

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	1/20/09	Reporting Status (Check appropriate boxes)	<input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report	2008	Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name	Last Name		First Name and Middle Initial		Termination (If Applicable) (Month, Day, Year)		
Position for Which Filing	Zichal		Heather R		Termination (If Applicable) (Month, Day, Year)		
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)		Termination (If Applicable) (Month, Day, Year)		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	1600 Pennsylvania Ave NW 20507		456-1234		2/20/09		
Legislative Director, US Senator John Kerry 12/2007 - 7/2008	Title of Position(s) and Date(s) Held		Legislative Director, US Senator John Kerry 12/2007 - 7/2008		Termination (If Applicable) (Month, Day, Year)		
Presidential Nominee Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Termination (If Applicable) (Month, Day, Year)		
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Certification	Signature of Reporting Individual		Date (Month, Day, Year)		Termination (If Applicable) (Month, Day, Year)		
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]		2/20/09				
Other Review (If desired by agency)	Signature of Other Reviewer		Date (Month, Day, Year)		Termination (If Applicable) (Month, Day, Year)		
	[Signature]		3/3/09				
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Termination (If Applicable) (Month, Day, Year)		
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]		3/11/09				
Office of Government Ethics Use Only	Signature		Date (Month, Day, Year)		Termination (If Applicable) (Month, Day, Year)		
	[Signature]						
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							

Supersedes Prior Editions, Which Cannot Be Used.

278-112

Form Designed in Microsoft Excel 2000

NSN 7540-01-070-8444

Reporting Individual's Name

Zichal

SCHEDULE A

Page Number

Assets and Income

BLOCK A

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 ☐

Valuation of Assets at close of reporting period

BLOCK B

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

Type

Amount

Other Income (Specify Type & Actual Amount)
Date (Mo., Day, Yr.)
Only if Honoraria

Central Airlines Common

Doe Jones & Smith, Hometown, State

Kernstone Equity Fund

IRA: Heartland 500 Index Fund

1

2

3

4

5

6

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

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

Law Partnership Income \$110,000

728,917.84

8030.77

ATTN STOCK

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.

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

SCHEDULE B

Page Number

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 ☐

Example: Central Airlines Common
NOT REQUIRED FOR NOMINEES

Identification of Assets

	Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)											
			\$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
1	Purchase	2/1/99			x									
2	Sale													
3	Exchange													
4														
5														

* 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, N.Y., N.Y.	Frank Jones, San Francisco, CA		
1		Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)		\$500
2		Leather briefcase (personal friend)		\$300
3				
4				
5				

Reporting Individual's Name
Zichal

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 ☒ M

Category of Amount or Value (x)

Creditors (Name and Address)
Examples: First District Bank, Washington, DC
John Jones, 123 J St., Washington, DC

Type of Liability
Mortgage on rental property, Delaware
Promissory note

Date Incurred	Interest Rate	Term if applicable	\$10,001 - \$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
1991	8%	25 yrs.											
1999	10%	on demand			x								

* 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

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.

Parties

Doe Jones & Smith, Hometown, State

None ☒ M

Date

7/85

Reporting Individual's Name
Zichal

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.

Examples:	Organization (Name and Address)	Type of Organization	Position Held	None <input type="checkbox"/>	
				From (Mo., Yr.)	To (Mo., Yr.)
1	Obama for America	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
2	African Wildlife Foundation	Presidential Campaign	Policy Director	7/08	11/08
3		Non-profit environmental	Council member	10/08	12/08
4	Obama-Biden Transition	Presidential Transition	Energy & Environment Policy Team Co-Chair	11/08	1/09
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	Obama for America	Energy Environment & Agriculture Policy Director	
2	Obama-Biden Transition	Energy & Environment Policy Team Co-Chair	
3			
4			
5			
6			