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Date: May 15, 2024

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION FILERS

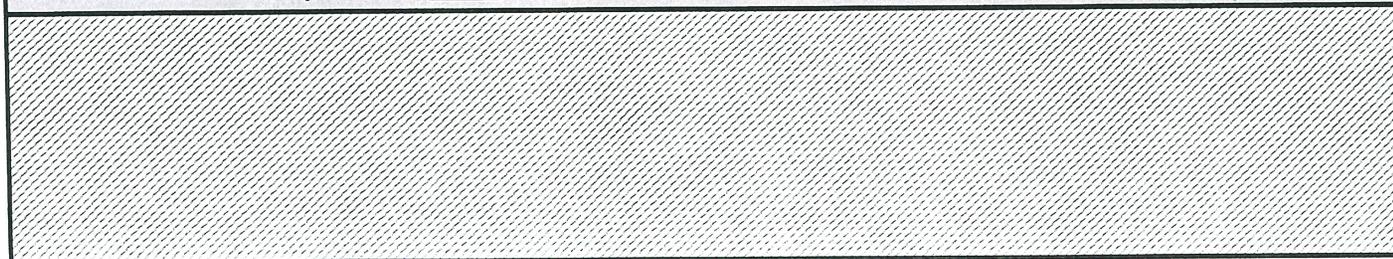
Amendment

Last Name	First Name and Middle Initial	Annual Report Calendar Year Covered by Report	Senate Office / Agency in Which Employed
Van Hollen	Chris	2023	Senator Chris Van Hollen
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
730 Hart SOB	202-224-4654	n/a	n/a

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 \$480 from one source)? If Yes, complete and attach PART VI.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income totaling \$200 or more 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 (i.e., more than \$10,000) during the reporting period? If Yes, complete and attach PART VII.	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 \$480 and not otherwise exempt)? If Yes, complete and attach PART V.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If this is your <u>FIRST</u> Report: Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> 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.



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Reporting Individual's Name <i>VanHollen</i>	<input type="checkbox"/> Amendment	PART II. EARNED AND NON-INVESTMENT INCOME	Page Number <i>3</i>
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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 totals more than \$1,000 during the reporting period. No amount needs to be specified for your spouse (see Financial Disclosure Instructions for CY 2023, p. 18). 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:	<i>JP Computers</i>	<i>Wash., DC</i>	EXAMPLE	<i>Salary</i> \$15,000
	<i>MCI (Spouse)</i>	<i>Arlington, VA</i>	EXAMPLE	<i>Salary</i> Over \$1,000
1	<i>State of Maryland</i>	<i>Annapolis, Maryland</i>	<i>Pension</i>	<i>15,600</i>
2				
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Reporting Individual's Name Amendment **PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES** Page Number 4

Van Hollen

BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources		BLOCK B Valuation of Assets At the close of reporting period. If None, or less than \$1,001, check the first column.								BLOCK C Type and Amount of Income																
										Type of Income						Amount of Income										
										None	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	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
Example: S, DC, or J	IBM Corp. (stock)								X																	Example
	(S) Keystone Fund																									Example
1	<i>Vanguard Wellington Admin Fund</i>		X							X																
2	<i>Vanguard Wellesley Income Fund</i>		X							X																
3	<i>Congressional Federal Credit Union</i>		X																							
4																										
5																										
6																										
7																										
8																										
9																										
10																										

EXEMPTION TEST (see Financial Disclosure Instructions for CY 2023): If you omitted any asset because it meets the three-part test for exemption described in the instructions, please check box to the right. This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

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Reporting Individual's Name Van Hollen	<input type="checkbox"/> Amendment	PART VII. LIABILITIES	Page Number 5
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Report liabilities over \$10,000 owed by you, your spouse, or dependent child (see Financial Disclosure Instructions for CY 2023, p. 37), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period.

Exclude: (1) mortgages on your personal residences unless rented (**except for Senators**); (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in the instructions. For more information on reporting revolving charge accounts, see Financial Disclosure Instructions for CY 2023.

	Name of Creditor	Address	Type of Liability	Date Incurred	Interest Rate	Discount Points Paid for Mortgage (Senators Only)	Term if Applicable	Category of Amount											
								\$10,001 - \$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	
Example:	S, DC, or J	First District Bank	Wash., DC	Mortgage on undeveloped land	2012	13%	1 pt	25 yrs			X		E	X	A	M	P	L	E
	(J)	John Jones	Wash., DC	Promissory Note	2020	10%	n/a	On dmd			X		E	X	A	M	P	L	E
1	JP Morgan	Kensington, MD	mortgage	2011	3.4%	n/a	15 yrs					X							
2																			
3																			
4																			
5																			
6																			
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8																			
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