

OGE Form 601 (Expires 7/31/26)


U.S. Office of Government Ethics, 5 C.F.R. part 2635 Form Approved: OMB No. 3209-0012



Quarter:	January 1 - March 31
Year:	2024
Trust Termination Report:	<input type="checkbox"/>
Employment Termination Report:	<input type="checkbox"/>

Trust will continue after Employment Termination	<input type="checkbox"/>
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Executive Branch Legal Expense Fund Quarterly Report (OGE Form 601)

Beneficiary Information				
Last Name	First Name	MI	Position	Agency
Landis	Samuel		Special Agent	Drug Enforcement Administration
Beneficiary Certification: I certify that the statements I have made in this report are true, complete, and correct to the best of my knowledge.				
Signature and Date: 				
Agency Ethics Official's Opinion: On the basis of the information contained in this report, I conclude the beneficiary is in compliance with applicable regulations.				
Signature and Date:				
Other Review Conducted By:				
Signature and Date:				
U.S. Office of Government Ethics Certification (if required):				
Signature and Date:				

Comments of Reviewing Officials:

[Instructions for Part 1](#)

Note: This is a public form. Do not include street addresses or account numbers. See instructions for required information.

Beneficiary Name					Page Number
Samuel Landis					1
Part 1: Contributions					
#	Donor Name	City/State	Employer of Donor	Date	Amount
1	Albert Latson	Alpharetta, GA	Retired	03/22/2024	300.00
2	Frank Rodriguez	Mill Creek, WA	Retired	03/23/2024	300.00
3	Lori Cassity	Tigard, OR	Retired	03/24/2024	500.00
4	Kevin Li	Hong Kong, China DPO	Drug Enforcement Administration	03/25/2024	5,000.00
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[Instructions for Part 2](#)

Note: This is a public form. Do not include street addresses, account numbers, or information protected by attorney client privilege. See instructions for required information.

Beneficiary Name			Page Number	
Samuel Landis			1	
Part 2: Distributions				
#	Payee Name	Date	Amount	Purpose
1	None			
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