Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

Form Approved: OMB No. 3209 - 0001

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election, or Nomination (<i>Month, Day, Year</i>)	Reporting Status (Check Appropriate Boxes)	Incumbent	Termination Date (<i>If Applicable</i>) (<i>Month,Day,Year</i>)	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					
Reporting	Last Name				First Name and M	liddle Initial		filed, or, if an extension is granted, more	
Individual's Name								than 30 days after the last day of the filing extension period, shall be subject	
	Title of Position				Department or A	gency (If App	licable)	to a \$200 fee.	
Position for Which Filing						I		Reporting Periods Incumbents : The reporting period is the preceding calendar year except Part	
Location of Present Office (or forwarding address)			tate , and ZIP Code)			Telephone N	o. (Include Area Code)	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.	
Position(s) Held with the Federal Government During the Preceding 12 Months <i>(If Not Same as Above)</i>	Title of Position(s)	and Date(s) H	Ield		-			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	
Presidential Nominees Subject	Name of Congressi	onal Committe	ee Considering Nomir	nation	Do You Intend to	Create a Qualif	ied Diversified Trust?	Schedule D is not applicable.	
to Senate Confirmation		No	Nominees, New Entrants and						
			Candidates for President and						
Certification	Signature of Repor	ting Individua	al			Date (Mon	th, Day, Year)	Vice President:	
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.						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			
Other Review (If desired by									
agency)			Schedule BNot applicable.						
Agency Ethics Official's Opinion	Signature of Design	nated Agency !	Ethics Official/Review	ving O	fficial	Date (Mon	th, Day, Year)	Schedule C, Part I (Liabilities)The reporting period is the preceding calendar	
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).								year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	
· · · · · · · · · · · · · · · · · · ·	Signature					Date (Mon	th, Day, Year)	Schedule C, Part II (Agreements or	
Office of Government Ethics Use Only			Arrangements)Show any agreements or arrangements as of the date of filing.						
Comments of Reviewing Officials (I If additional space is	s required, use	e the reverse side of t	this sh	eet)			Schedule D The reporting period is the preceding two calendar years and	
			(Check box if filin	ng exte	nsion granted & ind	licate number o	of days)	the current calendar year up to the date of filing.	
								Agency Use Only	
								OGE Use Only	
			(Check	box if comments are	e continued on	the reverse side)		

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Reporting Individual's Name SCHEDULE A						Pa	ge Number																							
	Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or less than \$2 checked, no other entry is needed in Block C for that BLOCK B BLOCK C										than \$201 for that it)" is em.																	
F	BLOCK A	_			_	BLOG	CK B	-									_					BLO	ЭСК							r
report ea productio value exce- ing period in income with such For yours amount of than from report the income of	elf, also report the source and act fearned income exceeding \$200 (ot the U.S. Government). For your spou source but not the amount of earr more than \$1,000 (except report ount of any honoraria over \$200	the ket ort- 000 015 ueq ual her se, hed the	\$15,000	1	\$50,001 - \$100,000 \$100.001 - \$250.000		- I -	Ō	\$1,000,001 - \$5,000,000	\mathbf{S}	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500		\$5,001 - \$15,000	- \$50,000	\$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)	Date (<i>Mo., Day</i> <i>Yr.)</i> Only if Honoraria
	Central Airlines Common		E		x			E								x					x									
Examples	Doe Jones & Smith, Hometown, State	- 1-	1-	x				Ľ			_							 											Law Partnership Income \$130,000	
	Kempstone Equity Fund			j_i	_i_:	x		Ľ					x									x								
	IRA: Heartland 500 Index Fund						x						x										x							
1																														
2																														
3																														
4								F																						
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.

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Reporting Individual's Name								S	SC					E /				Jeo	1										Pa	ge Number	
Assets and Income	Valuation of Assets at close of reporting periodIncome: type and amount. If "None (or less than checked, no other entry is needed in Block C for the										than \$20 for that)1)" is item.																			
BLOCK A				_	В	LOC	CK B									Ту	<u>no</u>					BL	ЭСК		mo		• +				
	None (or less than \$1,001)	\$1,001 - \$15,000		\$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	Rent and Royalties			None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	- \$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)	Date (<i>Mo., Day,</i> <i>Yr.</i>) Only if Honoraria
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2														Γ																	
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9														F																	
* This category applies only if the asset/income by the filer with the spouse or dependent.	* 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																														

by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name SCHEDULE B						Page	e Num	lber								
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 Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Transaction Type (x)								A	moun	t of T	ransa	lction	(x)			
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,0 Include transactions that resulted in a lo	Check the "Certificate of divestiture" block to indicate sales made pursuant to a	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$15,000 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000 \$100,001 -	\$250,000 - \$250,000 - \$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	Certificate of divestiture
Example Central Airlines Common	Cation of Assets	x			2/1/99			x							_	
1																
2																
3																
4																
Part II: Gifts, Reimbursements, and Travel Expenses For you, your spouse and dependent children, report the source, a brief descrip- tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and (2) travel-related cash reimbursements received from one source totaling more than \$350. For conflicts analysis, 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																
Source (Name and Address)		Br	ief D	escriț	otion									Va	lue	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	nal confe	rence	e 6/15	5/99 (personal	activi	ty unr	elated t	o duty)				\$5		
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													\$3	85	
2																
3																
4																
5																

Reporting Individual's Name	SCHEDULE I (Use only if	B co	ont	inı	ıed							Page	Numb	ser	_	_	
	(Use only if	nee	ded)													
Part I: Transactions																	
		Tra T	nsact ype (:	tion x)					Am	nount	of T	ransa	ction	(x)			
					Date						. 0	*0	- 0	100	- 10	00	of
		ase		nge	(Mo., Day, Yr.)	000	- 100)01 - ,000	,000	,000	001	00,00	0,00	00,00	0,00	00,00	ficate titur€
Ident	ification of Assets	Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,0 \$50,0	\$50,(\$100	$$100 \\ $250 $	\$250,001 - \$500,000	\$500 \$1,00	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,00 \$25,0	\$25,0	Over \$50,000,000	Certificate of divestiture
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*This category applies only if the underly by the filer or jointly held by the filer wit	ng asset is solely that of the filer's spouse or dependent childr h the spouse or dependent children, use the other higher cate	en. If gories	the u of va	inder alue,	lying asset is as appropriat	eithei te.	r helo	1									

your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude certain relatives listed in instructions. See instructions for revolving charge accounts. Date Interest Rate Interest applicable Interest is fapplicable i on is is is instructions for revolving charge accounts. i on is is instructions for revolving charge accounts. I on	Reporting I	ndividual's Name	S	CHED	ULE C	2							Page	Numb	er		
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.here is the second	Report lia	bilities over \$10,000 owed	unless it is rented out; loans secured by	None					(Catego	ry of A	moun	t or Va	alue (x))		
First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. o x o x o x o <	during th your spor Check the	ing the reporting period by you, r spouse, or dependent children. ck the highest amount owed ing the reporting period. Exclude or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		Date	Interest	Term if	- 0,001 - - 5,000	5,001 - 50,000	50,001 - .00,000	.00,001- 50,000	250,001 - 500,000	500,001 - 1,000,000	ver 1,000,000*	,000,001- 5,000,000	5,000,001 - 5,000,000	25,000,001 - 50,000,000	Over \$50.000.000
Examples Indecade angles of relating of populy, betweet of solution of the populy, betweet of solution of the populy of the		Creditors (Name and Address)	Type of Liability		Rate	applicable	\$1 \$1	\$1 \$5	\$5 \$1	\$1 \$2	\$2 \$5	\$5 \$1	Q 28	\$1 \$5	\$5 \$2	\$2 \$5	0.8 25
1 1	Examples	First District Bank, Washington, DC			<u> </u>	+	L		x	L	L _	<u> </u>					— –
4		John Jones, Washington, DC	Promissory note	1999	10%	on demand					х						
4	1																
4	2																
A C <thc< th=""> <thc< th=""> <thc< th=""></thc<></thc<></thc<>	3																
5	4																
	5																

Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

Γ	Status and Terms of any Agreement or Arrangement Parties Date										
	Example	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85							
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	2										
	3										
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1	5										
ľ	6										

Reporting Individual's Name

SCHEDULE D

Page Number

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

orportation, mill, partitership, or other submess enterprise or o	ily ilon prome			
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
es Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
	Organization (Name and Address)	Nat'l Assn. of Rock Collectors, NY, NY Non-profit education	Organization (Name and Address) Type of Organization Position Held Nat'l Assn. of Rock Collectors, NY, NY Non-profit education President	Organization (Name and Address) Type of Organization Position Held From (Mo., Yr.) Nat'l Assn. of Rock Collectors, NY, NY Non-profit education President 6/92

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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

None

	Source (Name and Address)	Brief Description of Duties
Evamples	Doe Jones & Smith, Hometown, State	Legal services
LAmples	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		