

OGE Form 601 (Expires 7/31/26)

U.S. Office of Government Ethics; 5 C.F.R. part 2635

Executive Branch Legal Expense Fund Quarterly Report (OGE Form 601)

General Instructions for Completing the OGE Form 601

Should I use this Form?

If you are an executive branch employee with a Legal Expense Fund approved under Subpart J of 5 C.F.R. part 2635, use this form to complete the required quarterly report.

Quarterly Report Due Date and Reporting Period

April 30 for the period of January 1 to March 31.

July 30 for the period of April 1 to June 30.

October 30 for the period of July 1 to September 30.

January 30 of the following year for the period of October 1 to December 31.

If the due date falls on a weekend or Federal Holiday, the report will be due the next business day.

Trust Termination Reports

Please check the box indicating it is a trust termination report. The report should include information from the beginning of the quarter through the trust termination date. **Note:** The trust termination report is due 30 days after the trust terminates.

Terminating Executive Branch Employment

If you are terminating your executive branch employment, please check the box indicating it is an employment termination report. If the trust will continue to exist after you leave executive branch employment, check the box indicating that the trust will continue. The report should include information from the beginning of the quarter through your last day of employment. **Note:** The employment termination report is due on your last day of employment.

Extensions

You may seek up to a 30-day extension for filing your report. You must file a written request that includes the reason for the extension with your employing agency. If you are a Designated Agency Ethics Official or anonymous whistleblower, you must file your extension request with OGE. Extensions may be granted for good cause shown.

Late Filing

If a report is not filed by the due date (including any revised due date set by an approved extension), the employee forfeits the ability to accept contributions or make distributions until the report is filed.

Warnings

Knowing and willful falsification of information required to be filed by Subpart J of 5 C.F.R. part 2635 may subject you to criminal prosecution.

Instructions for Completing Part 1 of the OGE Form 601: Contributions

Donation Reporting Requirement:

Report any contribution of \$250 or more made during the reporting period. You also must report contributions from a single donor of \$250 or more given in a single calendar year on the report filed on January 30 of the following year, unless they have been disclosed on a prior quarterly report.

Example: If Donor A gives you \$125 in the first quarter, and \$150 in the second quarter, you are not required to disclose the contribution on reports due on either on April 30 or July 30, but you must disclose Donor A's \$275 in contributions on your report due on January 30.

Nothing to Report: If you do not have anything to report, write "None."

Completing the Fields:

Donor Name: Provide the name of the individual or entity that donated.

City/State: Provide the city and state of the primary address of the donor.

Employer: If the donor is an individual, provide the name of the donor's employer.

Date: Provide the date or dates of the contribution(s).

Amount: Provide the total amount of the contributions from the donor that have not previously been reported.

Instructions for Completing Part 2 of the OGE Form 601: Distributions

Distribution Reporting Requirement:

Report any distribution of \$250 or more made during the reporting period. You also must report distributions made to a single source of \$250 or more in a single calendar year on the report filed on January 30 of the following year, unless they have been disclosed on a prior quarterly report.

Example: If you pay ABC Law Firm \$200 in the third quarter, and \$5000 in the fourth quarter, you must disclose the \$5200 distribution to ABC Law Firm on your report due on January 30.

Nothing to Report: If you do not have anything to report, write "None."

Completing the Fields:

Payee Name: Provide the name of the individual or entity paid.

Date: Provide the date or dates of the distribution(s).

Amount: Provide the total amount of the distributions to the payee that have not previously been reported.

Brief Description of the Purpose: Provide a brief description of the reason for the payment (e.g. "Legal Services" or "Trustee Fees").

PRIVACY ACT STATEMENT FOR LEF TRUSTS AND REPORTING INFORMATION

OGE's Legal Expense Fund Regulation at 5 CFR part 2635 subpart J ("LEF Regulation") requires the reporting of this information. The information will be reviewed by Government officials to determine compliance with the LEF Regulation and other applicable ethics laws and regulations and provide advice regarding the trust beneficiaries recusal requirements. The information will also be used to permit transparency into the finances of legal expense funds. Failure to provide the requested information may result in the legal expense fund not being approved, prior approval for the legal expense fund being withdrawn, or suspension of the ability to raise or spend funds. Contributions received by executive branch employees for legal expenses that are not in compliance with the LEF Regulation may violate the Standards of Conduct for Employees of the Executive Branch and result in disciplinary action. This information will be publically posted to the OGE website at www.oge.gov (subject to certain exceptions set forth in the LEF Regulation) in accordance with OGE/GOVT-3, Legal Expense Fund Trust Documents, Reports, and Other Name-Retrieved Records, routine use "c." Please see OGE/GOVT-3 for more information about the maintenance and disclosure of this information.

PUBLIC BURDEN INFORMATION - QUARTERLY AND TERMINATION REPORTS

This collection of information is estimated to take an average of 2 hours per report. Pursuant to the Paperwork Reduction Act, as amended, an agency may not conduct or sponsor, and no person is required to respond to, a collection of information unless it displays a currently valid OMB control number. That number, 3209-0012, is displayed here and in the upper left-hand corner of the first page of this form.

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: | |
| Year: | |
| Trust Termination Report: <input type="checkbox"/> | Employment Termination Report: <input type="checkbox"/> |

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|---|
| 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 |
| | | | | |
| 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: | | | | |

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| Comments of Reviewing Officials: |
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[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 |
|-----------------------|------------|------------|-------------------|------|-------------|
| | | | | | |
| Part 1: Contributions | | | | | |
| # | Donor Name | City/State | Employer of Donor | Date | Amount |
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[Instructions for Part 1](#)

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[Instructions for Part 1](#)

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|------------------------------|------------|------------|-------------------|------|-------------|
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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 |
|-----------------------|------------|------|--------|-------------|
| Part 2: Distributions | | | | |
| # | Payee Name | Date | Amount | Purpose |
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| Beneficiary Name | | | | Page Number |
|------------------------------|------------|------|--------|-------------|
| Part 2: Distributions | | | | |
| # | Payee Name | Date | Amount | Purpose |
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