\$F278 (Rev. 03/2000)

S.C.F.R. Part 2634 U.S. Office of Government Ethics Date of Appointment, Candidacy, Election Reporting Status Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

OGE OSE OHLY	(Check box if comments are continued on the reverse side)	
Agency Use Only		
the preceding two calendar years and the current calendar year up to the		
Schedule D-The reporting period is	(Check box if filing extension granted & indicate number of days)	
or arrangements as of the date of	Comments of Keviewing Officials (1) additional space is required, use the reverse side of this sheet)	Comments of Keviewing Officials (1) add
Schedule C. Part II (Agreements or Arrangements) - Show any agreements		Use Only
within 31 days of the date of filing.	Signature Date (Month, Day, Year)	Office of Government Ethics
The reporting period is the preceding calendar year and the current calendar year in to any date you choose that is	14-1. W	in compliance with applicable laws and regulations (subject to any comments in the box below).
Schedule B-Not applicable.	Date (Month, Day, Year)	On the basis of information contained in this report, I conclude that the filer is
and our out of the state of the		Agency Ethics Official's Oninion
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	Monta 11 Com 2/27/19	Other Review (If desired by agency)
income (BLOCK C) is the preceding	Signature of Other Reviewer Date (Month, Day, Year)	
Nominees, New Entrants and Candidates for President and Vice President:	MMMM . 1/3:/2009	made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
of Schedule D is not applicable.	Signature of Reporting Individual Date (Month, Day, Year)	Certification
at the date of termination. Part II	Yes	
period begins at the end of the period	1 mark of Construction Communical Communication (A) to minimate to construct the construction of the communication (C) and	Senate Confirmation
Termination Filers: The reporting	IDo Von Introduction Control Inc.	Presidential Naminees Subject to
you file. Part II of Schedule D is not applicable.	Nove	Government During the Preceding 12 Months (If Not Same as Above)
Schedule D where you must also include the filing year up to the date	Title of Position(s) and Date(s) Held	Position(s) Held with the Federal
the preceding calendar year except Part II of Schedule C and Part I of	White Mosk, Washington DC 20502 (202)456-3307	(or forwarding address)
Incumbents: The reporting period is	be	Togation of Present Office
Donorting Posicial	Deputy Assistant to the President White House	Position for Which Filing
last day of the filing extension period	Department or	
is granted, more than 30 days after the		Reporting Individual's Name
required to be filed or, if an extension	Last Name First Name and Middle Initial	
file this report and does so more than	appropriate boxes) Yor Candidate Filer	1/20/2009
Ree for Late Filing Any individual who is required to	Calendar Year Covered by Report New Entrant, Nominee, Termination Date (If Appli- Covered by Report New Entrant, Nominee, Termination Cable) (Month, Day, Year)	or Nomination (Month, Day, Year)

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For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, with such income. in income during the reporting period, together value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 production of income which had a fair market For you, your spouse, and dependent children, Reporting Individual's Name your spouse). actual acount of any honoraria over \$200 of ncome of more than \$1,000 (except report the report the source but not the amount of earned Examples PETER RUNDLET Omidyan S+ ? Depository Receift Spy Fidelity Cash Reserves Fild ty Petroner March Fidelity Dundard Grants None Humanity United Central Airlines Common
Doe Jones & Smith, Hometown, State Assets and Income Kempstone Equity Fund IRA: Heartland 500 Index Fund BLOCK A とれいくろ We K 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 A **Excepted Investment Fund** If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent **Excepted Trust** Qualified Trust other entry is needed in Block C for that item. Income: type and amount. If "None (or less than \$201)" is checked, no 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 BLOCK C Amount \$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 Page Number 108,669 Ywo 25 Lynn 153,923 (Specify Type & Income Amount Actual Mo., Dav.
Yr.) Honoraria Only if

hildren, 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.

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U.S. Office of Government Ethics
Reporting Individual's Name

children, mark the other higher categories of value, as appropriate. peter purplet Times Squere Small Cap This category applies only if the asset/income is solely that of the filer's spouse or dependent children. Fidelity Granty Gooding Fidelity Contrative Litestyle Fund-Hygressive Fidelity Fredom 2030 Douglas Cox Stack Front Fiddity Oversus TOURT Disested I WI ord Abot Moday Vivil **Assets and Income** BLOCK A None (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$50,000 Valuation of Assets at close of \$50,001 - \$100,000 reporting period \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) **Excepted Investment Fund Excepted Trust** If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent Qualified Trust Dividends other entry is needed in Block C for that item. Income: type and amount. If "None (or less than \$201)" is checked, no 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 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 Page Number Other Income (Specify Type & Actual Mo., Dav. Honoraria Only if

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2 \v? 5 5 (S) 8 children, mark the other higher categories of value, as appropriate. U.S. Office of Government Ethics Reporting Individual's Name PETER KNYDLET USAA SOP SOO WALK Prior Editions Cannot be Used. his category applies only if the asset/income is solely that of the filer's spouse or dependent children. USER Nove Market Torol State Reportment Federal tradit Templeter I whit to reign to it Creek + Union - Wovey Mgut Acot 1. VOOL Prove Proce Health Some anguard Swall Cap where hat Sparton US Eguity ludge partan (util ludge Rouse Price Science + Toda Fores **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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) **Excepted Investment Fund Excepted Trust** If the asset/income is either that of the 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 Interest Capital Gains None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 filer or jointly held by the filer with the spouse or dependent \$5,001 - \$15,000 BLOCK C \$15,001 - \$50,000 Amount \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 Over \$5,000,000 Page Numbe Other Income (Specify Type & Actual S Mo., Dav. Honoraria Only if

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U.S. Office of Government Ethics
Reporting Individual's Name o ch children, mark the other higher categories of value, as appropriate. œ Piter Road of DCGlege Somiry Plan(52A) This category applies only if the asset/income is solely that of the filer's spouse or dependent children. World Book FC Wover Mangarent Account DC College State Dept **Assets and Income** BLOCK A JUN #4015 Account 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 \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) **Excepted Investment Fund Excepted Trust** If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent 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 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 Amount \$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 Page Number Other Income (Specify Type & Actual 2 Date Mo., Dav. Yr.) Only if Honoraria

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Reporting Individual's N

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

S. Office of Government Eurics						102	N. Carlot
eporting Individual's Name	SCHEDULE B	3				Pag	Page Number
Part I: Transactions			N.	None			:
eport any purchase, sale, or exchange by you, your spouse,	report a transaction involving property used solely as your nersonal residence. A a transaction solely between you.	Transaction Type (x)			Amount	Amount of Transaction (x)	ion (x)
r dependent charmen during the reportunik potroy or any real roperty, stocks, bonds, commodity futures, and other ecurities when the amount of the transaction exceeded 1,000. Include transactions that resulted in a loss. Do not	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	change	Date (Mo., Day, Fr.)	5,000 5,001 - 0,000 0,001 -	00,000 00,001 - 50,000 50,001 -	00,001 - 000,000 er	000,000* 000,001 - 000,000 000,001 -
Identifi	Identification of Assets	Sa	\$1,	\$15 \$50 \$50	\$10 \$25 \$ 25	\$50 \$1,	\$1, \$5,
Example: Central Airlines Common		×	2/1/99	×			
NOT REQUIRED FOR NOMINEES							
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On							
This category applies only if the underlying asset is solely tha the filer or jointly held by the filer with the spouse or depend	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.	t is either held te.					
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, ion, and the value of: (1) gifts (such as tangible items, transportation, lodging, ion, and the value of: (1) gifts (such as tangible items, transportation, S260; and cook, or entertainment) received from one source totaling more controlled to the property of the source totaling more controlled to the source totaling more source totaling more	ravel Expenses source, a brief descrip- ansportation, lodging, more than \$2500, and source totaling more	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	nment, given elatives; rece their relation dence. Also, i	to your ages ived by your ship to you; for purposes	spouse or dor provided of aggregation	ction with ependent as persons	n official t child total al hospital
han \$260. For contlicts analysis, it is neighful 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, lates, and the nature of expenses provided. Exclude anything given to you by	thing given to you by	for other exclusions. Non-	usions.	Cyclade Itel	io worm er	OT OF FORD.	
Source (Name and Address)		Brief Description	n				
Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	99 (personal activity u	nrelated to duty)				
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Peter Rundlet	SCHEDULE C	3 C	760	1 2 i
Part I: Liabilities	nersonal residence unless it is rented out, loans secured	None	Cotanger of Amount or Value (v)	
any time during the reporting period by you, your spouse,	by automobiles, household furniture or appliances; and lishiffies owed to certain relatives listed in instructions.		Consequence of the second	0 1 - 0
during the reporting period. Exclude a mortgage on your	See instructions for revolving charge accounts.	Date Interest T Incurred Rate a	2 app la m H; 0,001 - 5,000 - 00,001 - 500,000 - 500,001 - 1000,000 - 1000,00	5,000,001 25,000,00 25,000,00 50,000,00 ver 50,000,00
Creditors (Name and Address)	Type of Liability	8	\$1 \$1 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2	\$ \$ \$ \$
Examples: First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991 8% on	on demand	1
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* 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's spouse or dependent children, mark the other higher categories, as appropriate.	ler's spouse or dependent children. If the liability is man on me i regories, as appropriate.	Her or a John Hability of the med	I II I	
Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing participation in an		of absence; and (4) fi	of absence; and (4) future employment. See instructions regarding the reporting	reporting
employee benefit plan (e.g. 401k, deferred compensation; (2) continuation payment by a former employer (including severance payments); (3) leaves		of negotiations for an	of negotiations for any of these arrangements of benefits None	
Status and Terms of any	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.	n payment of capital account & partnership share		Doe Jones & Smith, Hometown, State	//60
NONE.				
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U.S. Office of Government Ethics Reporting Individual's Name Reter Rundlet SCHEDULE D Page Number

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.

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(10/	,	1000	Doe Jones & Smith, Hometown, State
30/1	7/85	Partner	I aw firm	Examples: Nat'l Assn. of Rock Collectors, NY, NY
1	6/92	President	Non-profit education	Ci Cii William VIII
To(Mo., Yr.)	Position Held	Type of Organization	Organization (Name and Address)

Part II: Compensation in Excess OI 35,000 Paid by One Source

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

> corporation, firm, partnership, or other business enterprise, or any other non-profi 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.

if you are an Incum Termination Filer, c Vice Presidential or Presidential Can None

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 		+			╁			Examples:		
						enter tex Inventor Progress, washington	Humanity United, Warmyton, DC	Metro University (client of Doe Jones & Smith), Moneytown, State		A
					after team	Center for Mornton Progress, weller the Euroloyed as UP+ Monnying Orrador of National Security	Employed of Director at Yoli on	Legal services in connection with univers		Brief Description of Duties