

## UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name <b>Angle</b>	First Name and Middle Initial <b>Wendell Wayne</b>	New Employee Report Date of Employment (mm/dd/yyyy):	Senate Office / Agency in Which Employed
Service/Candidate Office Address (Number, Street, City, State, and ZIP)	Service/Candidate Office Telephone No.	Candidate Report Commencement of Candidacy (mm/dd/yyyy):	State in which you are a candidate
<b>P.O. Box 33058 Reno NV 89533</b>	<b>(775) 787-6017</b>	<b>03/10/2010</b>	<b>Nevada</b>

### AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have earned income (e.g., salaries or fees) or non-investing income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	Did you hold any reportable positions during the reporting period? If Yes, Complete and Attach PART VIII.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete and Attach PART IIIA and/or IIIB.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Did you have any reportable agreement or arrangement with an outside entity on the filing date? If Yes, Complete and Attach PART IX.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Did you receive compensation of more than \$5,000 from a single source in the two prior years? If Yes, Complete and Attach PART X.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Each question must be answered and the appropriate PART attached for each "YES" response.**

**File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.**

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 4, 104, and 18 U.S.C. 1001.)

Certification I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.	Signature of Reporting Individual Date (Month, Day, Year) <div style="text-align: center;"><b>5/10/2010</b></div>
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For Official Use Only - Do Not Write Below This Line Signature of Reviewing Official	Date (Month, Day, Year) <div style="text-align: center;"><b>PM 3-19</b></div>
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FOR OFFICIAL USE ONLY  
 Do Not Write Below This Line  
**10 MAY 19 PM 3-19**  
 RECEIVED  
 SECRETARY OF THE SENATE

It is the Opinion of the reviewer that the statements made in this form are in compliance with the Ethics in Government Act.

Reporting Individual's Name  
*Theodore J. Angle*

**PART II. EARNED AND NON-INVESTMENT INCOME**

Page Number  
*2*

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse. (See p. 3, CONTENTS OF REPORTS Part B of Instructions.) Do not report income from employment by the U.S. Government for you or your spouse.

**Individuals not covered by the Honorary Ban:**

For you and for 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.

Line Number	Name of Income Source	Address (City, State)		Type of Income	Amount
		Example	Example		
1	Office of Personnel Management (Spouse), KATRONA, VA	Wash, DC	Example	Salary	Example \$15,000
2	ZIF Data Solutions (Spouse)	Arlington, VA	Example	Salary	Over \$1,000
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					



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Mason City 3040  
Cardlets for U.S. Senate  
P O Box 33058  
Reno NV 89533

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Secretary of the Senate  
Office of Public Records  
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Washington DC 20510