Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics Form Approved: OMB No. 3209 - 0001

0.5. Office of Government Ethics							
Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate	Termination Filer	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
Reporting Individual's Name	Last Name Gomez Title of Position			First Name and M		olicable)	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.
Position for Which Filing	ante UP in this particular base in the	Legislation a	nd Congressional Affa	nonandunean caraminatura	of Education		Reporting Periods Incumbents: The reporting period is
Location of Present Office (or forwarding address)	B-346/Raybum Fl C	B. Washing			Telephone N (202) 225-7	No. (Include Area Code)	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.
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s)	SERVICE PROPERTY OF STREET	MINISTER RECEIVED AND AND AND AND AND AND AND AND AND AN	ves - Gommittee on Ed	ication and L	abor, (7/10/06 - present)	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
Presidential Nominees Subject to Senate Confirmation	Name of Congressi Committee on Health	THE RESIDENCE OF THE PROPERTY OF THE PARTY O	OF THE RESIDENCE OF THE PARTY O	ation Do You Intend to		fied Diversified Trust?	Schedule D is not applicable. Nominees, New Entrants and Candidates for President and
Certification	Signature of Repor	ring Indicidus			Data (Mar	nth, Day, Year)	Vice President:
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.	Gell	e S	Sug-		Date (Mor	18/09	Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review (If desired by agency)	Signature of Other	Reviewer		ANN THE RESERVE OF THE PERSON	Date (Mor	8/09	as of any date you choose that is within 31 days of the date of filing. Schedule B-Not applicable.
Agency Ethics Official's Opinion	Signature of Desig	nated Agency	Ethics Official/Review	ing Official	Date (Mor	nth, Day, Year)	Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar
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).	M	IMY)	7		11	17/09	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics Use Only	Signature The	1	I Com	le	Date (Mor	2 - / 09	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing. Schedule D—The reporting period is
Comments of Reviewing Officials (If additional space i	s required, use	TI	his sheet) g extension granted & inc	dicate number	of days)	the preceding two calendar years and the current calendar year up to the date of filing.
							Agency Use Only
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			,,	Theck box if comments ar	a continued or	the reverse ride)	OGE Use Only
		34	(6	meek ook ii comments ar	e continued of	the reverse side)	APR 1 7 2009

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE A	Page Number 2 of 10
Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or checked, no other entry is needed in Blo	less than \$201)" is ck C for that item.
BLOCK A	BLOCK B BLOCK C	
For you, your spouse, and dependent chi report each asset held for investment of production of income which had a fair in value exceeding \$1,000 at the close of the ring period, or which generated more than in income during the reporting period, to with such income. For yourself, also report the source and amount of earned income exceeding \$200 than from the U.S. Government). For yours report the source but not the amount of eincome of more than \$1,000 (except report actual amount of any honoraria over \$70 your spouse).	### ### ##############################	Other Income (Mo., Day, Yr.) Type & Actual Amount) Oo(S) Oo(
Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund 1 (S) Charles Schwab IRA - Underlying Flocare Below 2 Schwab Money Market Fund - SWMXX 3 Vanguard Eong Term Invest: Grade - VWE 4 Jensen Portfolg Glass J - JENSX 5 Matthews Asian Growth & Inc Fund - MAC 6 Pamassus Equity Fund Inc Fund Investor 9 PRBby		Law Partnership Income \$130,000

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE A continued (Use only if needed) Page Number Page Number							
Assets and Income	Valuation of Assets at close of reporting period	is 1.						
BLOCK A	BLOCK C BLOCK C							
	10000, 10000 10000	Date o., Day, Yr.) Only if noraria						
1 TD Amentrade IRA Under ving Holdings are Below 2 IS Shares IBOXX & INVITOR Investment Grade IBOX & INVITOR Investment Grade IBOX Brates ISSP North American Natural Indox Fund IIGE 4 Shares Conena Steers Really IICF 5 IShares Middap 400 IDX Fund HUH								
7 DFA Invt Dimensions Group Emerging Market DFEMX 8 DFA Invt Dimensions Group US Large Cap Yalve Bortolo & DFLVX 9 DFA Invt Dimensions Group US Large Cap International & DFALX								

Reporting Individual's Name	SCHEDULE A continued Page Number						
Gomez, Gabriella C.	(Use on				4 of do.		
Assets and Income	Valuation of Assets at close of reporting period		Income: type and amount. If "None (or less than \$201)" checked, no other entry is needed in Block C for that item				
BLOCK A	BLOCK B		Туре	BLOCK C Amount			
	\$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$25,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$3,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000		Dividends Rentsündilköyallins Interest Capital Gains	None (or less than \$201) \$201 \$1/010 \$1,001 - \$2,500 \$2,501 \$5,001 \$5,001 - \$15,000 \$1,001 - \$10,000 \$100,001 - \$1,000,000*	Other Income (Mo., Day, Specify Yr.) Type & Actual Amount) OOO'S Amount) OOO'S Amount) OOO'S Amount)		
DFA intridt Goyl Fixed-Income Fundill- DFIGX	×			×			
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4 DFA Inviting Dimension Group US Small Cap Portfolip DESTX				×			
S (S) TD Ameritrade IRA							
6 Shares IBOXX & INVITOR Investment Grade IBOND Fund (ETF) 2 LQD				×			
7 Share S&P North American Natural Index Full IGE				× 1			
8 IShare Cohen & Stems Realty - ICF				X			
9. Shace S&P Middap 400 IDX Funds JH 1	X			×			
* This category applies only if the asset/incor by the filer with the spouse or dependent c	ne is solely that of the filer's spouse or dependent ch hildren, mark the other higher categories of value, as	uldren. If s appropri	the asset/inconiate.	ne is either that of the filer or jointly he	d		

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE A continued (Use only if needed) Page Number of 10							
Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or less checked, no other entry is needed in Block	ss than \$201)" is C for that item.						
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2 DFA Invi Dimensions Grp Emerg/Mkts - DFE								
3 IDFA Inviblimensions Grp US Targe Cap Value Portfolio - DFLVX								
DFA I VI Dimensions Gro US Small Cap. Portfolio DFSTX								
DFA not Dimensions Large, Captinternational DFALX								
5 DFA Intract Govt Executionne Fund II- PFI								
7 DFA/Invt Dimensions Group 5-Year Gobal III								
8 Dimensional InvtGroup modifit Value PTF - DRIVX								
94								
* This category applies only if the asset/inco by the filer with the spouse or dependent	ome is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held children, mark the other higher categories of value, as appropriate.							

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE A continued (Use only if needed)	Page Number
Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or checked, no other entry is needed in Blow	less than \$201)" is ck C for that item.
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TD Amentrade IRA. Underlying Investments are Below Share IBOXX & Invior Investi Fund - LQD. Share IBOXX & Invior Investi Fund - LQD. Share S&P N. Amer. Nat Index Fund - LQD. Share S&P N. Amer. Nat Index Fund - LQD. Share S&P Midoap 400 index Fund - LIH. Wanguard Growth ETF MSQ. USPrime Mark. JUG. DFA Invi Dimensions Group Emerging IMKS - DFE MX BOTA Invi Dimensions Group Large Cap Val. Portfolio - DELIXX DFA Invi Dimensions Group Large Cap Intil IDEAUXIII * This category applies only if the asset/inco		
by the filer with the spouse or dependent	ome is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly h children, mark the other higher categories of value, as appropriate.	eid

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE A continued (Use only if needed) Page Number of 10								
Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or less checked, no other entry is needed in Block				ess than \$201)" is k C for that item,				
BLOCK A	BLOCK B			BLOCK C					
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DFA invby Dimensions Gip Intrigyt Bond Fund. DFIGX		×		×					
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Bimensional Invi Gra Income inti Value PTF - DFIVX	$\overline{\mathbb{R}}$	$ \mathbf{x} $		×					
4 (S) American Federation of Teachers (2008) Salan and Acorded Leave Payout					Sa &Accres				
5 Congressional Federal Gredit Union Personal Savings Account	X			×					
6 Congressional Federal Credit Union Julian Joint Savings Account Julian Savings Account Savin	×								
7									
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* This category applies only if the asset/incom by the filer with the spouse or dependent ch	* 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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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Gomez, Gabriella C.	SCI	HED	ULF	В						Page	Number 8	of 1	o li li li
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal		None										
children during the reporting period of a real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,0 Include transactions that resulted in a lo	you, your spouse, or dependent child. Check the "Certificate of divestiture" b 00. to indicate sales made pursuant to a	dent children. If the underlying asset is either held higher categories of value, as appropriate. **CPENSES** Transaction Type (x) Date (Mo., Day, Yr.) 2/1/99 dent children. If the underlying asset is either held higher categories of value, as appropriate. **CPENSES** The U.S. Government; given to your agency in correceived from relatives; received by your spouse independent of their relationship to you; or proving donor's residence. Also, for purposes of aggregation to the rescaled items worth for other exclusions.		\$500,000 - 100,000 \$ \$1,000,000 - \$1,000,000	THE SHALL	\$5,000,000 - 100,000,000	\$25,000,001 - \$50,000,000	Secretificate of					
Identif	cation of Assets			S			\$55	\$22	Sich Sign		SS SS	\$22	50 0
Part II: Gifts, Reimbur For you, your spouse and dependent chi tion, and the value of: (1) gifts (such as t food, or entertainment) received from or (2) travel-related cash reimbursements r	angible items, transportation, lodging, he source totaling more than \$260, and eceived from one source totaling more	en categonical control	S. Gove	rnmer n relat of the esiden	lying asset is eas appropriate as appropriate as are it; given to y lives; received ir relationshice. Also, for	our ag	ency i our sp ou; or	ouse o provid aggre	r depended as parting g	dent erson ifts to	child to al hos deter	otally pitality mine t	/ at he
dates, and the nature of expenses provid	er 5 U.S.C. § 4111 or other statutory I reimbursements, include travel itinerary,					iude i	ems w	vorth 3	104 or .	iess.		None	ons
Source (Name and Address)			Bri	ef Desc	ription							V	alue
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident t Leather briefcase (personal friend)	o nation	d confer	rence 6/	15/99 (persona	al activit	y unrel:	ated to d	iuty)				300
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c ====================================													

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE (Use only	LE B continued ally if needed) Page Number of 10								
Part I: Transactions	3									
		Transa Type	ection		T	Amount	of Tran	saction (x)		
		III Jype		Date					10	Jo
			nge:	(Mo., Day, Yr.)	000	000	0000	00,00	00,00	icate Utture
Iden	tification of Assets	- Safe	Excitan		\$1,001 \$15,001 \$50,000 \$50,000	\$250,000 \$250,000 \$0,000	\$1,000,000	\$5,000,000	\$25,000,001 \$50,000,000 0vel	Certificate of divestiture
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*This category applies only if the underly by the filer or jointly held by the filer wi	ying asset is solely that of the filer's spouse or dependent chil ith the spouse or dependent children, use the other higher ca	dren. If the tegories of	under value,	lying asset is as appropria	s either held ite.					

	Individual's Name sabriella C.	SCHEDULE C								ō i i i i i						
Report 1	I: Liabilities iabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None Category of Amount or Va									RESELECTED CONTRACTOR				
during to your spe Check th	ne creditor at any time he reporting period by you, buse, or dependent children, he highest amount owed he reporting period. Exclude	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		Taraman	Town 15	100/10-11-11-11-11-11-11-11-11-11-11-11-11-1	\$15,001 - \$50,000 \$50,000	\$250,000	\$500,001 -	000000	\$5,000,000		\$25,000,001 - \$50,000,000 00,000,000			
	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable		\$1.5	\$10	\$50.	68	\$1,		\$25 \$50 \$50			
Examples	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8% 10%	25 yrs. on demand											
1 666																
2					Beinntorental						Series Eller					
3 10 10 10 10 10 10 10 10 10 10 10 10 10																
4 #5540 E5																
5																
*This ca	tegory applies only if the liability is e spouse or dependent children, ma	s solely that of the filer's spouse or dependent child ark the other higher categories, as appropriate.	ren. If the li	ability is t	hat of the fi	iler or a	joint liab	ility of the	e filer	Pareconii	HENDER	aaaaaaaa ji	isinian isinese			
Part	II: Agreements o	r Arrangements										- III E III				
Report y	our agreements or arrangements benefit plan (e.g. pension, 40	nts for: (1) continuing participation in an olk, deferred compensation); (2) continua- (including severance payments); (3) leaves	of absering of n	nce; and (egotiation	(4) future	emplo of the	yment. Se se arrang	ee instru gements (ctions re or benef	egardi its.	ing th		ort- Vone 📉			
	Status and 1	Terms of any Agreement or Arrangement						Parties					Date			
Example	Pursuant to partnership agreemen calculated on service performed the	t, will receive lump sum payment of capital account & payment of payment account & payment of capital account & payment	irtnership sh	are	Doe Jones	& Smit	n, Hometow	n, State					7/85			
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2 10000000																
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6 BUILDING	CONTRACTOR OF THE PROPERTY OF				TREE TREE TREE TREE TREE TREE TREE TREE	ALLEGE CHANGE	HEATT STREET, SHEEL	HELDER DE LE	rankinunga.		MINISTERNIE STATE	EREN HREE	S HERITANIES			

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Reporting Individual's Name Gomez, Gabriella C. SCHEDULE D									
Conse, Cabriella C.					10 of 10 H				
Part I: Positions Held Report any positions held during the a sated or not. Positions include but are trustee, general partner, proprietor, re any corporation, firm, partnership, or	pplicable reporting period, whether not limited to those of an officer, di presentative, employee, or consulta		nstitution. Exclude position entities and those solely of an	honorary	one 🌃				
Organization (Name	and Address)		Type of Organization	Position Held	From (Mo., Yr.)				
Examples Nat'l Assn. of Rock Collectors, NY, NY Doc Jones & Smith, Hometown, State		Non-profit educa	ition	President Partner	7/85	Present 1/00			
Congressional Hispanic Caucus Institute	Alumni Assoc. (Washington, BC)	Non-profits A	um (Association	Board Secretary	10/2007	10/2008			
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5									
6									
Part II: Compensation	n in Excess of \$5,00	0 Paid	by One Source	Do not complete this Incumbent, Termina	part if you	are an			
Report sources of more than \$5,000 co business affiliation for services provid	ompensation received by you or you	ur	non-profit organization when you directly provided the		dential Can	iidate.			
the reporting period. This includes the corporation, firm, partnership, or other	names of clients and customers of	any		payment of more than \$5,000. ernment as a source.		one 🔀			
Source (Name as	nd Address)	Tomatou des		Description of Duties					
Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones &:	Smith), Moneytown, State	Legal service	es in connection with university constru	ction					
2									
3									
5									
6									