

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Reappointment, Extension or Reappointment (Month, Day, Year)		Reporting Status (if both Appointing and Reporting Dates)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (if Applicable) (Month, Day, Year)
Reporting Individual's Name		Last Name		First Name and Middle Initial			
Position for Which Filing		Title of Position		Department or Agency (if Applicable)			
Location of Present Office (for housing allowance)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (include Area Code)			
Position Held with the Federal Government During the Preceding 12 Months (if Not Same as Above)		Title of Position(s) and Street Address					
Presidential Nominee Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Unvested Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification		Signature of Reporting Individual			Date (Month, Day, Year)		
Other Review (if desired by agency)		Signature of Office Reviewer			Date (Month, Day, Year)		
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official			Date (Month, Day, Year)		
Office of Government Ethics Use Only		Signature			Date (Month, Day, Year)		
Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)							
Notations per conversations w/ filer: MB (check box if reporting extension granted & indicate number of days) <input type="checkbox"/>							
Check box if payments are continued on the reverse side <input type="checkbox"/>							

**Fee for Late Filing**  
Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.

**Reporting Periods**  
Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C, and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.

**Termination Filers:** The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.

**Nominees, New Entrants and Candidates for President and Vice President:**

**Schedule A-** The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 45 days of the date of filing.

**Schedule B-** Not applicable.

**Schedule C, Part I (Habitual)-** The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 45 days of the date of filing.

**Schedule C, Part II (Agreements or Arrangements)-** Show any agreements or arrangements as of the date of filing.

**Schedule D-** The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.

Agency Use Only  
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OGE Use Only

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Reporting Individual's Name

STEPHEN, JAY B.

SCHEDULE A

Page Number

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BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																				
BLOCK A		BLOCK B										BLOCK C																				
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.												Type		Amount								Date (Mo., Day, Yr.) Only if Honorary										
For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).																																
None <input type="checkbox"/>		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$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)	\$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)
Examples	Fund of AMTRES Common				*											*																
	Pew Trust & Smith, Investment State			*																												
	Equity Income Fund				*																			*								
	RA: Heartland 500 Index Fund					*																			*							
1	Janus Worldwide	*												*																		
2	Harbor Capital Appreciation	*												*										*								
3	Harbor Money Market	*												*																		
4	STEPHENSON FAMILY TRUST (1/2 Residual Interest in following assets)																															
5	a. Vanguard International Market	*												*										*								
6	b. Multiple US Treasury & Home Loan Bank Bonds	*												*										*								

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.



Reporting Individual's Name

JAY B. STEPHENS

SCHEDULE A

Page Number

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Assets and Income

Valuation of Assets at close of reporting period

Income: type and amount. If "None (or less than \$200)" is checked, no other entry is needed in Block C for that item.

BLOCK A

BLOCK B

BLOCK C

For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.

For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any investments over \$200 of your spouse).

None

	BLOCK B										BLOCK C										Date (Mo., Day, Yr.) Only if foreign				
	None (or less than \$1,000)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$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	None (or less than \$200)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	Over \$100,000		Over \$1,000,000	Over \$5,000,000	Other Income Specify Type & Actual Amount	
Examples																									
1																									
2																									
3																									
4																									
5																									
6																									

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.





Reporting Individual's Name

**SCHEDULE A continued**  
 (Use only if needed)

Page Number

Jay B. Stephens

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BLOCK A	BLOCK B										BLOCK C										Date (Mo., / Yr. Only Honor)										
	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																				
											Type	Amount										Other Income (Specify Type & Actual Amount)									
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$5,000,001 - \$25,000,000	Over \$25,000,000	Over \$50,000,000	Exempted Investment Fund	Exempted Trust	Qualified Trust	Dividends	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		
1 Honeywell Savings & Ownership Plan																															
2 by State Street Bank - Short Term Fixed Inc. Fund	X										X								X												
3 - Value Yield Equity Fund	X										X									X											
4 - S&P 500 Equity Index Fund	X										X									X											
5 - Growth Equity Fund	X										X									X											
6 - Small Cap Stock Fund	X										X									X											
7 - Honeywell Common Stock	X																		X												
8 Honeywell Supplemental Savings Plan				X													X						X								
9 Deferred Compensation - Honeywell Investment						X											X						X								

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.



**SCHEDULE A continued**

(Use only if needed)

Page Number

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Reporting Individual's Name  
**Ray B. Stephens**

BLOCK A	BLOCK B								BLOCK C										Date (Mo., / Yr. Only Enter)				
	Valuation of Assets at close of reporting period								Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.														
	Assets and Income										Type	Amount											
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	Dividends	Gifts and bequests	Interest	Other (Specify Type & Actual Amount)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	Over \$100,000	Over \$1,000,000*	Over \$5,000,000		
1	None																						
2	None																						
3	None																						
4	None																						
5	None																						
6	None																						
7	None																						
8	None																						
9	None																						

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

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

Reporting Individual's Name  
**JAY B. STEPHENS**

**SCHEDULE B**

Page Number  
**5**

**Part I: Transactions**

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any 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.

Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

	Identification of Asset	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												
		Purchase	Sale	Gift/Ingr.		\$1,001 - \$1,500	\$1,501 - \$5,000	\$5,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$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	Over \$25,000,000	Certificate of Divestiture	
Example	Central Airlines Common	x			2/1/99			x										
1																		
2																		
3																		
4																		
5																		

\*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

**Part II: Gifts, Reimbursements, and Travel Expenses**

For you, your spouse and dependent children, report the source, a brief description, 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 analysts, 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

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
Example	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$100
1			
2			
3			
4			
5			

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

Reporting Individual's Name  
**JAY B. STEPHENS**

**SCHEDULE B continued**  
 (Use only if needed)

Page Number  
**7**

**Part I: Transactions**

	Identification of Assets	Transaction Type (a)			Date (b)(c) (Day, Yr.)	Amount of Transaction (d)														
		Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$2,500,000	\$2,500,001 - \$5,000,000	Over \$5,000,000	Over \$10,000,000	Over \$50,000,000				
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16																				

\*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.





Reporting Individual's Name <b>JAY B. STEWENS</b>	<b>SCHEDULE D</b>	Page Number <b>11</b>
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**Part I: Positions Held Outside U.S. Government**

Report any positions held 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. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. None

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	-----	-----	-----	Mo. Yr.	Mo. Yr.
	Doc Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/88
1	<i>Honeywell International Inc.</i>	<i>Public Company</i>	<i>Deputy Vice-President &amp; General Counsel</i>	<i>2/99</i>	<i>Present</i>
2	<i>Stephens Family Trust</i>	<i>Trust</i>	<i>Trustee (uncompensated)</i>	<i>5/88</i>	<i>Present</i>
3					
4					
5					
6					

**Part II: Compensation in Excess of \$5,000 Paid by One Source**

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None

Examples	Source (Name and Address)	Brief Description of Duties
	-----	-----
	Doc Jones & Smith, Hometown, State	Legal services
	State University (client of Doc Jones & Smith), Hometown, State	Legal services in connection with university construction
1	<i>Honeywell International Inc., MARILYN NJ</i>	<i>Officer and employee of company</i>
2		
3		
4		
5		
6		