SF 278 (Rev. 03/2000) 5 C.F.B. Part 2634 U.S. Office of Governmen

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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Agency Use Only			
of filing.	& indicate number of days 45	(Check box if filing extension granted & indicate number	
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials
arrangements as of the date of filing. Schedule DThe reporting period is			Use Only
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Date (Month, Day, Year)	Signature	Office of Government Ethics
any date you choose that is within 31 days of the date of filing.	80/5/68	My S. Jan	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 bux below).
reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable. Schedule C. Part I (Habilities)The	6/29/08	Drulener.	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Signature of Other Reviewer	Other Review
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	6/23/08	Ki-L. Cart	ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month, Day, Year)	Signature of Reporting Individual	Certification
Nominees, New Entrants and Candidates for President and	8	Yes	to Senate Confirmation
at the date of termination. Part II of Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination Do You Inten	Presidential Nominees Subject
Termination Fliers: The reporting period begins at the end of the period covered by your previous filing and ends		THE OLEOWNONED WIN DRIVERS TO THE	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part if of Schedule D is not applicable.	1220 622 - 25/0	1500 Pennsylvania Ave. NW Washington 202	Present Office (or forwarding address)
If of Schedule C and Part I of Schedule D	none No. (Include Area Code)		Location of
Reporting Periods Incumbents: The reporting period is		Associate Director, OFAC Treasure	Filing
to a \$200 fee.	Department or Agency (If Applicable)	Title of Position Department	Desire for Talking
than 30 days after the last day of the filing extension period, shall be subject		CANTER VIRGINIA	Individual's Name
filed, or, if an extension is granted, more	First Name and Middle Initial	ame	Donostina
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Filer cable) (Month Day, Year)	Reporting Incumbent Calendar Year New Entrant, Status Covered by Report Nominee, or X (Check Appropriate Candidate Spaces)	Date of Appointment, Candidacy, Election. or Nomination (Month, Day Year) 4137/05-
			U.S. Office of Government Ethics

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* 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.	is so dren,	lely	rk th	of the	ne fii her i	er's nigh	spou er ca	tego	r de ries	penc of vi	lent alue	chile	dren	opri	the a	asset	/inc	от	ise	ithe	r tha	at of	the	file	90	oin	lly h	eld			
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SC 278 (Rev. 03/2000)
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U.S. Office of Government B

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

S.S	U.S. Office of Government Ethics										1						
77	Reporting Individual's Name	SCHEDULE	JLE B									age	Page Number	ber			
20 June 1	Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving N	None														
00	by you, your spouse, or dependent children during the reporting period of any		Transaction Type (x)					>	Amount of Transaction (x)	of of	Tra	nsac	tion	$\widehat{\mathbb{X}}$			1
اسراسا الأست	real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000 Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	irchase	Date (Mo., Day, Yr.)	,001 - 5,000	5,001 - 10,000	0,001 - 00,000	00,000	250,000 - 600,000	500,001 -	000,000,	/er ,000;000*	- 1,000,001 - 5,000,000	5,000,001 - 25,000,000	5,000,001 - 6,000,000	ver 50,000,000	ertificate of vestiture
7	Identifi	Identification of Assets	Sa		\$1		50	\$	5.	S	\$		\$:	\$ \$	\$2 \$5	+	C
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*	*This category applies only if the underlying a by the filer or jointly held by the filer with the	*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.	If the underlyines of value, as a	ıg asset is e ippropriate	ither	helc											
tober Hel	Part II: Gifts, Reimbursements, and Travel E For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260, and (2) travel-related cash reimbursements received from one source totaling more (2) travel-related cash reimbursements received from the source totaling more (2) travel-related cash reimbursements received from the source totaling more (2) travel-related cash reimbursements received from the source totaling more (3) travel-related cash reimbursements received from the source totaling more (3) travel-related cash reimbursements received from the source totaling more totaling more (3) travel-related cash reimbursements received from the source totaling more totaling more (3) travel-related cash reimbursements received from the source totaling more (3) travel-related cash reimbursements received from the source totaling more (3) travel-related cash reimbursements received from the source totaling more (3) travel-related cash reimbursements received from the source totaling more (3) travel-related cash reimbursements received from the source totaling more (3) travel-related cash reimbursements received from the source totaling more (4) travel-related cash reimbursements received from the source totaling more (4) travel-related cash reimbursements received from the source totaling more (4) travel-related cash reimbursements received from the source totaling more (4) travel-related cash related cash reimbursements received from the source totaling more (4) travel-related cash related cash relat	Exp	the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions	given to your agency in connection with official travel; received by your spouse or dependent child totally elationship to you; or provided as personal hospitality at Also, for purposes of aggregating gifts to determine the purce, exclude items worth \$104 or less. See instructions	our :	you you jose iter	cy ir cy ir spc ; or s of	1 cor suse prov	nnec or d /idec /slc	tior lepe l'as l'as	n with the second of the secon	th or son: s to	ffici hild al ho det det	al tr l tot erm erm	avel ally talit ine i	l; y at the ons	
ന. ല	authority, etc. For travel-related gifts and reimbursements, include travel itiners dates, and the nature of expenses provided. Exclude anything given to you by	ary,												z	None		
-т	Source (Name and Address)		Brief Description	lon											_	Value	
-	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	conference 6/15/	99 (persona	acti	λty	nrela	ted a	o dut	(Y	1		1		1	\$500	1
T	Frank Jones, San Francisco, CA	Leather brickrass (personal friend)													T	\$300	
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U.S. Office of Government Ethics														
Reporting Individual's Name	2	つロロフィニ								Page	Page Number	4		
V. Canter	36	SCHEDULE	[E								7			
Part I: Liabilities	a mortgage on your personal residence	None 🔀										: :	İ	
Report liabilities over \$10,000 owed	unless it is rented out; loans secured by	1				I	Category	ry of A	of Amount	t or Value	lue (x)			
during the reporting period by you,	or appliances; and liabilities owed to											3		0
Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions. See instructions for revolving charge accounts.		,	olaco lo esco	001 - 000 001 -	000 001 0,000),001-),000),001 -),000	0,001 - 00,000	00,000	00,001 00,000	00,001 000,00	00,000 00,000	000,00
Creditors (Name and Address)	Type of Liability	Date u Incurred R	Rate ap	applicable	\$15 \$15	\$50				Ove \$1,		\$25	\$50	\$50
_	Mortgage on rental property, Delaware	1991	896	25 yrs.		 			<u> </u>			 -		L
John Jones, 123 JSt., Washington, DC	Promissory note	1999		on demand				*						L
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o.														
*This category applies only if the liability is with the spouse or dependent children, man	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the liabl	lity is that	of the filer	or a	joint liability of the	lity of	the filer	er.					<u></u>
Part II: Agreements or	or Arrangements													
Report your agreements or arrangement employee benefit plan (e.g. pension, 401 tion of payment by a former employer (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. Norw	; and (4) otiations l	future er or any o	nploym f these a	ent. Se arrang	e inst ement	ructic 3 or t	oenefi Senefi	gardi its.	ng th	e rep	None 🔀	K
Status and T	Status and Terms of any Agreement or Arrangement						Parties	SE	ļ				Date	îte
Example Pursuant to partnership agreement, calculated on service performed thr	Eursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	rtnership share		Doe Jones &	Smith, Hometown,	ontetowa	n, State						7/85	85
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						Netro University (client of Doe Jones & Smith), Moneytown, State	Source (Name and Address)		Part II: Compensation in Excess of \$5,000 Part II: Compensation in Excess of a \$5,000 Part III: Compensation in Excess of a \$5,000 Part 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							Nac'l Assn. of Rock Collectors, NY, NY	trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	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,	1. Carter	Reporting Individual's Name	U.S. Office of Government Ethics
				Odvormanje nakola slada zakopi kalenda do od od od od od od od od od od od od	manne en en en en en en en en en en en en	ith), Moneytown, State	Andress	Address	in Excess of \$5,00 appensation received by you or you directly by you during any one names of clients and customers of business enterprise, or any other							id Addition	resentative, employee, or consult her business enterprise or any n	Jutside U.S. Gover plicable reporting period, whether it limited to those of an officer, of	er er er er er er er er er er er er er e		
						Legal services in connection with university construction	land Caryling		lid						Law firm	Non-profit education	ant of nature. on-profit Type of Organization	pen-	SCHEDULE D		
						TICTION	of Descriptions of America	Brief Description of Duties	by One Source Incumbent, Termination Filer, or Vice provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.						Partier	President	Position Held	organization or educational institution. Exclude positions with religious social, fraternal, or political entities and those solely of an honorary			
				- A Company of the Co	A THE REAL PROPERTY AND A STREET OF THE PROPE				s part if you tion Filer, o Idential Can . You			And the state of t			7/85	6/92	From (Mo. Yr.)	s with religiou honorary	 8	Page Number	
						Special Laurent (with the second			u are an or Vice ididate.						1/00	-+	None K	in the second second			