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

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001 Form Approved:

	Form Designed in Microsoft Excel 2000	<u></u>	711-8/7			
			276		Jsed.	Supersedes Prior Editions, Which Cannot Be Used.
OGE Use Only	ued on the reverse side)	(Check box if comments are continu	(Check box if co			
Agency Use Only						
date of filing.	da					
the preceding two calendar years and	÷					
chedule D. The reporting posted :						
filing.	<b>]</b>	ed & indicate num!	(Check box if filing extension granted & indicate number of days	(Check box		
or arrangements — Snow any agreements				un eu, use me reverse side of ints sheet)	ar opinion to redu	
Schedule C. Part II (Agreements or	S)			in the state of th	ol space is race	Comments of Reviewing Officials (If additional space is required.
within 31 days of the date of filing.	h. Day. Year)	Date (Monti				Use Only
year up to any date you choose that is					Signature	
The reporting period is the preceding	709	3/11		12.24	14	in the box below).
School Date Control		)		ر ا		in compliance with applicable laws and
Schedule B-Not applicable	th, Day, Yeaf)	Date (Mbnt	Heial	The second residual of the second of the sec	/	
within 31 days of the date of filing.	10/01	7/		Stimulated Assembly Company	Sionature of De	
year up to the date of filing. Value		<i>1</i> 1	/	100000000000000000000000000000000000000	///	agency)
calendar year and the current calendar			•			Off desired by
Schedule A.—The reporting period for income (BLOCK C) is the preceding	th, Day, Year)	Date (Moni		net Keviewer	organistic of Office Reviewer	) :
		80,0173		The December of the Control of the C	Signature of the	
Candidates for President and Vice President:		3/10/00		ban hate	10.	to the best of my knowledge.
Nominees, New Entrants and					•	made on this form and all attached
of Schedule D is not applicable.	m, Day, Year)	Date (Mon		Signature of Reporting Individual	Signature of Re	Certification  I CERTIFY that the statements I have
at the date of termination. Part II						
covered by your previous filing and ends	Z		Yes			
period begins at the end of the period	Diversified Trust?	Intend to Create a Qualified	Do You Intend to	Name of Congressional Committee Considering Nomination	Name of Cong	Senate Confirmation
					,	Described to the control of the cont
you file. Part II of Schedule D is not		on Project	residential Transitio	Deputy Director, Agency Review, Obama-Biden Presidential Transition Project	Deputy Dire	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	Title of Positio	Government During the Preceding
Part II of Schedule C and Part I of	456-1414	(202)		Too FA Aveilue Nev, veasnington, DC 20500	1000	(v. co. maruif, autress)
Incumbents: The reporting period is	Leichnone No. (Include Area Code)	Leiebnone		CORNEL AND LANGE TO CORNEL AND CO	1800 0 0 0	Location of Present Office
Reporting Periods	N. C. LOUGO	Talankan,		Address (Number, Street, City, State, and ZIP Code)	Address (Num	
shall be subject to a \$200 fee.	White House		Office of the	Assistant Staff Secretary	Assistant S	Position for Which Filing
last day of the filing extension period		Department of Agency (If Applicate	Department of A	011	Title of Position	,
is granted, more than 30 days after the			Joan L.		Walsh	Troporting markingars (valie
30 days after the date the report is		Middle Initial	First Name and Middle		Last Name	Reporting Individuals Name
file this report and does so more than			or Candidate		appropriate baxes)	
Ree for Late Filing	Termination Date (If Appli- Cable) (Month, Lay, rear)		New Entrant, Nomince,	Incumbent	(Check	or Nomination (Month, Day, Year)
				itus Calendar Year	Reporting Status	Date of Appointment, Candidacy, Election

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Assets and Income		- 1	10 a	, <u>s</u>	por at 1	tion of at close of arting per	luation of Ass at close of reporting period	Valuation of Assets at close of reporting period BLACK B	ŝ		İ				0 =	ther	Income: type other entry is n	₹.₹	nee an	Income: type and amount. If "None (or less other entry is needed in Block C for that item.	in in in	nt.	63	for	hat o	les	, in [1]	5.	201		If "None (or less than \$201)" is checked. no
For you, your spouse, and dependent children,				_						550	_		250		200		Гуре							Amou	Amount	-			1		
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.	,001)		743×3×	201100000	CONT. 7						4000	P1 301	runu	975 3 001 100 83			230	A KUMUM	1)					A Vertons							Other
For vourself, also report the source and actual amount of carned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of carned income of more than \$1,000 (except report the actual account of any honoraria over \$200 of your spouse).  None	None (or less than S	\$1,001 - \$15,000	\$15,001 - \$50,000	S50,001 - S100,000	\$100,001 - \$250,000	S250,001 - S500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$ 5,000,0 \$5,000,001 - \$25,000,0	\$25,000,001 - \$25,000,000	Over \$50,000,000	Excepted Investment	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$20	S201 - S1,000	S1,001 - S2,500	\$2,501 - \$5,000	S5,001 - S15,000	\$15,001 - \$50,000	S50,001 - S100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000		(Specify Type &: Actual Amount)
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	Assets and Income			65 Center Western	(6)61)								
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	- 1	et con	\$1,001 - \$15,000 \$15,001 - \$50,000		( in (%)	Zetynii.	-34%		th days		Sqr.		
			S50,001 - S100,000										
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	id See	2	\$1,000,001 - \$ 5,000,000		and the	100		- 54					
			55,000,001 - 525,000,000									1	
1 8	1 1		\$25,000,001 - \$50,000,000	41.00					F 125		130		62
(Use only if needed)	1		Over \$50,000,000									_	
(Use only if needed)			Excepted Investment Fund	X	2007 200	10.0	12.50	- 100	1246		22	33	State of
19 5			Excepted Trust							- 12		. 1000	au au
₹ E		300	Qualified Trust		9 201			200	3 115	Accept to	36	100	9111111
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g S	er e	احا	Reut and Royalties	254	2.2				1			-	27
S =	- F	Type	Interest									-	10.
2	Income: type and amount. If "None (or less other entry is needed in Block C for that item.  BLOCK C	Ш	Capital Gains	100			22 300		nr (\$)	(C) (C)	-	2000	2.4
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	C # 6	Amount	\$50,001 - \$100,000	140000			Page 1		ALC: U	Real B	33	182.70	2 119
	S G		\$100, <del>00</del> 1 - \$1,000,000	11,74234	-	0.000	7,00	-8			+		CT (4/2)
			Over \$1,000,000*				-		- 1	CHEAT R	-	150%	1936
	53		\$1,000,001 - \$5,000,000	0.00	250	198-14				21.50	+		
1	3	-	Over \$5,000,000						_	_	+	_	-
	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.  BLOCK C		Other Income (Specify Type & Actual Amount)										
	9		Date (Ma., Day: Ye.) Only if Honoraria										

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

reporting individuals Name			
	SCHEDULE B	r age Number	
Part I: Transactions		None	
Report any purchase, sale, or exchange by you, your spouse,			
property, stocks, bonds, commodity futures, and other securities when the amount of the	V real personal residence, or a transaction solely between you, Your spouse, or dependent child. Check the "Certificate of	Amount of Transaction (x)	
\$1,000. Include transactions that resulted in a loss. Do not	divestiture" block to indicate sales made pursuant to a geocertificate of divestiture from OGE.	000 01 - 000 01 - 000 001 - 000 001 - 000 001 - 000 001 - 000 001 - 000	0,000 0,001 - 0,000 0,000 0,000
Example:   Central Airlines Common	Sale	,000,	5,00 0,00 <del>'er</del> 0,00
1 NOT REQUIRED FOR NOMINEES	X	× \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$2 \$5 Or \$5
2			
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5			
* This category applies only if the underlying the filer with the state of the file of the file of the state of 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 crowned of dependent children.		
Part II: Gifts, Reimburser	Part II: Gifts, Reimbursements, and Travel Expenses		
fror you, your spouse and dependent chetion, and the value of: (1) gifts (such as food, or entertainment) received from (2)		the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally	el:
than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, s as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itin dates, and the nature of expenses provided. Exclude anything given to you be	wed from one source totaling more ultrom one source totaling more ultro indicate a basis for receipt, such U.S.C. § 4111 or other statutory imbursements, include travel itinerary, Exclude anything given to you by	to requisiting to you; or provided as personal hospitality. Also, for purposes of aggregating gifts to determine source, exclude items worth \$104 or less. See instructions of the second source of the second secon	v at the tions
Source (Name and Address)  Examples: Natl Assn of Root Colleges and			
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	dy unrelated to duty)	\$500
			\$300
N			
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Prior Editions Cannot Be Used.			

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Reporting Individual's Name	SCHEDULE C	C				Page Number	
Part I: Liabilities							
Report liabilities over \$10,000 owed to any one creditor at	personal residence unless it is rented out; loans secured		Nome				
any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed	by automobiles, household furniture or appliances; and liabilities owed to certain relating light in liances; and				Category of Amount or Value (x)	ınt or Value (x)	
during the reporting period. Exclude a mortgage on your	See instructions for revolving charge accounts.	Date Interest Incurred Rate	est Term if	01 - 00 01 -	001 - 000 001 - 000	0,000* 0,000* 0,001 - 0,000	0,000 0,001 - 0,000
Creditors (Name and Address)	Type of Liability		cable	10,0 15,0 15,0 50,0 50,0	100, 250, 250, 500, 600,	,000 ,000 ,000	5,00 0,00 er
Examples: First District Bank, Washington, DC		+	ł	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$1 \$2 \$2 \$5	\$1 \$1 \$5 \$5	\$2: \$5:
John Jones, 123 J St., Washington, DC	Promissory note	1999 10%	- 6		1-1-1-	<u> </u>	
1 US Department of Education	Student Loan		% 106 mnths	×	*		
2							
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G							
* Ihis 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.	's spouse or dependent children. If the liability is that of the filgories, as appropriate.	er or a joint liab	pility of the file				
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 of negotiations	(4) future en	of absence; and (4) future employment. See instructions of negotiations for any of these arrangements or benefits	nstructions rega	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits	ing
Status and Terms of any A	Status and Terms of any Agreement or Arrangement					None	
Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	payment of capital account & partnership share		Doe	Parties  Doe Jones & Smith, Hometown, State	Parties etown, State		Date 7/85
1 403b account at TIAA Cref - tax deferred annuity plan			TIA	TIAA Cref			03/04
2 Tides Center Western PA 403b Defined Contribution Plan	3n		Tide	Tides Center Western; TIAA Cref	n; TIAA Cref		08/03
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Reporting Individual's Name			Page Number	
SCHEI	SCHEDULE D			
Report any positions held during the applicable reporting period, whether consultant of any compensated or not. Positions include but are not limited to those of an officer, non-profit organi director, trustee, general partner, proprietor, representative, employee, or social, fraternal,	corporation, firm, partner zation or educational insti	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.		
me and Address)	Type of Organization	Position Held	From (Mo Yr)	To Mo Vr
Examples: Nat'l Assn. of Rock Collectors, NY, NY  Doe Jones & Smith, Hometown, State  I aw firm	ation	President	6/92	Present
		ı muki	//85	1/00
2 Non-profit		Board Member	9/07	1/09
: OBFING-610EN TRANSITION TRANSITION	1710A	DED DIRECTOR	11/05	1./06
L				in the second
· ·				
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 corporation, firm, business affiliation for services provided directly by you during any one year of organization when the reporting period. This includes the names of clients and customers of any of more than \$5,000 compensation, firm, business affiliation for services provided directly by you or your corporation, firm, business affiliation for services provided directly by you or your corporation, firm, business affiliation for services provided directly by you during any one year of organization when the reporting period. This includes the names of clients and customers of any of more than \$5,000 compensation received by you or your corporation, firm, business affiliation for services provided directly by you during any one year of organization when the reporting period.	partnership, or other busin vou directly provided the 00. You need not report the	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	ete this part Incumbent, iller, or tial I Candidate
Source (Name and Address)  Doe Jones & Smith Hometown State		Brief Description of Duties	None	
y (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	nstruction		
Communication Controlled	Organizing: primary and general election	1		
2 Obama Campaign for Change Organizing/ Con-	Organizing/ Constituency Outreach general election	eral election		
3 Obama-Biden Transition Project Deputy Director,	Deputy Director, Agency Review - Presidential transition	dential transition		
4				
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