	5,00	15,0	\$50,	- \$100,000	- \$1,)0 , 0(1-\$) Ö	Áctual Amount)	Only if Honoraria
income of	e source but not the amount of eau f more than \$1,000 (except report nount of any honoraria over \$20	t the		91.1	1.1		<u></u>	100	\$1,0	0,00	0,0	0,0	\$50,0	ted I	ted	led ,	ъ	Ipu	t,	al Ga	(or]	- S1,	1 - \$	1 - S	- S	ä	01 -	001	\$1,000,000*	0,00	\$5,000,000		
your spou			None (or less than	\$15,001	\$50,001	\$100,001	\$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than	201	\$1,001 - \$2,500	2,50	5,00	\$15,001 - \$50,000	\$50,001	\$100,001 - \$1,000,000	Over \$	\$1,000,001 - \$5,000,000	Over §		
None			ž e	- - -	-	6	S I	~ ~	<u> </u>	ŝ	Ś	÷3	Ò	а П		ð	Â	Ř	<u> </u>	Ü	Ż	ŝ	\$	÷.	ŝ	ŝ	ŝ	\$	Ó	\$	Ó		
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Examples	Doe Jones & Smith, Hometown, State			_ ×	_ '		┉╏	-+	_							_	$\left - \right $		_					_								Income \$130,000	
	Kempstone Equity Fund			┥╾	- '	<u> </u>	┝╾╽		-		┝╶┥			<u>×</u>		_								<u>×</u>		_	_		┝╶┨		┝┥		
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	category applies only if the asset/in- ne filer with the spouse or dependen																	asse	t∕in	ncon	ie is	eith	ier t	hat	of th	ne fi	ler o	or jo	intly	y he	id		

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U.S. Office of Government Ethics

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Reporting Individual's Name	SCHEDULE A continued											Pag																			
LARouche, Lyndon H. JR		(Use only if needed)														QА															
Assets and Income		Valuation of Assets at close of reporting period									·		Income: type and amount. If "None (or checked, no other entry is needed in Blo									or l lloc	ess k C	than \$20 for that)1)" is item.						
BLOCK A					BLC)CK I	B								BLOCK C												:				
		\square													1	Ту	pe		Amount .												
	None (or less than \$1,001)			\$50,001 - \$100,000 \$100.001 - \$250.000	\$250.001 - \$500.000	000'000'1\$-100'00\$	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	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties	Interest	Capital Gains	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
US Treasury Notes			r									2							~												
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* This category applies only if the asset/incon by the filer with the spouse or dependent cl	ie is so iildrei	olely 1, ma	that ark th	of the	e file Ier h	r's sj ighei	pous r cat	se or egor	dep ies c	end of va	lent alue,	chil as a	ldrer appr	n. If ropr	the iate.	asse	et/in	соп	ne is	eith	ier t	hat o	of th	ne fi	ler (or jo	intly	y he	ld		<u>,</u>

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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

	Reporting Individual's Name Lyndon H LA Raudie, TR Page Number 3															
]	Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	Non	e 🔲								<u>I</u>				
6	children during the reporting period of	Tr	ansact Type (:	tion												
f	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.					Date (Mo., Day, Yr.)	001-	- 100.0	0.000	\$250,000 \$250,001 - \$500,000	00,001 - 000,000	r 000,000*	000,000 - 000,000	000,001 - 5,000,000	- 000,000	Over \$50,000,000 Certificate of divestiture
	Identii	ication of Assets	Purchase	Sale	Exchange		\$15 \$15	\$15 \$50	SIC SIC	\$25 \$25	\$5(\$1,	0ve \$1,(\$1, \$5,	\$5,	\$25 \$50	28 P.5
	Example Central Airlines Common		x			2/1/99			x							
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	Part II: Gifts, Reimbursements, and Travel Expenses For you, your spouse and dependent children, report the source, a brief descrip- tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260, and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by														at ne	
	Source (Name and Address)		В	rief D	escri	ption									Va	lue
	Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to natio	nal conf	erence	e 6/15	5/99 (persona	l activi	ity unr	lated	to duty)				\$5	00
Ļ	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													\$3	00
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	Individual's Name Lon H LARauche, JR	S	CHEDULE C													
Part Report li	I: Liabilities abilities over \$10,000 owed	a mortgage on your personal residence None Category of Amount or Value ()											1100 (V)			
during th your spo Check th	ne creditor at any time he reporting period by you, buse, or dependent children. he highest amount owed he reporting period. Exclude	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	0,001 - 5,000	\$15,001 - \$50,000					Over \$1,000,000*			\$25,000,001 - \$50,000,000	Over
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1 \$1	\$1 \$5	\$5 \$1	\$1 \$2	\$2 \$5	\$5 \$1	\$1 S	\$1 \$5	\$5	\$2	ð
Examples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			×								Ē
	John Jones, 123 J St., Washington, DC	Promissory note	1999	10%	on demand					x						
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Part Report ye	II: Agreements or arrangements	s for: (1) continuing participation in an	of abser	ice; and (4) future e	emplo	ymen	nt. See	insti	ructio	ons re		ng th	e rep	ort-	-
tion of p	e benefit plan (e.g. pension, 401 ayment by a former employer (i	k, deferred compensation); (2) continua- ncluding severance payments); (3) leaves	ing of n	egotiatio	ns for any	of the	se ari	range	ment	s or t	benefi	ts.	-	-]	None	
	Status and Te	rms of any Agreement or Arrangement							Partie	s						ł
Example	Pursuant to partnership agreement, calculated on service performed thro	will receive lump sum payment of capital account & prough 1/00.	artnership sh	are	Doe Jones	& Smit	h, Hom	netown	, State					<u></u>	7	/
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R	Reporting Individual's Name	1				Page Number	*****
	-		SCHEDULE 1	D			
F	Lyndon H LA Rouche Tr			<u> </u>	<u> </u>		ļ
F	Part I: Positions Held	Autoida II S. Cova		<u></u>		<u></u>	
	eport any positions held during the ag			r educational i	institution. Exclude positions	with religiou	e
sa	ated or not. Positions include but are r	not limited to those of an officer,	director, social, fraternal	l, or political e	entities and those solely of an l	honorary	2,
tr	rustee, general partner, proprietor, rep	epresentative, employee, or consul	ltant of nature.			-	None
a.	ny corporation, firm, partnership, or o Organization (Name		non-profit Type of Organization	lon l	Position Held	From (Mo., Yr.)	اسط
	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	ion	President	6/92	Present
Ex	Doe Jones & Smith, Hometown, State		Law firm		Partner	7/85	1/00
1	EIR News Service,		·	· . i		1,	
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F	Part II: Compensation	n in Excess of \$5 0	On Daid by One S	Cource	Do not complete this	part if you	are an
	-	•	•		Incumbent, Terminat	ion Filer, o	r Vice
b	Report sources of more than \$5,000 co pusiness affiliation for services provide	led directly by you during any one	e year of you directly pro		Presidential or Presid	lential Cano	didate.
tł	he reporting period. This includes the	e names of clients and customers of	of any services genera	ating a fee or p	bayment of more than \$5,000.		
Ľ	corporation, firm, partnership, or othe	er business enterprise, or any othe	er need not report	t the U.S. Gove	ernment as a source.	N	None 🗌 .
L	Source (Name an	nd Address)		Brief	f Description of Duties		
E	ixamples Doe Jones & Smith, Hometown, State		Legal services	,			
Ļ	Metro University (client of Doe Jones & S		Legal services in connection with	university constru	ction		
1	EIR News Service	1, Inc		120			
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