

000000000142

RECEIVED BY: SECRETARY OF THE SENATE

Date: May 15, 2025

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 | 2024 | 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 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.

FOR OFFICIAL USE ONLY
Do Not Write Below this Line

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2025 MAY 15 PM 4:23

000000000143

RECEIVED BY: SECRETARY OF THE SENATE

Date: May 15, 2025

Reporting Individual's Name Amendment
Van Hollen

PART II. EARNED AND NON-INVESTMENT INCOME

Page Number
3

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 2024, 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: | JP Computers | Wash., DC | EXAMPLE Salary | \$15,000 |
| | MCI (Spouse) | Arlington, VA | EXAMPLE Salary | Over \$1,000 |
| 1 | <i>State of Maryland</i> | <i>Annapolis, Maryland</i> | <i>Pension</i> | <i>\$15,600</i> |
| 2 | <i>Carnegie Endowment for International Peace</i> | <i>Washington, DC</i> | <i>Stipend</i> | <i>Over \$1,000</i> |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

000000000144

RECEIVED BY: SECRETARY OF THE SENATE

Date: May 15, 2025

Reporting Individual's Name Amendment
Van Hollen

PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

Page Number
4

| BLOCK A Identity of Publicly Traded Assets And Unearned Income Sources | | BLOCK B Valuation of Assets | | | | | | | | | | BLOCK C Type and Amount of Income | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|---------------------|---------------------------|----------------------------|--------------------------------------|-------------------|------|-----------|------|------------------|---------------|--------------------------|----------------|-----------------------|--|-------------------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|---------------------|
| | | At the close of reporting period. If None, or less than \$1,001, check the first column. | | | | | | | | | | Type of Income | | | | | Amount of Income | | | | | Actual Amount Required if "Other" Specified | | | | | | | | | | |
| | | 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 | 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 | Over \$1,000,000*** |
| Example: DC, or J | S, IBM Corp. (stock) | | | X | | | | | | | | | X | | | | | | | Example | X | | | | | | | | | | | Example |
| | (S) Keystone Fund | | | | X | | | | | | | | | | | X | | | | Example | X | | | | | | | | | | | Example |
| 1 | <i>Vanguard Wellington Admin Fund</i> | | | X | | | | | | | | | X | | X | | | | | | | | | X | | | | | | | | |
| 2 | <i>Vanguard Wellesley Income Fund</i> | | | X | | | | | | | | | X | | X | | | | | | | | X | | | | | | | | | |
| 3 | <i>Congressional Federal Credit Union</i> | | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

EXEMPTION TEST (see Financial Disclosure Instructions for CY 2024): 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.

