

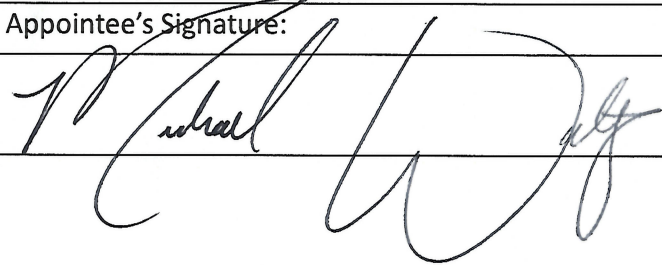
## ETHICS AGREEMENT COMPLIANCE CERTIFICATION

Senate Confirmed Presidential Appointee

| 1. Appointee's Information                                                                                                                                                                                       |                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| a. Appointee's Name:                                                                                                                                                                                             | Michael Waltz                                                                                                                           |
| b. Position Title:                                                                                                                                                                                               | U.S. Representative to United Nations w/rank of AMB                                                                                     |
| c. Agency:                                                                                                                                                                                                       | Department of State                                                                                                                     |
| d. Date Ethics Agreement Signed:                                                                                                                                                                                 | 06/18/2025                                                                                                                              |
| e. Date Confirmed:                                                                                                                                                                                               | 9/19/25                                                                                                                                 |
| f. Due Date for Submission of Certification of Ethics Agreement Compliance to OGE:                                                                                                                               | 12/26/2025                                                                                                                              |
| 2. Resignations                                                                                                                                                                                                  |                                                                                                                                         |
| I completed all of the resignations indicated in my ethics agreement before I assumed the duties of my current government position.                                                                              | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A                                                 |
| 3. Divestitures                                                                                                                                                                                                  |                                                                                                                                         |
| a. I completed all of the divestitures indicated in my ethics agreement within the time period specified. I understand that I may not reacquire these assets during my appointment without OGE's prior approval. | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A                                                 |
| b. I have filed a periodic transaction report, or periodic transaction reports (OGE Form 278-T) to disclose the completion of these agreed upon divestitures.                                                    | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A<br>Filing Date(s) of OGE Form 278-T Report (s): |
| c. I completed the divestiture through a means not requiring a periodic transaction report (OGE Form 278-T).                                                                                                     | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A                                                 |

| <b>4. Managed Accounts</b>                                                                                                                                                                                                                                                                           |                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <p>If I have a managed account or use the services of an investment professional, I have notified the manager or professional of the limitations indicated in my ethics agreement. In addition, I am continuing to monitor purchases to ensure compliance with these limitations.</p>                | <p><input checked="" type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> N/A</p> |
| <b>5. Interim Recusals</b>                                                                                                                                                                                                                                                                           |                                                                                                    |
| <p>I have complied with my interim recusal obligations pending the divestitures required by my ethics agreement.</p>                                                                                                                                                                                 | <p><input type="radio"/> Yes   <input type="radio"/> No   <input checked="" type="radio"/> N/A</p> |
| <b>6. Recusals</b><br>(Note: These factual statements describe the appointee's current status. They are not intended to modify ethics agreement commitments or create new recusal obligations.)                                                                                                      |                                                                                                    |
| <p>a. As required by 18 U.S.C. § 208, I will continue to recuse from particular matters in which I know I have a <u>personal</u> or <u>imputed</u> financial interest directly and predictably affected by the matter, unless I receive a waiver or qualify for a regulatory exemption.</p>          | <p><input checked="" type="radio"/> Yes   <input type="radio"/> No</p>                             |
| <p>b. I am recusing from particular matters in which any former employer or client of mine for whom I provided services to in the past year, or in which my spouse's employer, or a current client is a party or represents a party, unless I have been authorized under 5 C.F.R. § 2635.502(d).</p> | <p><input checked="" type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> N/A</p> |

| 7. Waivers and Authorizations<br>(Consult with your agency's DAEO if uncertain under what authority a waiver or authorization was granted.)                                                                                                                                       |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. I received a waiver pursuant to 18 U.S.C. § 208.<br><br>If yes, indicate the date of the waiver and indicate the financial interest covered by the waiver.                                                                                                                     | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                  |                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                   | Date:<br>Financial Interest:                                                                                                                                                   |                                                                                                                                                                                                                                                                                                    |
| b. I received an authorization pursuant to 5 C.F.R. § 2635.502(d).<br><br>If yes, indicate date of authorization and identify the covered person(s) as to whom you have been authorized (e.g., former employer, former client, spouse's employer, spouse's current client, etc.). | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                  |                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                   | Date:<br>Covered person(s):                                                                                                                                                    |                                                                                                                                                                                                                                                                                                    |
| c. I received a waiver pursuant to 5 C.F.R. § 2635.503(c).<br><br>If yes, indicate the date of the waiver and identify the former employer or payer.                                                                                                                              | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                                  |                                                                                                                                                                                                                                                                                                    |
|                                                                                                                                                                                                                                                                                   | Date:<br>Former employer or payer:                                                                                                                                             |                                                                                                                                                                                                                                                                                                    |
| 8. Payments, Accelerations, or Divestitures Required to be Completed Prior to Entering Government Service                                                                                                                                                                         |                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                    |
| <input checked="" type="checkbox"/><br>Mark this box if not applicable                                                                                                                                                                                                            | a. If I committed that I would forfeit a financial interest or payment, unless it was received or accelerated prior to my assumption of the duties of the government position: | <input type="radio"/> I received it (or it was accelerated) <u>prior to</u> my assumption of the duties of the position.<br><br><input type="radio"/> I received it (or it was accelerated) <u>after</u> my assumption of the duties of the position.<br><br><input type="radio"/> I forfeited it. |
|                                                                                                                                                                                                                                                                                   | b. Financial interest or payment at issue:                                                                                                                                     |                                                                                                                                                                                                                                                                                                    |

| 9. Requirements for Regular Appointees                                                                                                                                                  |                                                                                                                                                                         |
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| I have completed my initial ethics briefing, pursuant to 5 C.F.R. § 2638.305.                                                                                                           | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A                                                                                 |
| If you are a Special Government Employee (SGE) or career Foreign Service Officer (FSO), select N/A.                                                                                     |                                                                                                                                                                         |
| 10. Additional Ethics Agreement Requirements                                                                                                                                            |                                                                                                                                                                         |
|                                                                                                                                                                                         | I am complying with these requirements as described in the adjacent box.<br><br><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
| 11. Comments of Appointee                                                                                                                                                               |                                                                                                                                                                         |
|                                                                                                                                                                                         |                                                                                                                                                                         |
| 12. Certification-                                                                                                                                                                      |                                                                                                                                                                         |
| Any intentionally false or misleading statement or response provided in this certification is a violation of law punishable by a fine or imprisonment, or both, under 18 U.S.C. § 1001. |                                                                                                                                                                         |
| I certify that the information I have provided is complete and accurate.                                                                                                                |                                                                                                                                                                         |
| Appointee's Signature:                                                                                                                                                                  | Date:                                                                                                                                                                   |
|                                                                                                      | 10/8/2025                                                                                                                                                               |