

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

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|---|--|--|--|
| Last Name | First Name and Middle Initial | Annual Report Calendar Year Covered by Report: | Senate Office / Agency in Which Employed |
| Leahy | Patrick J. | 2006 | United States Senate |
| Senate Office Address (Number, Street, City, State, and ZIP Code) | Senate Office Telephone Number (Include Area Code) | Termination Report Termination Date (mm/dd/yy): | Prior Office / Agency in Which Employed |
| SR-433, Washington, DC 20510 | 202-224-4242 | | |

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

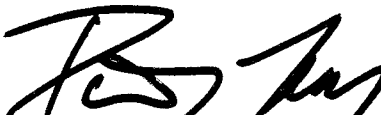
| | YES | NO | | YES | NO |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, Complete and Attach PART I. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> | <input 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, 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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. | <input type="checkbox"/> | <input 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. 6, 104, and 18 U.S.C. 1001.)

**FOR OFFICIAL USE ONLY
Do Not Write Below this Line**

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| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
| 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. |  | 5/15/2007 |
| For Official Use Only - Do Not Write Below This Line | | |
| 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. | Signature of Reviewing Official | Date (Month, Day, Year) |
| | ALP | |

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PART II. EARNED AND NON-INVESTMENT INCOME

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 Honoraria Ban:

For 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 (City, State) | | Type of Income | Amount |
|-----------------------|------------------------------|-----------------------|---------|----------------|-------------------------|
| Example: | JP Computers | Wash., DC | Example | Salary | Example \$15,000 |
| | MCI (Spouse) | Arlington, VA | Example | Salary | Example Over \$1,000 |
| 1 | Student Achievement (spouse) | Washington, DC | | Consultant Fee | |
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Report 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 p.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 threshold. "Gift" is defined in the Instructions.

Exclude: (1) Bequests and other forms of inheritance; (2) Political campaign contributions; (3) Communications to your offices including subscriptions to newspapers and periodicals; (4) Consumable products provided by home state businesses to your offices, if those products are intended for consumption by 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 her relationship to you; (7) Gifts from relatives; (8) Personal hospitality of any individual (see instructions); (9) meals and beverages unless consumed in connection with a gift of overnight lodging; and (10) Food, lodging, transportation, and entertainment provided by a foreign government within a foreign country, or by federal, state, D.C., or local governments.

| Name of Income Source | | Address of Source | Dates and Brief Description | Gift Value |
|-----------------------|-------------------|-------------------|--|------------|
| Example: | Mr. John Q. Smith | Anytown, VA | Example August 12, 200X, Silver platter - Ethics Committee waiver granted | \$400 |
| 1 | Park B. Smith | New York, NY | April 2006, case of French wine - Ethics Committee waiver granted based on my personal friendship with Mr. Smith | \$433.88 |
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Note: The Senate Gift Rule prohibits most gifts in excess of \$49.99.

PART VI. REIMBURSEMENTS

Report necessary travel related expenses from each source aggregating more than \$305 in value during the reporting period received by you, your spouse and/or dependent child in connection with your provision of services at a speaking engagement, fact-finding event, or other event (personal campaign, or otherwise). Disclosure is required regardless of whether those expenses were **reimbursed** to the individual or **paid directly** by the sponsoring organization. A description of the itinerary, including date(s) and the nature of expenses is required. If you are reimbursed for more than one trip from the same sponsor (and the trips added together are worth more than \$305), then you must report each trip individually, even if the reimbursement for each separate trip does not equal more than \$305. Report Gifts of travel in Part V.

Exclude: Travel related expenses provided by federal, state, D.C., and local governments; or by a foreign government; reimbursements from campaign funds which are reported to the FEC; reimbursements to a spouse or dependent child totally independent of his or her relationship to you; and reimbursements reported to the Office of Public Records pursuant to Senate Rule 35. For further information, see Instructions.

| Name of Income Source | | Address of Source | Dates and Brief Description |
|-----------------------|-------------------------|-----------------------------|--|
| Example: | All States Company | Maintown, TX EXAMPLE | Roundtrip air travel from Washington, D.C. to Maintown, TX and lunch for self and spouse for speaking engagement: May 1-3, 200X EXAMPLE |
| 1 | Warner Brothers Studios | Burbank, CA | Roundtrip air travel & lodging for self & spouse for speaking engagement for the American Jewish Committee: October 18 - 19, 2006 |
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PART VIII. POSITIONS HELD OUTSIDE U.S. GOVERNMENT

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 officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise 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 held.

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

| Name of Organization | | Address (City, State) | Type of Organization | Position Held | From (Mo/Yr) | To (Mo/Yr) |
|----------------------|-----------------------------------|------------------------------|----------------------|---------------------------|--------------|------------|
| Example: | National Assn. of Rock Collectors | NY,NY EXAMPLE | Non-profit education | President | 6 / 90 | Present |
| | Jones & Smith | Hometown, USA EXAMPLE | Law Firm | Partner | 7 / 85 | 11 / 0X |
| 1 | World Hunger Year | New York, NY | Non-profit | Member, Board of Trustees | 1978/79 | Present |
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Compensation in excess of \$200 from any position must be reported in Part II.