Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	e continued on the reverse side)	(Check box if comments are continued		
Agency Use Only				
of filing.	licate number of days)	(Check box if filing extension granted & indicate number of days		
Schedule D The reporting period is 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)	Officials (If additional s	Comments of Reviewing
arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Date (Month, Day, Year)		t Ethics Signature	Office of Government Ethics
year and the current cauendar year up to any date you choose that is within 31 days of the date of filing.	3/24/09	_ 1. Cd	ned in this a compliance as (subject to	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).
reporting period is the preceding calendar	Date (Month, Day, Year)	Designated Agency Ethics Official/Reviewing Official	inion Signature of	Agency Ethics Official's Opinion
Schedule B-Not applicable.	3/24/09	Relean	Z	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	Signature of	OtherReview
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	2/19/09	Muz	nd correct	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	Ш	Certification
Nominees, New Entrants and Candidates for President and	N No	ble Yes	n Not Applicable	to Senate Confirmation
at the date of termination, Part II of Schedule D is not applicable.	Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination Do You Intend to Create a Qua		Presidential Nominees
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			Above) N/A	Government During the Preceding 12 Months (If Not Same as Above)
Schedule D is not applicable.		Title of Position(s) and Date(s) Held DC 20502	_	Position(s) Held with the Fe
where you must also include the filing year up to the date you file. Part II of	1202-456-1414	PENNSYLVANIA AVE, NW, WASHINGTON	16001	
the preceding calendar year except Part II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Address (Nu	Location of
Reporting Periods Incumbents: The reporting period is		ations Director	Communications	Filing
to a \$200 fee.	Agency (If Applicable)	Department or	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject		Ellen L	e Moran	Individual's Name
after the date the report is required to be filed, or, if an extension is granted, more	Middle Initial	First Name and Middle Initia	Last Name	Reporting
Any individual who is required to file this report and does so more than 30 days	filer cauce/(mount, pay, real)	riate	(Check Appropriate Boxes)	01/20/2009
Fee for Late Filing	Termination Termination Date (#Appli-	Incumbent Calendar Year New Entrant,	cy, Election, Reporting	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)

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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 by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	AFL-CIO Defined Benefit Pension	T. Rowe Price Maryland College Savings (dependent child)	John Hancock Lifestyle EMILY's List 401K	Presidential Transition Team	Employee Relocation Council	EMILY's List			es		excee excee uch uch uch the e of amo	u, y eac			loran, Ellen L	1
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

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- -	Reporting Individual's Name Moran, Ellen L	SCHEDULE B	ULI	ΕВ									Page Number	\umb	er er			
<u> </u>	Part I: Transactions											-		K				
	Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving ! Droperty used solely as your personal	None															
	children during the reporting period of any		Tia	Transaction	on		ı	ı		Атоп	io tur	f Tra	Amount of Transaction	ion (x)	^		ı	
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	amount of the transaction exceeded \$1,000 Include transactions that resulted in a loss.	One children of divestiture from OCF certificate of divestiture from OCF	ase		inge	Date (Mo., Day, Yr.)	ю0	01 - 000 01 -	000 001 -	000	000 .001 -	0,000	0,000* 0,001	0,000	00,001	00,000	00,000	icate o: iture
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Part II: Gifts, Reimbursements, and Travel Expenses

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 than \$260. 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, address, and the nature of expenses provided. Exclude anything given to you by

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 for other exclusions.

None

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										Examples			
									Frank Jones, San Francisco, CA	Vac I ASSN. OI ROCK Collectors, NY, NY	VI. 11 A	Source (Name and Address)	
									Leather briefcase (personal friend)	personal activity unrelated to duty)		Brief Description	
								9000	300	\$500	Autho	Value	

^{*}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 or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Reporting Individual's Name Moran, Ellen L	Reporting Individual's Name Moran, Ellen L	SC	SCHEDULE C	E C						Page	Page Numb	$^{ extstyle{Page}}$ Number	Page Number
Part Benort B	Part I: Liabilities Report liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out: loans secured by	None 🗶										
to any o	to any one creditor at any time	automobiles, household furniture			h	1		Category	Category of Amou	Category of Amount or V	Category of Amount or Value (x)	Category of Amount or Value (x)	Category of Amount or Value (x)
during t	during the reporting period by you, your spouse, or dependent children.	or appliances; and liabilities owed to certain relatives listed in instructions.))* -)))* L-)))* - - - - - -
Check the	Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.				0,001 - 5,000 5,001 -		5,000 5,001 - 0,000 0,001 - 00,000 00,001- 50,000	6,000 6,001 - 0,000 0,001 - 00,000 0,001 - 00,000 0,001 - 00,000 00,001 - 00,000	5,000 5,001 - 0,000 0,001 - 00,000 00,001 - 00,000 00,001 - 00,000 00,001 -	0,000 0,001 - 0,000 0,001 - 0,000 0,001 - 0,000 0,001 - 0,000 0,001 - 0,000 0,001 - 0,000 0,001 - 0,000	0,000 0,001 - 0,000 0,001 - 00,000 00,001 - 00,000 00,001 - 0000,000 00,001 - 0000,000	6,000 6,001 - 0,000 0,001 - 00,000 0,001 - 00,000 0,001 - 00,000 0,001 - 00,000 0,001 - 00,000 0,001 - 000,000 0,001 - 000,000 0,001 - 000,000 0,001 - 000,000 0,001 - 000,000
	Creditors (Name and Address)	Type of Liability	Incurred Ra	Rate applicabl	<u></u>	\$10 \$13	\$10 \$13 \$13 \$50	\$10 \$15 \$15 \$50 \$10 \$10 \$25	\$10 \$15 \$15 \$50 \$10 \$10 \$25 \$50 \$50 \$50	\$10 \$12 \$15 \$50 \$10 \$10 \$25 \$50 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1	\$16 \$15 \$15 \$56 \$56 \$16 \$25 \$56 \$56 \$1, Ove \$1,	\$10 \$15 \$15 \$50 \$10 \$10 \$25 \$50 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$1	\$10 \$11 \$15 \$50 \$50 \$10 \$25 \$50 \$10 \$25 \$50 \$11 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50
Evamples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8% 25 yrs.			×						
country	John Jones, 123 JSt., Washington, DC	Promissory note	1999 1	c	S C	and							
2]								
3													
4													
with th	egory applies only it the flability is s spouse or dependent children, marl	ins category applies only it the hability is solely that of the ther's spouse or dependent children, if the hability is that of the with the spouse or dependent children, mark the other higher categories, as appropriate.	en. II the Habili	ty is that o	I CDE	mer or a	mer or a	mer or a		mer or a	mer or a	mer or a	mer or a
Part II:	II: Agreements or Arrangements	Arrangements											
Report y employe tion of p	our agreements or arrangements benefit plan (e.g. pension, 401 ayment by a former employer (i	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 ing of negotiations for any	and (4) fut iations for	ar							employment. See instructions regarding the rep of these arrangements or benefits.	_
	Status and Te	Status and Terms of any Agreement or Arrangement			۱ ۱			Parties	Parties	Parties	Parties	Parties	Parties Date
Example	Pursuant to partnership agreement, calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	tnership share	Doe	Jor	Doe Jones & Smith, H	۶'n		۶'n	۶'n	۶'n	۶'n	۶'n
1 AFL-CIO	AFL-CIO Defined Benefit Pension Plan available to be collected at relirement age	cled at retirement age.		AFL	ĊIO,	AFL-CIO, Washington, DC	-CIO, Washington, DC	-CIO, Washington, DC	-CIO, Washington, DC	-CIO, Washington, DC	-CIO, Washington, DC	-CIO, Washington, DC	-CIO, Washington, DC
2													
w													
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5													

Reporting Individual's Name				Page Number	:
Moran, Ellen L		SCHEDULE D		∞	
Part I: Positions Held Outside U.S. Government	Outside U.S. Gover		organization or educational institution. Exclude positions with religious	with religion	ņ
sated or not. Positions include but are not limited to those of an officer, director,	ot limited to those of an officer, d	1	entities and those solely of an honorary	midi feligiod	ý
trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	resentative, employee, or consulta ther business enterprise or any no	ant of nature. on-profit		7	None
Organization (Name and Address)	nd Address)	Type of Organization	Position Held	From (Mo., Yr.)) To (Mo.,Yr.)
Nat'l Assn. of Rock Collectors, NY, NY			President	6/92	Present
Doe Jones & Smith, Hometown, State			Partner	7/85	1/00
EMILY's List		Political Action Committe	Executive Director	05/2005	01/2009
Presidential Transition Team		501 C4	Communications Director	12/2008	01/2009
3					
4					
5					
6					
Part II: Compensation	in Excess of \$5,00	Part II: Compensation in Excess of \$5,000 Paid by One Source	Do not complete this part if you are an Incumbent, Termination Filer, or Vice	part if you on Filer, o	are an r Vice
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	d directly by you during any one names of clients and customers of business enterprise, or any other	you directly provided the services generating a fee or need not report the U.S. Go	ayn mm	(ou	None
Source (Name and Address)	i Address)	Brief	Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legal services			
Metro University (client of Doe Jones & Smith), Moneytown, State	nith), Moneytown, State	Legal services in connection with university construction	ction		
EMILY's List		Managed the overall operations of the organization	on		
Presidential Transition Team		Developed message and communications plan for the Obama Administration	or the Obama Administration		
3					
4					
5					
6					