

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election
or Nomination (Month, Day, Year)

Jan 20 2009

Reporting Status
(Check appropriate boxes)

☐ Incumbent

Calendar Year
Covered by Report

☒ New Entrant, Nominee,
or Candidate

Termination Date (If Applicable) (Month, Day, Year)

Termination
(Month, Day, Year)

Reporting Individual's Name

Last Name
Pfeiffer

First Name and Middle Initial

Howard D.

Position for Which Filing

Title of Position

Deputy Communications Director

Department or Agency (If Applicable)

White House

Location of Present Office
(or forwarding address)

Address (Number, Street, City, State, and ZIP Code)

1600 Pennsylvania Ave NW
Washington DC

Telephone No. (Include Area Code)

202 452 4673

Position(s) Held with the Federal
Government During the Preceding
12 Months (If Not Same as Above)

Title of Position(s) and Date(s) Held

Presidential Nominees Subject to
Senate Confirmation

Name of Congressional Committee Considering Nomination

Do You Intend to Create a Qualified Diversified Trust?

☐ Yes

☒ No

Certification

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 Reporting Individual

H. D. Pfeiffer

Date (Month, Day, Year)

2/21/09

Other Review
(If desired by
agency)

Signature of Other Reviewer

Pratt

Date (Month, Day, Year)

02.23.09

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).

Signature of Designated Agency Ethics Official/Reviewing Official

Pratt

Date (Month, Day, Year)

3/10/09

Office of Government Ethics
Use Only

Signature

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)

4

☒

(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 Vice
Presidents:**

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 the 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 (Arrangements 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

01-23-09

OGF Use Only

SCHEDULE A

2

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, your 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 ☐

Examples	Central Airlines Common																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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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.

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.										Date (Mo., Day, Yr.) Only if Honoraria
BLOCK A		BLOCK B									BLOCK C										
											Type	Amount									
None <input type="checkbox"/>		None (or less than \$1,001)																			
		\$1,001 - \$15,000																			
		\$15,001 - \$50,000									X										
		\$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									X										
		Capital Gains																			
		None (or less than \$201)																			
		\$201 - \$1,000									X										
		\$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)																			
1 Senate Federal Credit Union Joint Checking Account																					
2 Wachovia Money Market Account (cash)				X									X								
3 Fidelity Investment Account (all assets included on the form)				X									X								
4 Wilmington Trust Savings				X									X								
5 Roth IRA (all assets included on the form)				X									X								
6 US Treasury Bills					X								X								
7 Alcoa				X									X								
8 Ace Limited				X									X								
9 Allstate				X									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 child(ren), mark the other higher categories of value, as appropriate.

Prior Editions Cannot be Used.

(Use only if needed)

4

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											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary			
None <input type="checkbox"/>						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		x																								
						Rent and Royalties																										
						Interest																										
						Capital Gains																										
						None (or less than \$201)		x																								
						\$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 - \$1,000,0																										

(Use only if needed)

Page Number

7

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 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)
None <input type="checkbox"/>																				
1	Shares TR Index MSCI EAFE Fund					X								X			X			
2	E M C Copr		X														X			
3	Exelon		X														X			
4	Fedex		X														X			
5	General Electric		X														X			
6	Google		X														X			
7	Honeywell		X														X			
8	Shares TR S&P 500 Growth Index Fund			X										X			X			
9	Shares TR Russell Midcap Index Fund		X											X			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.

(Use only if needed)

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[illegible]

SCHEDULE A continued

Page Number

7

(Use only if needed)

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 Honorary	
BLOCK A		BLOCK B										BLOCK C													
												Type		Amount											
None <input type="checkbox"/>		None (or less than \$1,001)																							
		<input checked="" type="checkbox"/> \$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																							
		<input checked="" type="checkbox"/> 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	US Senate Federal Credit Union Savings Account																					Salary \$220,000			
2	Obama For America																					Salary \$27,000			
3	PTT *																					Salary			
4	PTT - Spouse																								
5																									
6																									
7																									
8																									
9																									

* 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.

Prior Editions Cannot be Used.

* Presidential Transition Team. (82)

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

Reporting Individual's Name

Page Number

SCHEDULE B

8

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 futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

Amount of Transaction (X)

1	NOT REQUIRED FOR NOMINEES	Identification of Assets	Transaction Type (X)			Date (Mo., Day, Yr.)	Amount of Transaction (X)											
			Purchase	Sale	Exchange		\$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	Certificate of divestiture
		Example: Central Airlines Common				2/1/99												
			X						X									

* 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.

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, dates, 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

Source (Name and Address)		Brief Description		Value
Examples: 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)		\$500
Frank Jones, San Francisco, CA		Leather briefcase (personal friend)		\$300
1				
2				
3				
4				
5				

Reporting Individual's Name

SCHEDULE C

Page Number

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 ☒ X

Category of Amount or Value (x)

[illegible]

* 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: continuing participation in an employee benefit plan (e.g., 401k, deferred compensation); (2) continuation 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	X
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Status and Terms of any Agreement or Arrangement

Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.
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Parties
Doe Jones & Smith, Hometown, State

Date _____

Prior Editions Cannot Be Used

Reporting Individual's Name

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SCHEDULE D

10

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 ☐

Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Natl. Assn. of Rock Collectors, N.Y., N.Y. Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Presidential Transition Team	Quasi Governmental	Communications Director	11/08	1/09
2					
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 Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	Presidential Transition Team	Communications
2		
3		
4		
5		
6		