
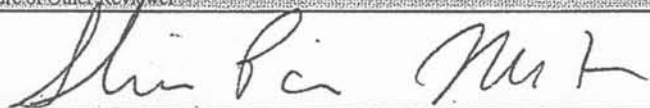
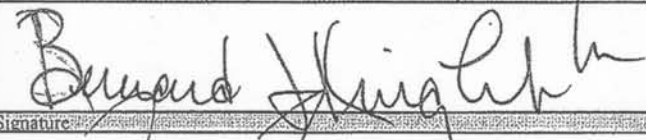



## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

|  |  |   |   |
|--|--|---|---|
| Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)  | Reporting Status (Check appropriate boxes)<br><input type="checkbox"/> Incumbent<br><input type="checkbox"/> Calendar Year Covered by Report<br><input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate<br><input type="checkbox"/> Termination Filer | Termination Date (If Applicable) (Month, Day, Year)   | Fee for Late Filing<br>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 Individual's Name  | Last Name: Barr  | First Name and Middle Initial: Michael S.   | Reporting Periods<br><b>Incumbents:</b> 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.<br><b>Termination Filers:</b> 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.<br><b>Nominees, New Entrants and Candidates for President and Vice President:</b><br><b>Schedule A—</b> 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.<br><b>Schedule B—</b> Not applicable.<br><b>Schedule C, Part I (Liabilities)—</b> 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.<br><b>Schedule C, Part II (Agreements or Arrangements)—</b> Show any agreements or arrangements as of the date of filing.<br><b>Schedule D—</b> The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. |
| Position for Which Filing  | Title of Position: Assistant Secretary for Financial Institutions  | Department or Agency (If Applicable): Treasury  |   |
| Location of Present Office (or forwarding address)   | Address (Number, Street, City, State, and ZIP Code): 900 Legal Research, University of Michigan Law School, 625 S. State St, Ann Arbor, MI 48109   |   | Telephone No. (Include Area Code): 734-936-2878   |
| 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: Counselor to the Director, National Economic Council, 2009-present  |   |   |
| Presidential Nominees Subject to Senate Confirmation   | Name of Congressional Committee Considering Nomination: Banking  | Do You Intend to Create a Qualified Diversified Trust?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>Certification</b><br>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:    | Date (Month, Day, Year): 5/4/09   |   |
| <b>Other Review</b><br>(If desired by agency)  | Signature of Other Reviewer:   | Date (Month, Day, Year): 5/4/09   |   |
| <b>Agency Ethics Official's Opinion</b><br>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 box below). | Signature of Designated Agency Ethics Official/Reviewing Official:    | Date (Month, Day, Year): 5/4/09   |   |
| <b>Office of Government Ethics Use Only</b>  | Signature:    | Date (Month, Day, Year): 5/7/09   |   |
| 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 _____) <input type="checkbox"/>   |  |   |   |
| (Check box if comments are continued on the reverse side) <input type="checkbox"/>   |  |   |   |
| Agency Use Only  |  |   | MAY 5 2009  |
| OGE Use Only   |  |   |   |

|   |                   |                      |
|---|-------------------|----------------------|
| Reporting Individual's Name<br><br>Barr, Michael S. | <b>SCHEDULE A</b> | Page Number<br><br>2 |
|---|-------------------|----------------------|

| Assets and Income  |  | Valuation of Assets<br>at close of<br>reporting period |                    |                     |                      |                       |                       |                         |                    |                           |                            |                             | Income: type and amount. If "None (or less than \$201)" is checked, no<br>other entry is needed in Block C for that item. |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
|--|--|--|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|--------------------|---------------------------|----------------------------|-----------------------------|---|--------------------------|----------------|-----------------|-----------|--------------------|----------|---------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|--------------------|---------------------------|---|---|----------------------------------|--|
| BLOCK A  |  | BLOCK B  |                    |                     |                      |                       |                       |                         |                    |                           |                            |                             | BLOCK C   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
| <p>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.</p> <p>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).</p> <p>None <input type="checkbox"/></p> |  | 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) | Date (Mo., Day, Yr.)<br><br>Only if Honoraria |                                  |  |
|  |  |  |                    |                     |                      |                       |                       |                         |                    |                           |                            |                             |   |                          |                |                 | 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                 |  |
| Examples   | Central Airlines Common                                  |  |                    |                     | X                    |                       |                       |                         |                    |                           |                            |                             |   |                          |                |                 | X         |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
|  | Doe Jones & Smith, Hometown, State                       |  |                    | X                   |                      |                       |                       |                         |                    |                           |                            |                             |   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                    |                           |   |   | Law Partnership Income \$170,000 |  |
|  | Kempstone Equity Fund                                    |  |                    |                     | X                    |                       |                       |                         |                    |                           |                            |                             |   | X                        |                |                 |           |                    |          |               |                           |                 | X                 |                   |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
|  | IRA: Heartland 500 Index Fund                            |  |                    |                     |                      |                       | X                     |                         |                    |                           |                            |                             |   | X                        |                |                 |           |                    |          |               |                           |                 |                   |                   | X                  |                     |                      |                         |                    |                           |   |   |                                  |  |
| 1  | Chase cash account                                       |  | X                  |                     |                      |                       |                       |                         |                    |                           |                            |                             |   |                          |                |                 |           |                    |          |               |                           |                 |                   | X                 |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
| 2  | VG Direct cash account                                   |  | X                  |                     |                      |                       |                       |                         |                    |                           |                            |                             |   |                          |                |                 |           |                    |          |               |                           |                 |                   | X                 |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
| 3  | University of Michigan 403(b) Plan: CREF Bond Market     |  | X                  |                     |                      |                       |                       |                         |                    |                           |                            |                             |   | X                        |                |                 |           |                    |          |               |                           |                 |                   | X                 |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
| 4  | University of Michigan 403(b) Plan: TIAA Real Estate     |  | X                  |                     |                      |                       |                       |                         |                    |                           |                            |                             |   | X                        |                |                 |           |                    |          |               |                           |                 |                   | X                 |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
| 5  | University of Michigan 403(b) Plan: CREF Stock           |  |                    | X                   |                      |                       |                       |                         |                    |                           |                            |                             |   | X                        |                |                 |           |                    |          |               |                           |                 |                   | X                 |                    |                     |                      |                         |                    |                           |   |   |                                  |  |
| 6  | University of Michigan 403(b) Plan: CREF Global Equities |  | 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.



|   |   |                      |
|---|---|----------------------|
| Reporting Individual's Name<br><br>Barr, Michael S. | <b>SCHEDULE A continued</b><br>(Use only if needed) | Page Number<br><br>3 |
|---|---|----------------------|

| Assets and Income<br><br>BLOCK A                              | Valuation of Assets<br>at close of<br>reporting period<br>BLOCK B   | Income: type and amount. If "None (or less than \$201)" is checked, no<br>other entry is needed in Block C for that item.   | BLOCK C  |
|---|---|---|--|
|   |   | Type  | Amount   |
|   |   | Dividends<br>Rent and Royalties<br>Interest<br>Capital Gains<br>None (or less than \$201)<br>\$201 - \$1,000<br>\$1,001 - \$2,500<br>\$2,501 - \$5,000<br>\$5,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$1,000,000<br>Over \$1,000,000* | Other<br>Income<br>(Specify<br>Type &<br>Actual<br>Amount) |
| None <input type="checkbox"/>                                 | None (or less than \$1,001)<br>\$1,001 - \$15,000<br>\$15,001 - \$50,000<br>\$50,001 - \$100,000<br>\$100,001 - \$250,000<br>\$250,001 - \$500,000<br>\$500,001 - \$1,000,000<br>Over \$1,000,000 * | Expected Investment Fund<br>Excepted Trust<br>Qualified Trust   |  |
| 1 University of Michigan 403(b) Plan:<br>CREF Growth          | x   | x   | x  |
| 2 University of Michigan 401(a) Plan:<br>CREF Bond Market     | x   | x   | x  |
| 3 University of Michigan 401(a) Plan:<br>TIAA Real Estate     | x   | x   | x  |
| 4 University of Michigan 401(a) Plan:<br>CREF Stock           | x   | x   | x  |
| 5 University of Michigan 401(a) Plan:<br>CREF Global Equities | x   | x   | x  |
| 6 University of Michigan 401(a) Plan:<br>CREF Growth          | x   | x   | x  |
| 7 SEP IRA:<br>CREF Bond Market                                | x   | x   | x  |
| 8 SEP IRA:<br>TIAA Real Estate                                | x   | x   | x  |
| 9 SEP IRA:<br>CREF Stock                                      | 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 categ





(Use only if needed)

Page Number

5

Barr, Michael S.

\* 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)

6

\* 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.



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|---|---|----------------------|
| Reporting Individual's Name<br><br>Barr, Michael S. | <b>SCHEDULE A continued</b><br>(Use only if needed) | Page Number<br><br>7 |
|---|---|----------------------|

| Assets and Income |  | Valuation of Assets<br>at close of<br>reporting period |                    |                     |                      |                       |                       |                         |                    |                            |                            | Income: type and amount. If "None (or less than \$201)" is checked, no<br>other entry is needed in Block C for that item. |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
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| BLOCK A           |  | BLOCK B  |                    |                     |                      |                       |                       |                         |                    |                            |                            | BLOCK C   |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|                   | 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 | Type      |                    |          |               | Amount                    |                 |                   |                   |                    |                     |                      |                         |                   |                           | Other<br>Income<br>(Specify<br>Type &<br>Actual<br>Amount) | Date<br>(Mo., Day,<br>Yr.)<br><br>Only if<br>Honoraria |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
|                   |  |  |                    |                     |                      |                       |                       |                         |                    |                            |                            |   |                   |                          |                |                 | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |
| 1                 | University of Michigan 403(b) Plan:<br>CREF Global Equities (spouse) | x  |                    |                     |                      |                       |                       |                         |                    |                            |                            |   |                   | x                        |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |  |  |                  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | </ |

Reporting Individual's Name

Barr, Michael S.

# SCHEDULE A continued

(Use only if needed)

Page Number

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| Assets and Income<br>BLOCK A |                         | Valuation of Assets<br>at close of<br>reporting period<br>BLOCK B |                    |                     |                      |                       |                       |                         |                    |                           |                            | Income: type and amount. If "None (or less than \$201)" is checked, no<br>other entry is needed in Block C for that item.<br>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<br>Income<br>(Specify<br>Type &<br>Actual<br>Amount) | Date<br>(Mo., Day,<br>Yr.)<br><br>Only if<br>Honoraria |                         |                    |                           |                  |
|                              |                         |   |                    |                     |                      |                       |                       |                         |                    |                           |                            |  |                   |                          |                |                 | 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 |
| 1                            | Chase cash account (DC) | x   |                    |                     |                      |                       |                       |                         |                    |                           |                            |  |                   |                          |                |                 |           |                    |          |               | x                         |                 |                   |                   |                    |                     |                      |  |  |                         |                    |                           |                  |
| 2                            | Chase cash account (DC) | x   |                    |                     |                      |                       |                       |                         |                    |                           |                            |  |                   |                          |                |                 |           |                    |          |               | x                         |                 |                   |                   |                    |                     |                      |  |  |                         |                    |                           |                  |
| 3                            |                         |   |                    |                     |                      |                       |                       |                         |                    |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |  |  |                         |                    |                           |                  |
| 4                            |                         |   |                    |                     |                      |                       |                       |                         |                    |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |  |  |                         |                    |                           |                  |
| 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 category.



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

Reporting Individual's Name

Barr, Michael S.

**SCHEDULE B**

Page Number

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**Part I: Transactions**None ☐

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.

|   | Identification of Assets         | Transaction Type (x) |      |          | Date (Mo., Day, Yr.) | Amount of Transaction (x) |                     |                      |                       |                       |                         |                  |                           |                            |                             |                   | Certificate of divestiture |
|---|----------------------------------|----------------------|------|----------|----------------------|---------------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|------------------|---------------------------|----------------------------|-----------------------------|-------------------|----------------------------|
|   |                                  | 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 |                            |
|   | Example: Central Airlines Common | x                    |      |          | 2/1/99               |                           |                     | x                    |                       |                       |                         |                  |                           |                            |                             |                   |                            |
| 2 |                                  |                      |      |          |                      |                           |                     |                      |                       |                       |                         |                  |                           |                            |                             |                   |                            |
| 3 |                                  |                      |      |          |                      |                           |                     |                      |                       |                       |                         |                  |                           |                            |                             |                   |                            |
| 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, 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: Natl 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<br><b>Barr, Michael S.</b> | <b>SCHEDULE C</b> | Page Number<br><b>10</b> |
|--|-------------------|--------------------------|

### 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 ☒

Category of Amount or Value (x)

|   |                                       |  |  |               |               |                    |                   |                   |                    |                     |                     |                       |                  |                         |                          |                           |                   |
|---|---------------------------------------|--|--|---------------|---------------|--------------------|-------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|------------------|-------------------------|--------------------------|---------------------------|-------------------|
| 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 |                                       | by automobiles, household furniture or appliances, and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts. |  | 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 |
| Creditors (Name and Address)  |                                       | Type of Liability  |  |               |               |                    |                   |                   |                    |                     |                     |                       |                  |                         |                          |                           |                   |
| Examples:   | First District Bank, Washington, DC   | Mortgage on rental property, Delaware  |  | 1991          | 8%            | 25 yrs.            |                   |                   | x                  |                     |                     |                       |                  |                         |                          |                           |                   |
|   | John Jones, 123 J St., Washington, DC | Promissory note  |  | 1999          | 10%           | on demand          |                   |                   |                    |                     | x                   |                       |                  |                         |                          |                           |                   |
| 1   |                                       |  |  |               |               |                    |                   |                   |                    |                     |                     |                       |                  |                         |                          |                           |                   |
| 2   |                                       |  |  |               |               |                    |                   |                   |                    |                     |                     |                       |                  |                         |                          |                           |                   |
| 3   |                                       |  |  |               |               |                    |                   |                   |                    |                     |                     |                       |                  |                         |                          |                           |                   |
| 4   |                                       |  |  |               |               |                    |                   |                   |                    |                     |                     |                       |                  |                         |                          |                           |                   |
| 5   |                                       |  |  |               |               |                    |                   |                   |                    |                     |                     |                       |                  |                         |                          |                           |                   |

\* 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 ☐

| Status and Terms of any Agreement or Arrangement   | Parties  | Date |
|--|--|------|
| 1. Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00  | Doe Jones & Smith, Hometown, State                 | 7/85 |
| 2. Upon confirmation, I will be on an unpaid leave of absence, with tenure, from the University of Michigan. Pursuant to university policy, I can apply for additional leaves of absences in one-year intervals. | University of Michigan Law School<br>Ann Arbor, MI | 4/09 |
| 3. I will maintain my interest in my 403(b) and 401(a) plans at the University of Michigan, but neither the university nor I will make contributions to the plans for the period of my government service.       | University of Michigan Law School<br>Ann Arbor, MI | 4/09 |
| 4. This line intentionally left blank.   |  |      |
| 5. Upon confirmation, I will terminate my health coverage with the University of Michigan.   | University of Michigan Law School<br>Ann Arbor, MI | 4/09 |
| 6.   |  |      |



|   |                   |                       |
|---|-------------------|-----------------------|
| Reporting Individual's Name<br><br>Barr, Michael S. | <b>SCHEDULE D</b> | Page Number<br><br>11 |
|---|-------------------|-----------------------|

### 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:                       | Nat'l Assn. of Rock Collectors, NY, NY   | Non-profit education                             | President   | 6/92            | Present       |
|                                 | Doe Jones & Smith, Hometown, State   | Law firm   | Partner   | 7/85            | 1/00          |
| 1                               | University of Michigan Law School<br>Ann Arbor, MI                                 | University                                       | Professor   | 2001            | present       |
| 2                               | Association of American Law Schools<br>Washington, DC                              | Non-profit association                           | Executive Committee Member                          | 2004            | present       |
| 3                               | American Bar Association<br>Washington, DC   | Non-profit association                           | Co-Chair of Committee on<br>Equal Access to Justice | 2006            | present       |
| 4                               | National Poverty Center<br>(affiliated with University of Michigan, Ann Arbor, MI) | University-based, nonpartisan<br>research center | Research Affiliate                                  | 2004            | present       |
| 5                               | Appleseed Foundation<br>Washington, DC   | Non-profit organization                          | Consultant  | 1/2006          | 4/2009        |
| 6                               | Dove Consulting (division of Hitachi Consulting)<br>Boston, MA                     | Consulting company                               | Consultant  | 1/2007          | 12/2008       |

### 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                               | Legal services   |
|                           | Metro University (client of Doe Jones & Smith), Moneytown, State | Legal services in connection with university construction      |
| 1                         | New America Foundation<br>Washington, DC                         | Honorarium for paper   |
| 2                         | AARP<br>Washington, DC   | Honorarium for paper   |
| 3                         | Brookings Institution<br>Washington, DC                          | Honorarium for paper   |
| 4                         | Center for American Progress<br>Washington, DC                   | Stipend for fellowship   |
| 5                         | Dove Consulting (division of Hitachi Consulting)<br>Boston, MA   | Consulting on report for Federal Deposit Insurance Corporation |
| 6                         | Federal Trade Commission<br>Washington, DC                       | Fee for training presentation                                  |

|   |                   |                       |
|---|-------------------|-----------------------|
| Reporting Individual's Name<br><br>Barr, Michael S. | <b>SCHEDULE D</b> | Page Number<br><br>12 |
|---|-------------------|-----------------------|

### 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, NY, NY                                       | Non-profit education       | President                 | 6/92            | Present       |
|                                 | Doe Jones & Smith, Hometown, State   | Law firm                   | Partner                   | 7/85            | 1/00          |
| 1                               | Reseau Financement Alternatif (for European Commission)<br>Brussels, Belgium | Government research entity | Consultant                | 2007            | 12/2008       |
| 2                               | Brookings Institution<br>Washington, DC                                      | Non-profit association     | Nonresident Senior Fellow | 2001            | present       |
| 3                               | Pew Charitable Trusts<br>Washington, DC                                      | Philanthropic organization | Consultant                | 2007            | 12/2007       |
| 4                               | Center for American Progress<br>Washington, DC                               | Non-profit association     | Senior Fellow             | 2008            | 2/2009        |
| 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   | Legal services  |
|                           | Metro University (client of Doe Jones & Smith), Moneytown, State             | Legal services in connection with university construction |
| 1                         | Harvard University<br>Cambridge, MA  | Honorarium for chapter in book                            |
| 2                         | University of Michigan<br>Ann Arbor, MI                                      | Professor   |
| 3                         | Reseau Financement Alternatif (for European Commission)<br>Brussels, Belgium | Provided expert advice on financial inclusion             |
| 4                         | Appleseed Foundation<br>Washington, DC                                       | Provided expert advice on international remittances       |
| 5                         | Pew Charitable Trusts<br>Washington, DC                                      | Provided expert advice on the unbanked.                   |
| 6                         |  |   |