

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:
OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)		Incumbent <input type="checkbox"/> Calendar Year Covered by Report		New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>		Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name		Last Name		First Name and Middle Initial		Termination Date (If Applicable) (Month, Day, Year)		Termination Date (If Applicable) (Month, Day, Year)	
Position for Which Filing		Cannon		Jonathan Z.		Department or Agency (If Applicable)		US Environmental Protection Agency	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		580 Massie Road, Charlottesville, VA 22903		Telephone No. (Include Area Code)		(434) 924-3819	
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		None		Do You Intend to Create a Qualified Diversified Trust?		<input checked="" type="checkbox"/> No	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Committee on Environment and Public Works		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Certification		Signature of Reporting Individual		Date (Month, Day, Year)		FEB 27 2009			
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 Other Reviewer		Date (Month, Day, Year)		3/6/09			
Other Review (If desired by agency)		Signature of Designated Agency Ethics Reviewing Official		Date (Month, Day, Year)		3/6/09			
Agency Ethics Official's Opinion		On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		Signature		Date (Month, Day, Year)		3/12/09	
Office of Government Ethics Use Only		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 _____) ☐

(Check box if comments are continued on the reverse side) ☐

Fee for Late Filing
Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.

Reporting Periods
Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.
Nominees, New Entrants and Candidates for President and Vice President:
Schedule A--The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.
Schedule B--Not applicable.
Schedule C, Part I (Liabilities)--The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.
Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.

Agency Use Only

OGE Use Only

MAR - 6 2009

Reporting Individual's Name
Cannon, Jonathan Z.

SCHEDULE A

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Assets and Income		Valuation of Assets at close of reporting period										Income: Type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																					
BLOCK A		BLOCK B										BLOCK C																					
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None <input type="checkbox"/>		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
BLOCK C		Type										Amount																					
Examples	Central Airlines Common																																
	Doc Jones & Smith, Hometown, State			x													x																
	Kempstone Equity Fund					x																											
	IRA: Heartland 500 Index Fund						x																										
1	Rockywood Deephaven Camps, Holderness, NH (recreational camps)		x														x																
2	Suntrust Bank (cash accounts)																																
3	Russell 1000 Growth Index Fund (VA Defined Contribution Plan)																																
4	Russell 1000 Value Index Fund (VA Defined Contribution Plan)																																
5	Verizon Communications																																
6	AT&T																																

* 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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GE/Adobe Acrobat version 1.0.2 (11/01/2004)

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Reporting Individual's Name
 Cannon, Jonathan Z.

SCHEDULE A continued (Use only if needed)

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Assets and Income		Valuation of Assets at close of reporting period											Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																	
BLOCK A		BLOCK B											BLOCK C																			
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type				Amount											
																	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	Kohls-Corp.			X														X														
2	Macy's Inc.			X														X														
3	Microsoft Corp.			X														X														
4	Nordstrom, Inc.			X														X														
5	St. Jude Medical Inc.			X														X														
6	Tiffany & Co.			X														X														
7	Walgreen Co.			X														X														
8	Xerox Corp.			X														X														
9	Zimmer Holdings Inc.			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.

Prior Editions Cannot Be Used.

Reporting Individual's Name
 Cannon, Jonathan Z.

SCHEDULE A continued (Use only if needed)

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Assets and Income		Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.			BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria			
BLOCK A		BLOCK B										BLOCK C			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											
1.	3M Co.			X													X	Dividends											
2.	Balt. MD Port Facs. Bonds		X															Interest											
3.	Fidelity Blue Chip (University of Virginia Matching 401A)	X																Capital Gains											
4.	Fidelity Equity Income (University of Virginia Matching 401A)	X																None (or less than \$201)											
5.	Retirement Money Market Fund (University of Virginia Matching 401A)		X															\$201 - \$1,000											
6.	Fidelity Blue Chip (University of Virginia Tax Deferred Savings)				X													\$1,001 - \$2,500											
7.	Fidelity Equity Income (University of Virginia Tax Deferred Savings)			X														\$2,501 - \$5,000											
8.	Fidelity Blue Chip (University of Virginia Faculty Retirement)			X														\$5,001 - \$15,000											
9.	Fidelity Freedom (University of Virginia Faculty Retirement)			X														\$15,001 - \$50,000											

* 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.

Valuation of Assets
at close of reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.

[illegible]

* 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 and dependent children, make the other higher categories of value, as appropriate.

SCHEDULE B

Reporting Individual's Name
Cannon, Jonathan Z.

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 ☐

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
Purchase											
Sale											
Exchange											
Example	Central Airlines Common										
1											
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, 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		
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
 Cannon, Jonathan Z.

SCHEDULE C

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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)

			during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude accounts.												or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.												
Creditors (Name and Address)		Type of Liability	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	
Examples	First District Bank, Washington, DC John Jones, 123 St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand					x					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: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of 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
Example	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
1	I will be on an unpaid leave of absence from the University of Virginia School of Law. The leave extends for two years	University of Virginia School of Law, Charlottesville, VA		
2	University of Virginia retirement pensions (retirement 401(a), tax deferred savings, faculty retirement).	University of Virginia School of Law, Charlottesville, VA		
3	University of Virginia Law School Foundation (teaching seminar from 9/2008 to 4/2009) - <i>discontinued during period</i>	University of Virginia School of Law Foundation, Charlottesville, VA		
4				
5	I will continue to participate in the UVA retirement plan; however, neither I nor UVA will make contributions to the plan.			
6				

Reporting Individual's Name
Cannon, Jonathan Z.

SCHEDULE D

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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, N.Y., NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	University of Virginia School of Law, Charlottesville, VA	Educational Institution	Professor	07/1998	present
2	Albemarle County Planning Commission, Charlottesville, VA	Local governmental entity	Member	01/2006	1/2009
3	Beveridge & Diamond, P.C., Washington, DC	Law firm	Senior Counsel	02/1999	1/2009
4	University of Virginia School of Law Foundation, Charlottesville, VA	non-profit foundation	lecturer	09/2007	4/2008
5	University of Virginia School of Law Foundation, Charlottesville, VA	non-profit foundation	lecturer	09/2008	present
6					

Part II: Compensation in Excess of \$5,000 Paid by One Source

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

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.

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	University of Virginia School of Law, Charlottesville, VA	Professor, law school teaching
2	Beveridge & Diamond, P.C., Washington, DC	Senior Counsel, legal services
3	University of Virginia Law School Foundation, Charlottesville, VA	teaching seminar
4		
5		
6		