Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001 Form Approved:

SF278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government Ethics

OGE Use Only	(Check box if comments are continued on the reverse side)	(Check box if commen			
Agency Use Only					
date of filing.					
the preceding two calendar years and					
Schedule D. The reporting period is	naicate number of adys	(Check box if Jiling extension granted & Indica	(∪neck box t		
filing.		(film and market of the film)	(Charle of this site of	mai space is reduited, use me	CONTINUENTS OF VEST STATE OF THE STATE PARTIES OF THE STATE OF THE STA
Arrangements) Show any agreements			ronores eids of this chest	and space is required use the	Comments of Bossianian Official of Addition
Schodule C Part II (A greements or					Office of Government Ethics Use Only
within 31 days of the date of filing.	Date (Month Dav Year)			Signature	in the controller,
calendar year and the current calendar year up to any date you choose that is			(19-11.	regulations (subject to any comments in the box below)
Schedule C. Part I (I jabilities) The reporting period is the preceding	3/16/09		2	7	in this report, I conclude that the filer is in compliance with applicable laws and
Schedule R-Not applicable	Date (Month. Dav. Year)	Cial	ncy Ethics Official/Reviewing Official	Signature of Designated Agency	Agency Ethics Official's Opinion On the basis of information contained
			3	101 40	
within 31 days of the date of filing.	2/14/09			10 /2/	(If desired by
year up to the date of filing. Value				A (Other Review
calendar year and the current calendar	Date IMOHIN, Day, 18ac			0.000	
Schodule A. The reporting period for income (BIOCK C) is the preceding				Signature of Other Reviewer	
resident:	10/01/7			Robert L. Gibbs	schedules are true, complete and correct to the best of my knowledge.
Candidates for President and Vice	/23 / 20		/:/	7/2	made on this form and all attached
Nominees New Entrants and	Daw (month, Day), ivan		Vidual	Signature or reporting indivi	I CERTIEV that the statements I have
of Schedule D is not applicable.	Month Day Year				
at the date of termination. Part II	No	Yes		1	
covered by your previous filing and ends					Senate Confirmation
Termination Filers: The reporting period begins at the end of the period	Do You Intend to Create a Qualified Diversified Trust?	Do You Intend to Create	Name of Congressional Committee Considering Nomination	Name of Congressional Com	Presidential Naminees Subject to
аррисавие				NO.	12 Months (If Not Same as Above)
you file. Part II of Schedule D is not				Non	Government During the Preceding
include the filing year up to the date			s) Held	Title of Position(s) and Date(s) Held	Position(s) Held with the Federal
Schedule D where you must also		Č			(or forwarding address)
the preceding calendar year except	1/4	3	NW Washington DC 20500	1800 Dennsylvania Ave NW Washington DC	Location of Present Office
Incumbents: The reporting period is	ide Area Code)		v. State. and ZIP Code)	Address (Number, Street, City, State, and ZIP Code	
Reporting Periods	the President	Executive Office of the President	ent and Press Secretary	Assistant to the President and Press Secretary	Position for Which Filing
shall be subject to a \$200 fee.		Department or Agency (If Applicable)		Title of Position	
last day of the filing extension period		Robert L		Gibbs	reporting marriadar straine
is granted more than 30 days after the		I HOLLYAMIC AND WINDER MINDA		Last Ivalile	Reporting Individual's Name
30 days after the date the report is		Eirst Name and Middle		I not Nome	onition) to, too
file this report and does so more than	Filer	x or Candidate		appropriate boxes)	January 20, 2009
Any individual who is required to	Termination Date (If Appli- Termination cable) (Month, Day, Year)	New Entrant, Nominee,	Calendar Year Incumbent Covered by Report	Reporting Status Incu	Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)

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in income during the reporting period, together report each asset held for investment or the your spouse). For yourself, also report the source and actual amount of earned income exceeding \$200 (other with such income. ing period, or which generated more than \$200 value exceeding \$1,000 at the close of the reportproduction of income which had a fair market For you, your spouse, and dependent children, Gibbs, Robert L Reporting Individual's Name actual acount of any honoraria over \$200 of income of more than \$1,000 (except report the report the source but not the amount of earned than from the U.S. Government). For your spouse Examples Residential Rental - 307 N Washington St Hart Washington LLC (10% interest) Residential Rental - 305 N Washington St Hart Washington LLC (10% interest) 525 Fayette St, Unit 315, 307 N Washington St Hart Calley Gibbs & Karp Chicago, Illinois Obama For America 3737 Keller Ave Residential Rental Residential Rental Alexandria, VA 22314 Alexandria, VA 22314 Alexandria, VA 22314 Alexandria, VA 22302 Alexandria, VA 22314 None Doe Jones & Smith, Hometown, State Kempstone Equity Fund Central Airlines Common IRA: Heartland 500 Index Fund Assets and Income BLOCK A None (or less than \$1,001) \$1,001 - \$15,000 . \$15,001 - \$50,000 Valuation of Assets \$50,001 - \$100,000 reporting period \$100,001 - \$250,000 × × at close of BLOCK B \$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 SCHEDULE **Excepted Investment Fund Excepted Trust** Qualified Trust **Income:** type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item. Dividends Rent and Royalties × × × × A Interest Capital Gains None (or less than \$201) **\$201 - \$1,000** \$1,001 - \$2,500 \$2,501 - \$5,000 × \$5,001 - \$15,000 × BLOCK C × × \$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 rage Number \$156,188.00 Partnership Law Firm mership income \$130,000 Type & Actual (Specify income Salary Amount) Income Other 9 O Date (Mo., Dav. Yr.) Honoraria Only if

children, mark the other higher categories of value, as appropriate.

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

Prior Editions Cannot be Used.

Prior Editions Cannot be Used.

Reporting Individual's Name Gibbs, Robert L.		SCHEDULE A continuous (Use only if needed)	continued reeded)		Page Number 3 of 5
Assets and Income	Valuation of Assets	Inc	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	If "None (or less than \$ k C for that item.	201)" is checked, no
BLOCK A	reporting period BLOCK B			BLOCK C	
			Type	Amount	
			1)00	All ou line	
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	S25,000,001 - S50,000,000 Over S50,000,000 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 Actual Amount)
SIMPLE Retirement Account Merrill Lynch Nationwide Invstrs Dest (NDMCX)	×	× ×	×		-
ROTH Retirement Account Merrill Lynch Nationwide Invstrs Dest (NDMCX)	×	×	*		
3 IRA Merrill Lynch - Calvert Global (CGACX Nationwide Invstrs Dest (NDMCX) Apple Inc (AAPL) (15 shares)	***	**	× × ×		
4 ROTH Merrill Lynch - Abrdn Opt (GAMCX) Americn Euro Pac (AEPGX) Nationwide Invstrs Dest (NDMCX)		× × ×	· * *		
_					
Alexandria, VA	*		×		
6 Merrill Lynch CMA Host J Nationwide Invstrs Dest (NDMCX) Abrdn Opt Allocation (GAMCX)	×	* *	**		
7 Section 529 Education Account DC Merrill Lynch					
	*	×	×		
Burke & Herbert Bank J Alexandria, VA	×		×		
9 SIMPLE - UBS Money Fund Alliance Remotein Can (508sh)	× ×	< ×	×		
Davis NY Venture Fund (374sh)	x ;		× ;		

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Reporting Individual's Name Gibbs, Robert L.	SCHEDULE C	EC				4 of 5
Part I: Liabilities	land impossible to tented out loans secured		None -	<u>ב</u>		
Report liabilities over \$10,000 owed to any one creditor at	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		TION		Category of Amount or Value (x)	nt or Value (x)
any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed	liabilities owed to certain relatives listed in instructions.	Date	Interest	Term if	-) -)	00* 01 - 00 01 - 000 001 -
during the reporting period. Exclude a mortgage on your	See instructions for revolving charge accounts.	Incurred	Rate	appli- cable	0,001 - 5,000 - 5,001 - 0,000 - 00,000 - 00,000 - 50,000 - 50,000 - 600,000 - ,000,000 -	ver ,000,00 ,000,00 5,000,00 25,000,00 25,000,00 25,000,00 ver 50,000,000
Creditors (Name and Address)	Type of Liability		╄		\$1 \$5 \$5 \$1 \$1 \$2 \$2 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	O' \$1 \$1 \$5 \$5 \$2 \$2 \$2 \$2
First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs		<u> </u>
Examples: John Jones, 123 J St., Washington, DC		1999	۰	on demand	x	
1 Flagstar Bank	mortgage on rental property, 3737 Keller, VA	2004	5.875%	30 years	×	
J Detroit, Michigan	The same and a same and a same and a same and a same a	2005	2 80%	20 vears	×	
	mongage on lental property, 5/5/ ixerier, vo	0000	100	, ,		
	mortgage on rental property, 525 N Favette, VA	2007	7%	30 years	×	
J DesMoines, Iowa						
4 American Express, Newark, NJ	revolving charge card	8008	25.00%	demand	< ×	
J Merrill Lynch Visa Card, Wilmington DE	revolving charge card	1007	-	T VESTS	×	
5 SLM Education Credit Finance Corp	ומא אכווטטו אנטטפווי וטמוו			,		
* This category applies only if the liability is solely that of the filer's spouse or dependent with the snouse or dependent children, mark the other higher categories, as appropriate.	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 categories, as appropriate.		Joint Hability of the filet	of the ther		
Part II: Agreements or Arrangements		-				iding the reporting
Report your agreements or arrangements for: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation; (2) continuation	oarticipation in an (2) continuation	of absence of negoti	ations for	any of the	of absence; and (4) nuture employment, see instructions regarding the reporting of negotiations for any of these arrangements or benefits	Sun rebound
payment by a former employer (including severance payments); (3) icaves	Henris); (3) reaves					None ×
Status and Terms of an	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.	um payment of capital account & partnership share			Doe	Doe Jones & Smith, Hometown, State	7/85
-						
2						
S. C.						
4						
5						
σ,						

U.S. Office of Government Ethics compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or Report any positions held during the applicable reporting period, whether Gibbs, Robert L. Reporting Individual's Name Part I: Positions Held Outside U.S. Government Examples: Nat'l Assn. of Rock Collectors, NY, NY | Doe Jones & Smith, Hometown, State the reporting period. This includes the names of clients and customers of any business affiliation for services provided directly by you during any one year of Report sources of more than \$5,000 compensation received by you or your Examples: Doe Jones & Smith, Hometown, State

Metro University (client of Doe Jones & Smith), Moneytown, State Part II: Compensation In Excess Of \$5,000 Paid by One Source თ ω N 4 ω М Ġ Obama For America Chicago, Illinois Obama For America Chicago, Illinois Source (Name and Address) Organization (Name and Address) non-profit organization or educational institution **Exclude** positions with religious social, fraternal, or political entities and those solely of an honorary nature. consultant of any corporation, firm, partnership, or other business enterprise or any 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. corporation, firm, partnership, or other business enterprise, or any other non-profit Campaign Press Secretary Legal services in connection with university construction Non-profit education Law firm SCHEDULE D Type of Organization Press Secretary Brief Description of Duties President ____ Position Held Page Number From (Mo., Yr.) -<u>6/92</u> ---or Presidential Candidate Vice Presidential Termination Filer, or if you are an Incumbent, Do not complete this part 02/2007 None None of 5 Present____ To (Mo., Yr.) 01/2009

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