

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)		Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination (If Applicable) (Month, Day, Year)
Reporting Individual's Name		Last Name		First Name and Middle Initial		Termination Date (If Applicable) (Month, Day, Year)	
Position for Which Filing		Title of Position		Department or Agency (If Applicable)		F	
Location of Present Office (or forwarding address)		Special Representative for Nuclear Nonproliferation, with Rank of Ambassador		U.S. Department of State		Telephone No. (Include Area Code)	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Address (Number, Street, City, State, and ZIP Code)		2201 C St., NW, Washington, DC 20451		202-647-7223	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certification		Signature of Reporting Individual		Date (Month, Day, Year)		02-02-2009	
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.		Signature of Other Reviewer		Date (Month, Day, Year)			
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/ Reviewing Official		Date (Month, Day, Year)			
Agency Ethics Official's Opinion		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).		Date (Month, Day, Year)		Feb 27 2009	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		3/19/09	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							

(Check box if filing extension granted & indicate number of days _____) ☐

(Check box if comments are continued on the reverse side) ☐

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 31 days of date of filing.
Schedule B - Not applicable.
Schedule C, Part I (Liabilities) - The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 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

OOE Use Only

MAR 18 2009

Assets and Income

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.

BLOCK A

BLOCK B

BLOCK C

For you/our 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 honoraria over \$200 of your spouse).

None

[illegible]

* 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
Burk, Susan F

SCHEDULE A continued
(Use only if needed)

Page Number
2 / 18

Assets and Income		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.												Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
BLOCK A		BLOCK B												BLOCK C																	
		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*
Cardinal Health Care Inc Ohio (J)		X														X					X										
Caterpillar Inc Del (J)			X													X					X										
Chevron Corp (J)			X													X					X										
Cisco Systems Inc (J)			X													X					X										
Comoco Phillips (J)			X													X					X										
Disney (Walt) Co. Com Stk (J)			X													X					X										
Dow Chemical Co. (J)			X													X					X										
Fair Isaac Corporation (J)			X													X					X										
Fossil Inc. Com (J)			X													X					X										

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[illegible]

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Reporting Individual's Name
 Burk, Susan F

SCHEDULE A continued
 (Use only if needed)

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 \$201)" is checked, no other entry is needed in Block C for that item.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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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.

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SCHEDULE A continued
(Use only if needed)

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[illegible]

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Reporting Individual's Name

Burk, Susan F

SCHEDULE A continued

(Use only if needed)

Page Number

9 / 18

Assets and Income		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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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Reporting Individual's Name
 Burk, Susan F

SCHEDULE A continued (Use only if needed)

Page Number
 10 / 18

Assets and Income	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.														Date (Mo., Day, Yr.) Only if Honorary						
	BLOCK B											BLOCK C																				
												Type	Amount																			
	None (or Less than \$1,001)											Dividends																				
	\$1,001 - \$15,000											Rent and Royalties																				
	\$15,001 - \$50,000											Interest																				
	\$50,001 - \$100,000											Capital Gains																				
	\$100,001 - \$250,000											None (or less than \$201)																				
	\$250,001 - \$500,000											\$201 - \$1,000																				
	\$500,001 - \$1,000,000											\$1,001 - \$2,500																				
	Over \$1,000,000 *											\$2,501 - \$5,000																				
	\$1,000,001 - \$5,000,000											\$5,001 - \$15,000																				
	\$5,000,001 - \$25,000,000											\$15,001 - \$50,000																				
	\$25,000,001 - \$50,000,000											\$50,001 - \$100,000																				
	Over \$50,000,000											\$100,001 - \$1,000,000																				
	Excepted Investment Fund											Over \$1,000,000*																				
	Excepted Trust											\$1,000,001 - \$5,000,000																				
	Qualified Trust											Over \$5,000,000																				
Terra Industries Inc. (S)	X												X																			
Thermo Fisher Scientific (S)	X												X																			
Transocean Ltd Zug (S)	X												X																			
Unibanco-Gdr Spss ADR (S)	X												X																			
IRA - Merrill Lynch (S) -- Holdings described below																																
BlackRock Large Cap	X																															
DWS Capital Growth Fund	X																															
DWS Large Cap Value FD	X																															
Black Rock TL RTN II Inst	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.

Reporting Individual's Name

Burk, Susan F

SCHEDULE A continued
(Use only if needed)

Page Number

11 / 18

Assets and Income

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.

BLOCK A

BLOCK B

Type

Amount

BLOCK C

Other
Income
(Specify
Type &
Actual
Amount)

Date
(Mo., Day,
Yr.)
Only if
Honoraria

	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)	Date (Mo., Day, Yr.) Only if Honoraria
FPA New Income Inc (FPAIX)	X												X								X											
Harbor International Fund Investor CL		X											X							X												
Hartford Capital Appreciation CL A		X											X							X												
Ivy Asset Strategy Fund CL Y		X											X						X	X												
Loomis Sayles Bond FD		X											X						X		X											
Newberg & Bernin Genesis Trust (NBGEX)		X											X						X	X												
Pimco Real Return Fund CL A		X											X						X	X												
Pimco Low Duration FD		X											X						X	X												
Wells Fargo Government Securities FD		X											X						X	X												

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Reporting Individual's Name
Burk, Susan F

SCHEDULE A continued (Use only if needed)

Page Number
12 / 18

Assets and Income

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.

BLOCK A

BLOCK B

BLOCK C

BLOCK A		BLOCK B													Type		Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
		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
IRA - Merrill Lynch (self): Holdings Described Below																																
Black Rock Large Cap		X																			X											
Black Rock TL RTN II INST		X																				X										
DWS Capital Growth Fd		X																			X											
DWS Large Cap Value Fd		X																				X										
FPA New Income Inc		X																				X										
Harbor International Investor Fund CL		X																			X											
Hartford Capital Appreciation CL A		X																				X										
Ivy Asset Strategy Fund CL Y		X																		X	X											

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Reporting Individual's Name

Burk, Susan F

SCHEDULE A continued

(Use only if needed)

Page Number
13 / 18

Assets and Income

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.

BLOCK A

BLOCK B

BLOCK C

BLOCK A		BLOCK B													Type		Amount													Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
		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
Loomis Sayles Bond Fd		X												X						X		X										
Neuberg & Bermin Genesis Trust			X											X						X	X											
Pimco Real Return FD CL A			X											X						X	X											
Pimco Low Duration Fd CL A			X											X							X	X										
Wells Fargo Government Securities FD			X											X								X										
Merrill Lynch Beneficiary IRA 1 (S)																																
GNMA			X																X		X											
Citigroup Cap Trust IX PFD Sec			X											X									X									
CMS Energy Corp			X															X			X											

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Reporting Individual's Name
Burk, Susan F

SCHEDULE A continued
(Use only if needed)

Page Number
14 / 18

Assets and Income		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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
BLOCK A		BLOCK B												BLOCK C																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
		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	Type	Amount												Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
																	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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							

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(Use only if needed)

[illegible]

Prior Editions Cannot be Used.

Reporting Individual's Name

Burk, Susan F.

SCHEDULE A continued

(Use only if needed)

Page Number

16 of 18

Assets and Income

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.

BLOCK A

BLOCK B

Type

BLOCK C

Amount

Other
Income
(Specify
Type &
Actual
Amount)

Date
(Mo., Day,
Yr.)
Only if
Honoraria

None ☐

1 Fairfax Co. VA Bond (S)

2 Textron, Inc (S)

3 Pfizer Inc. (S - ML Beni Ira)

4 CD Discover Bank (S)

5 Inova Health System, VA (Bond) (J)

6 Tessera Technologies (S)

7 Suntech Pwr Hldgs Co., Ltd (S)

8 MFS Research Bond (S/Self - IRA)

9 Metropolitan West Total Return Bond FD S/Self IRA

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

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Reporting Individual's Name

Burk, Susan F.

SCHEDULE A continued

(Use only if needed)

Page Number

17 of 18

Assets and Income

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.

BLOCK A

BLOCK B

BLOCK C

Type

Amount

Date
Mo., Day,
Yr.)
Only if
Honoraria

None ☐

1
Oppenheimer Int'l (S/Self - IRA)
Bond Fund CL A

2
American AmCap Fund (J)

3
John Hancock Financial Inds (DC)

4
Savings Accts (J/DC) - Suntrust Bank

5
Transportation Federal Credit Union (S)

6
Pentagon Federal Credit Union (Self)

7
TransAmer Occidental Life Ins (S) - whole

8
Reliance Standard Life Ins (S) - fixed
Tax Deferred Annuity

9
Mass Mutual Life Ins (S) - fixed
Annuity

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Prior Editions Cannot be Used.

Reporting Individual's Name

Burk, Susan F

SCHEDULE A continued

(Use only if needed)

Page Number

18 of 18

Assets and Income

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.

BLOCK A

BLOCK B

BLOCK C

Type

Amount

Date
(Mo., Day,
Yr.)
Only if
Honoraria

Other
Income
(Specify
Type &
Actual
Amount)

None ☐

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

1 Principal Fin Grp Life Ins (S/universal)

X

X

X

2 Hartford Leaders 2003 Life Ins Co
(S) Variable Annuity - *Holdings*

X

X

3 Franklin Income Sec (55.3%)

X

X

X

4 Templeton Foreign (15.9%)

X

X

X

5 American Growth Income (14.8%)

X

X

X

6 AIM VI Gov Sec (9.9%)

X

X

X

7 American Growth (4.1%)

X

X

X

8

9

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Reporting Individual's Name
Burk, Susan F

SCHEDULE C

Page Number
1 / 1

Part I: Liabilities

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. **Exclude**

a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None ☐

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude						unless it is rented out; loans secured by automobiles; household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.										
Creditors (Name and Address)		Type of Liability	Date incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)										
Examples — First District Bank, Washington, DC — — John Jones, 123 St., Washington, DC —		Mortgage on rental property, Delaware — Promissory note	1991 — 1999	8% — 10%	25 yrs. — on demand	\$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
1	Chase Mortgage Co., P.O. Box 2885 Houston, TX 77252-2885	Mortgage on NC rental property	2003	4.5%	15			X		X						
2																
3																
4																
5																

* This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements

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.

None ☒

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
1			
2			
3			
4			
5			
6			

Reporting Individual's Name
Burk, Susan F

SCHEDULE D

Page Number

1 / 1

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.)
1	Natl Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
2	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
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.

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

None ☒

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