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

SF278 (Rev. 03/2000
5 C.F.R Part 2634
U.S. Office of Govern
D C

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

Date of Appointment, Candidacy, Election	Reporting Status	Yumanhant	Calendar Year Covered by Report		New Entrant, Nomince,	Termination	Termination Date (If Annli- caose) (Monin, Day, rear)	Fee for Late Filing								
or Nomination (Month, Day, Year)	appropriate boxes)	Incumbent	Covered by Report	X	or Candidate	Filer		Any individual who is required to file this report and does so more than								
		[hand			•	hammed		30 days after the date the report is								
Reporting Individual's Name	Last Name			···	First Name and Middle	Initial		required to be filed, or, if an extension is granted, more than 30 days after the								
	CARSON	-			JOHNNIE			last day of the filing extension period								
N. W. C. WHALLERS	Title of Position				Department or Agency	(If Applicable)		shall be subject to a \$200 fee.								
Position for Which Filing	Assistant Secr	etary of State fo	or African Affairs		State Department			Reporting Periods								
- 4 45	Address (Number,	Street, City, State,	and ZIP Code)		clude Area Code)	Incumbents: The reporting period is										
Location of Present Office (or forwarding address)	Office of the D	irector of Nation	nal intelligence, 7E6	32 Of	IB, Langley,Va	703 - 482 - 374	1	the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also								
Position(s) Held with the Federal	Title of Position(s	and Date(s) Held		112 2	4.000 0.41			include the filing year up to the date								
Government During the Preceding 12 Months (If Not Same as Above)	Nationa	T TüreTT	igence Ui	110	er for Afr	rica, Nat	ionai-	you file. Part II of Schedule D is not applicable.								
. (2110.0000	Intelli	gence Co	uncil, Di	rec	tor, Septe	ember 200	6 - present									
Presidential Nominees Subject to	Name of Congress	ional Committee C	onsidering Nomination		Do You Intend to Creat	e a Qualified Diversi	fied Trust?	Termination Filers: The reporting period begins at the end of the period								
Senate Confirmation	Senate Foreign	n Relations Con	nmittee		Y es	X No		covered by your previous filing and ends at the date of termination. Part II								
es metable	Signature of Repor	nian primetra				Date (Month, Day,	# 65°41.	of Schedule D is not applicable.								
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct	Signature of Ropo	1).	. 10		January 20, 20		Nominees. New Entrants and Candidates for President and Vice President:									
to the best of my knowledge.	1	5 Muiz	Cars	0				Schedule A-The reporting period for								
-	Signature of Other	Keviewer				Date (Month, Day,	Year)	lincome (BLOCK C) is the preceding								
Other Review (If desired by agency)								calendar year and the current calendar year up to the date of filling. Value assets as of any date you choose that is within 31 days of the date of filling.								
Agency Ethics Official's Opinion	Signature of Desig	mated Agency Ethic	es Official/Reviewing C	fficial		Date (Month, Day,	Year \	Schedule B-Not applicable.								
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).	pa	uls.	Mussi	_		2/26	1 1	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								
Office of Government Ethics	Signature	1-1-	#	1		Date (Month, Day,	Year)	within 31 days of the date of filing.								
Office of Government Ethics Use Only Comments of Reviewing Officials (If additional and additional	Schedule C. Part II (Agreements or Arrangements)—Show any agreements															
Comments of Reviewing Officials (II) datale	or arrangements as of the date of filing.															
			(Check bo	x if fili	ng extension granted &	indicate number of d	ays	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															
1								OGE Use Only								
1					(Check box if comme	nts are continued on	the reverse side)	MAR 2 3 2009								
Samuel - Brian Edition - Which Connect V	277				270 112	F D	-1-11-34	MILLIO COO								

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	SF278 (Rev. 03/2000)
	5 C.F.R Part 2634
best	U:S. Office of Government Ethics
-	Reporting Individual's Name
	JOHNNIE CARSON
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	Assets and

## SCHEDULE A

Page Number

2

Assets and Income		Valuation of Assets at close of reporting period						at close of other entry is needed in Block C for that item.										\$20	)1)" i										
BLOCK A					BI	LOC	KB	10000		1			10000								BI	LOCK	C						_
for you, your spouse, and dependent children, eport each asset held for investment or the production of income which had a fair market alue 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 mount of earned income exceeding \$200 (other han from the U.S. Government). For your spouse, eport the source but not the amount of earned income of more than \$1,000 (except report the ctual acount of any honoraria over \$200 of your spouse).	You cor less than \$4,000.	\$1,001 - \$15,000	\$15,H01 ~ \$50,000	\$50,001 - \$100,000	8140.401 8250,040	\$250,001 - \$500,000	SS401.00 000 4 (#10.00)	ST HH 091 - \$ 5 HB 4Hb	\$5,000,001 - \$25,000,000	525,000,001 - 850,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted 1 rust	Dividends	Royalties	Interest	Capital Gains	None (or less than \$201)	5201 - ST H19	51,001 - 52,500 57,501 - 84,000	\$5,001 - \$15,000	Am 000 055 100'513	\$50,001 - \$100,000	\$166,001 - \$1,000,000	Over \$1,000,000*	\$1,000L001 - \$5.000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day Yr.) Only if Honoraria
None		63	90	69	**	59			8	97		,			-	I	~	Z	69 6	A	69	5/9	89	ers :	0	ue.	0		٠.
Central Airlines Common  Examples Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund		_		×		-								<u>x</u>		 				×	x							Law Pertracthin Iouone \$130,000	
Condo:  J Oakton, Virginia (residential rental)						X															x								
2 Black and Decker J Coca Cola Coca Cola Enterprise		X X X																X X											
3 Prudential Life Insurance Policy: J Whole Life				х										x															,
4 Potomac Electric J Pfizer Chile Fund (CH)		X X X										X						X X	X										
Pepsi Cola J YUM (formerly TriconGlogal) AT&T (formerly SBC Com)		X X X																X X X											
Verizon King Pharmacy Johnson and Johnson		X X X																X X											

mark the other higher categories of value, as appropriate.

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 3 JOHNNIE CARSON (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Type Amount Other Date (Mo., Day, Income \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 \$1,000,007 - \$ 5,000,000 (Specify Yr.) \$500,001 - \$1,000,000 Type & \$250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalties \$50,001 - \$100,000 \$45,004 - \$50,000 Excepted Investm None (or less than Actual Only if \$50,001 - \$100,000 Over \$50,000,000 Over \$1,000.000 \$1,001 - \$15,000 Over \$1,000,000\* **Excepted Trust** Qualified Trust Over \$5,000,000 Amount) Honoraria \$5,001 - \$15,000 Capital Cains Dividends None Prudential Financial XXX Citi Group X Chubb Corp JANUS TWENTY MUTUAL FUND (JAVLX) JANUS GROWTH AND INCOME MUTUAL FUND (JAGIX) COLUMBIA (LIBERTY) ACORN X MUTUAL FUND (AUSAX) JANUS MERCURY RESEARCH X X MUTUAL FUND (JAMRX) W JANUS ENTERPRISE MUTUAL FUND X (JAENX) 8 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.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government		chedule B if you are a new entrant, nomine	e, Vic	e P	resi	idential	or P	resid	denti	ial C	and	idate	9												
Reporting Individual's I	Name	SCHEDULE	В										Page 1	Numbe		4									
Part I: Tran	sactions	•					None	2											-						
Report any purchase,													Transaction (x)												
property, stocks, bon securities when the a	ds, commodity futures, and other mount of the transaction exceeded sactions that resulted in a loss. Do not	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	00,001 -	.0,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	000,000,	Certificate of	String.						
	· Identif	ication of Assets	Pu	Sale	员		\$1.0	\$15	\$50	\$10	\$25	\$1,	Over \$1,00	\$1,	\$5,0	\$25	950,C	Cert	;						
Example: Central	Airlines Common		х			2/1/99			x										_						
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2			ļ.·																_						
3 .														,											
. 4																									
5																									
* This category appl	ies only if the underlying asset is solely t	hat of the filer's spouse or dependent children. If the underlying	asset is	eithe	r held	d					1			L	-			1	101						
		endent children, use the other higher categories of value, as appro																							
Part II: Gift	s, Reimbursements, and	Travel Expenses																							
tion, and the value food, or entertainn (2) travel-related of than \$260. For cor- as personal friend, authority, etc. For	use and dependent children, report the of: (1) gifts (such as tangible items, ment) received from one source totalicash reimbursements received from onflicts analysis, it is helpful to indicate agency approval under 5 U.S.C. § 4 travel-related gifts and reimbursementer of expenses provided. Exclude and tangency approval.	transportation, lodging, ng more than \$260; and ne source totaling more the a basis for receipt, such 111 or other statutory onts, include travel itinerary.	inde the c total	pende donor valu	from ent o s's res	rnment; girelatives; of their relatives; of their relatives. Almone souusions.	receiv tionsh lso, fo	ed by ip to r purp	your s	spous or pro of agg	e or d vided regat	as per	lent c rsona fts to	hild to l host deter	otally oitality mine to istruct	y at the		3							
	Source (Name and Address)		Br	ief De	scripti	ion											Value	e							
	Assn. of Rock Collectors, NY, NY Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6 Leather briefcase (personal friend).	/15/99 ()	ersona	al acti	vity unrelated	d to dut	y)				-				+	\$500 \$300								
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Prior Editions Cannot Be Used.

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C 5 JOHNNIE CARSON Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured Category of Amount or Value (x) by automobiles, household furniture or appliances; and any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Term if \$250,000 \$15,000 \$50,000 \$100,000 appli-Incurred Rate cable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC John Jones, 123 J St., Washington, DC Mortgage on rental property, Delaware 1991 25 yrs. Examples: 1999 10% Promissory note on demand x 1 IHSBC -- Depew, New York Mortgage on rental Condo: Virginia 1984 7% 3 \* 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 of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None X Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State 7/85 Example: calculated on service performed through 1/00. Prior Editions Cannot Be Used.

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SCHEDULE D   SCHEDULE D   SCHEDULE D   SCHEDULE D	U.S. Office of Government Ethics				Page Number	
compensated or not. Positions include but are not limited to those of an officer. director, trustee, general partner, proprietor, perpresentative, employee, or social, fraternal, or political entities and those solely of an honorary nature.    None	Reporting Individual's Name  JOHNNIE CARSON		SCHEDULE D		1.	3
Examples: Nat1 Ass. of Rock Collectors, NY, NY    Non-profit education   Persident   Source (Name and Address)   Doe Jones & Smith, Hometown, State   Source (Name and Address)   Doe Jones & Smith, Hometown, State   Legal services in connection with university construction   Persident   Part II: Compensation In Excess Of \$5,000 Paid by One Source	Report any positions held during the ap compensated or not. Positions include	plicable reporting period, whether but are not limited to those of an officer.	non-profit organization or educational in	nstitution. Exclude positions with religiou	S.	
Doe Jones & Smith, Hometown, State   Law film   Partner   Trustee Board Member   Uncompensated   June 2004   Property	Organi	zation (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Board of Trustees Member, Drake University, Des Moines  Non -profit educational institution  uncompensated  June 2004  Pr  In 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  Source (Name and Address)  Examples:  Do not complete to if you are an Incur 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.  Source (Name and Address)  Brief Description of Duties  Legal services  Legal services in connection with university construction				product of commer on street, so describe the attention on plants on control or street, we constant to	to become no money up many on manual of	Present 1/00
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    Do not complete the figure of more than \$5,000 compensation received by you or your component to the reporting period. This includes the names of clients and customers of any    Source (Name and Address)   Brief Description of Duties	1 . 1				·	
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  Source (Name and Address)  Examples:    Doe Jones & Smith, Hometown, State   Legal services   Legal services in connection with university construction		ke University, Des Moines	Non -profit educational institution	uncompensated	June 2004	Present
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  Source (Name and Address)  Examples:  Doe Jones & Smith, Hometown, State  Legal services  Metro University (client of Doe Jones & Smith), Moneytown, State  Legal services in connection with university construction  Doe Jones & Smith, Hometown, State  Legal services in connection with university construction	3					
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  Source (Name and Address)  Examples:  Doe Jones & Smith, Hometown, State  Legal services  Metro University (client of Doe Jones & Smith), Moneytown, State  Legal services in connection with university construction  Doe not complete to if you are an Incur Termination Filer, Vice Presidential Can None  Legal services  Legal services  Legal services in connection with university construction	4				7	
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    Source (Name and Address)   Brief Description of Duties	5		•			
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.    Source (Name and Address)	6					
Examples: Doe Jones & Smith, Hometown, State Legal services Metro University (client of Doe Jones & Smith), Moneytown, State  Legal services in connection with university construction	Report sources of more than \$5,000 co- business affiliation for services provide	mpensation received by you or your ed directly by you during any one year of	corporation, firm, partnership, or other organization when you directly provide	d the services generating a fee or payment	if you are ar Termination Vice President or President	n Incumbent, n Filer, or ential tial Candidate
Metro University (client of Doe Jones & Smith), Moneytown, State   Legal services in connection with university construction				Brief Description of Duties		
	Metro University (client of Doc		where he makes to become an entire or district the parties on market or market or market or	ity construction		
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