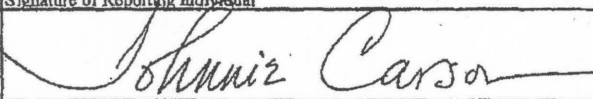
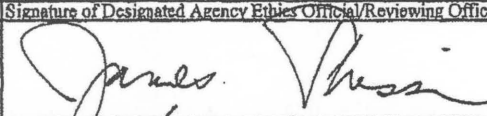
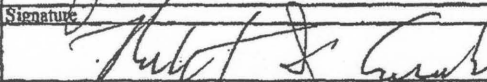


## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/> Termination <input type="checkbox"/> Filer	Calendar Year Covered by Report	Termination Date (If Applicable) (Month, Day, Year)	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 Individual's Name	Last Name CARSON	First Name and Middle Initial JOHNNIE		
Position for Which Filing	Title of Position Assistant Secretary of State for African Affairs	Department or Agency (If Applicable) State Department		
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) Office of the Director of National Intelligence, 7E62 OHB, Langley, Va	Telephone No. (Include Area Code) 703 - 482 - 3741		
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 National Intelligence Officer for Africa, National Intelligence Council, Director, September 2006 - present			
Presidential Nominee Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Senate Foreign Relations Committee	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Certification 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) January 20, 2009		
Other Review (If desired by agency)	Signature of Other Reviewer	Date (Month, Day, Year)		
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 of Designated Agency Ethics Official/Reviewing Official 	Date (Month, Day, Year) 2/26/09		
Office of Government Ethics Use Only	Signature 	Date (Month, Day, Year) 3/29/09		
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				
OGE Use Only				
				MAR 23 2009

0002

IIP PDRC

01/28/2009 10:55 FAX 202 453 8081

8Z 6 A 9Z JAN 29 2009

Reporting Individual's Name

JOHNNIE CARSON

# SCHEDULE A

Page Number

2

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					
Examples	Central Airlines Common				x												x																			
	Doe Jones & Smith, Hometown, State																																			
	Kempstone Equity Fund					x																														
	IRA: Heartland 500 Index Fund																																			
1	Condo:																																			
J	Oakton, Virginia (residential rental)																	x																		
2	Black and Decker		x																																	
J	Coca Cola		x																																	
	Coca Cola Enterprise		x																																	
3	Prudential Life Insurance Policy:																																			
J	Whole Life				x												x																			
4	Potomac Electric		x																																	
J	Pfizer		x																																	
	Chile Fund (CH)		x																																	
5	Pepsi Cola		x																																	
J	YUM (formerly TriconGlogal)		x																																	
	AT&T (formerly SBC Com)		x																																	
6	Verizon		x																																	
J	King Pharmacy		x																																	
	Johnson and Johnson		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

JOHNNIE CARSON

# SCHEDULE A continued

(Use only if needed)

Page Number

3

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																						
		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.)							
																	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	Prudential Financial		X																		X													
J	Citi Group		X																		X													
J	Chubb Corp		X																		X													
2	JANUS TWENTY MUTUAL FUND (JAVLX)			X										X							X													
3	JANUS GROWTH AND INCOME MUTUAL FUND (JAGIX)			X										X							X													
4	COLUMBIA (LIBERTY) ACORN MUTUAL FUND (AUSAX)			X										X							X													
5	JANUS MERCURY RESEARCH MUTUAL FUND (JAMRX)		X											X							X													
6	JANUS ENTERPRISE MUTUAL FUND (JAENX)		X											X							X													
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 categories of value, as appropriate.



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

Reporting Individual's Name

JOHNNIE CARSON

## SCHEDULE B

Page Number

4

## 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.

Transaction Type (x)		Date (Mo., Day, Yr.)	Amount of Transaction (x)											
			\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
Purchase	Sale	Exchange												
Example: Central Airlines Common		2/1/99			x									
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 \$114 or less. See instructions for other exclusions.

None ☐

Source (Name and Address)	Brief Description	Value
Examples: Nat'l 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 <b>JOHNNIE CARSON</b>	<b>SCHEDULE C</b>	Page Number <b>5</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)

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	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	HSBC -- Depew, New York	Mortgage on rental Condo: Virginia	1984	7%	30			X								
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
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			
2			
3			
4			
5			
6			

Reporting Individual's Name  JOHNNIE CARSON	<b>SCHEDULE D</b>	Page Number  6
---	-------------------	----------------------

**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 Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Board of Trustees Member, Drake University, Des Moines	Non -profit educational institution	Trustee -- Board Member uncompensated	June 2004	Present
2					
3					
4					
5					
6					

**Part II: Compensation In Excess Of \$5,000 Paid by One Source**

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

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

None ☒

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		