## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

U.S. Office of Government Ethics							Service at the contract of the				
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes)	Incumbent	Calendar Year Covered by Report	New Entrant, Nominee	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				
	Last Name			First Name and Midd	e Initial		30 days after the date the report is required to be filed, or, if an extension				
Reporting Individual's Name	Goosby			Eric P.			is granted, more than 30 days after the last day of the filing extension period				
	Title of Position			Department or Agence	y (If Applicable)		shall be subject to a \$200 fee.				
Position for Which Filing	Coordinat	or of Uni	ted States*	Reporting Periods							
Y	Address (Number,	Street, City, State,	and ZIP Code)		Telephone No. (I	nclude Area Code )	Incumbents: The reporting period is				
Location of Present Office (or forwarding address)		et Street, cisco, CA	Suite 200 94103		(415) 581	L-7001	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)		-				include the filing year up to the date				
Government During the Preceding 12 Months (If Not Same as Above)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	you file. Part II of Schedule D is not applicable.				
Presidential Nominees Subject to	Name of Congressi	onal Committee Co	onsidering Nomination	Do You Intend to Cre	ate a Qualified Diver	sified Trust?	Termination Filers: The reporting period begins at the end of the period				
Senate Confirmation		reign Rela		Yes	▼	ło	covered by your previous filing and ends at the date of termination. Part II				
							of Schedule D is not applicable.				
Certification I CERTIFY that the statements I have	Signature of Repor	ting Individual			Date (Month, Do	y, Year)					
made on this form and all attached solicules are true, complete and correct to the best of my knowledge.	2	landy	0.2	T.	February 19, 2	Nominees, New Entrants and Candidates for President and Vice President:					
	Signature of Other	Ū.					Schedule A-The reporting period for				
	Signature of Other	Keviewer			Date (Month, Do	iy, Iear)	income (BLOCK C) is the preceding calendar year and the current calendar				
Other Review (If desired by agency)	-		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.								
Agency Ethics Official's Opinion	Signature of Design	nated Agency Ethic	S Official/Reviewing O	Official	Date (Month, Do	ay, 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).	1	nes \	hesin		4/22	109	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 Use Only	Signature V	lelot	16.	id.	Date (Month, De	7/09	within 31 days of the date of filing.  Schedule C. Part II (Agreements or Arrangements)— Show any agreements				
Comments of Reviewing Officials (If additi	ional space is require	d, use the reverse :	nide of this sheet)	20			or arrangements as of the date of				
*Activities to Combat	HTV/ATDS O	Tobolle v	(Check )	box if filing extension granted	& indicate number o	of days)	filing.				
TOTAL TOTAL COMPANIE	HIV/AIDS G	TODALLY W	ith rank or	Ambassador			Schedule D—The reporting period is the preceding two calendar years and				
				48 8 A 81 A	Wit tons		the current calendar year up to the				
					111 9007		Agency Use Only				
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							OGE Use Only				
				(Check box if con	ments are continued	on the reverse side)	APR 3 0 2009				
							MIII 3 0 2003				

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Re	eporting Individual's Name		-				-										_														Page Number	
Er	ric Paul Goosby	SCHEDULE A											2																			
	Assets and Income	Valuation of Assets at close of reporting period							I		Income: type and amount. If "None (or less than \$20) other entry is needed in Block C for that item.											201)	")" is checked, no									
L	BLOCK A	BLOCK B									100		BLOCK C																			
report values in with arreprince actions actions are considered actions.	or you, your spouse, and dependent children, port each asset held for investment or the oduction of income which had a fair market alue exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 income during the reporting period, together it such income.  For yourself, also report the source and actual mount of earned income exceeding \$200 (other am from the U.S. Government). For your spouse, port the source but not the amount of earned come of more than \$1,000 (except report the stual acount of any honoraria over \$200 of our spouse).	None for less than \$1,001)	\$1,001 - \$15,000	\$15,001 + \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$590,001 - \$1,000,000	Over \$1,000.600 *	\$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		Rent and Royalties	Interest	Capital Guins	None (or less than \$201)	\$281 - \$1,090	\$1,001 - \$2,500	\$2,501 - \$5,000	A 000'010 - 100'00	000 001 - 6100 000	99	Over \$1,000,000*	STABBARE - SSARWARD	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	None																															
Е	Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund		=	. X.	×	3	 		=								<u>×</u>						× -	X -		- - -					Low Partnership Income \$130,030	
1	Pangaea Global AIDS Foundation CEO and Chief Medical Officer San Francisco, CA																														Salary \$270,032.42	
2	Gilead Sciences Inc Foster City, CA	×																													Honoraria \$24,000.00	7/08
3	Social & Scientfic Systems Inc Silver Spring, MD	×																													Honoraria \$3,000.00	12/3-4/08
4	Hilton Publishing Inc Munster, IN (Book on HIV AIDS in African Americans)	Va	lu	e n	ot	re	ad	ily	а	sce	rt	ı i n	abl	e				Х				X										
5	Pangaea Global AIDS Foundation 403(B) Principal Financial Group Retire- ment Plan: Fixed Income Guaranteed			×										X	1							χ										
	- Principal Global Investors Diversified International RT Fund - International Emerging Markets RT Fund		X											X								X										
	This category applies only if the asset/income is			at of	the	filer	's sp	ouse	or d	leper	nden	t chi	drei	n. If	the	asse	t/in	com	e is e	ithe	r the	t of t	he f	iler c	r joii	itly h	eld b	y the	file	r with	n the spouse or deper	dent children,
ma	ark the other higher categories of value, as approp	riate																		_					_			-	_			
	Prior Editions Cannot be Used.																									14						

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Reporting Individual's Name Eric Paul Goosby			72							SC	CH			J <b>LI</b> only					ied											Page N	Number 3		
Assets and Income					epo	t clo	of A ose of g per CK B														nour in B		(Cf		nat i			\$20	01)"	is che	ecked. no		
None	None (or less than \$1,601)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$540,401 - \$1,000,000	Over \$1,000,000 *	51,000,007 - 5,4,00,600	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted investment fund	Excepted Trust	Dividends	Zone (feet	Lybrander Charles	f saits (Sains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	Am 00H'055 100'518	\$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
Exxon Mobil Corp Com					х					Ī					×	(		Ī	T		х			¢9									
GlaxoSmithKline PLC ADR		x													,	(			T		×												40
Foster Wheeler AG		x																	×														
New Hampshire Hghr Ed-HFA Rev OID 5.250%, 10/1/2018 bond		х															,	x		×													
Public Svc Enterprise Group			×												,	<					x												
Verizon Communications		x													,	<			T														
WT0909 Foster Wheeler LTD warrant		x													,	(			×														
Credit Suisse Asset Management Income Fund		×											x						×														
9 Iberdrola SA		х													,	(			х														
* This category applies only if the asset/income children, mark the other higher categories of value					e file	r's s	pouse	or	depe	nde	nt c	hildr	ren.	If the	e asso	et/in	com	ne is	eithe	τ tha	toft	he fi	ler o	rjoi	ntly	held	by th	ne fil	ler wi	th the	spouse or	depe	endent

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A Eric Paul Goosby 4 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 For you, your spouse, and dependent children. Type Amount 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 Other Date in income during the reporting period, together \$25,000,001 - \$50,000,000 Mo., Day. Income \$5,000,001 - \$25,000,000 with such income. 51,000,001 - \$5,000,000 (Specify Yr.) S500,001 - S1,000,000 \$100,001 - \$1,000,000 \$250,001 - \$500,000 \$1,000,001 - \$ 5,000 Type & For yourself, also report the source and actual 850,001 - \$100,000 Rent and Royalties \$15,001 \$50,000 Over \$50,000,000 None (or less than \$50,001 - \$100,000 Actual Only if amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, Over \$1,600.000 Over \$1,000,000\* \$1,001 - \$15,000 \$15,001 - \$50,000 **Excepted Trust** Over \$5,000,000 \$5,001 - \$15,000 Amount) Honoraria \$1,001 - \$2,500 Capital Gains \$201 - \$1,000 report the source but not the amount of earned Dividends income of more than \$1,000 (except report the Interest actual acount of any honoraria over \$200 of your spouse). None Central Airlines Common x x Examples Doe Jones & Smith, Hometown, State Law Partnership Income \$130,000 Kempstone Equity Fund IRA: Heartland 500 Index Fund x Aetna Intl New X X 2 Ameren Corp X X 3 AT&T INC X Bank of America Corp X Bristol Meyers Squibb χ 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.

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Dominion Res Inc New Va

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SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A Eric Paul Goosby 5 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 For you, your spouse, and dependent children, Type Amount 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 Other Date in income during the reporting period, together Income Mo., Day. \$5,000,001 - \$25,000,000 with such income. (Specify Yr.) \$1,000,001 - \$5,000,000 \$100,001 - \$1,000,0018 \$500,001 - \$1,000,00 \$250,001 - \$500,000 Type & For yourself, also report the source and actual \$50,001 - \$100,000 Rent and Royalties Over \$50,000,000 \$50,001 - \$100,000 Actual Only if amount of earned income exceeding \$200 (other \$1,001 - \$15,000 Over \$1,000,000 Over \$1,000,000\* **Excepted Trust** Over \$5,000,000 \$5,001 - \$15,000 Amount) Honoraria than from the U.S. Government). For your spouse, Capital Gains \$1,001 - \$2,500 \$201-\$1,000 None (or less report the source but not the amount of earned \$1,000,0001. Dividends income of more than \$1,000 (except report the Interest \$2,501 actual acount of any honoraria over \$200 of your spouse). None Central Airlines Common x Examples Doe Jones & Smith, Hometown, State Law Partnership Income \$130,000 Kempstone Equity Fund IRA: Heartland 500 Index Fund X Dow Chemical Co X 2 Dupont E I De Nemours X X X Duke Energy Corp New X X X Pfizer Inc. XT Wyeth

\* 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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First Energy Corp

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE** A continued Eric Paul Goosby 6 (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 \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 Income Mo., Dav. \$1,000,001 \$5,000,000 (Specify Yr.) \$250,001 - \$500,000 Type & \$50,001 - \$100,000 Rent and Royalties \$50,001 - \$100,000 Over \$50,000,000 None (or less than Only if Over \$1,000.000 Over \$1,000,000\* Actual \$1,001 - \$15,000 **Excepted Trust** Over \$5,000,000 \$5,001 - \$15,000 Amount) \$2,501 \$5,000 Honoraria \$1,001 - \$2,500 Capital Gains Dividends None Xcel Energy Inc. X iStar Financial Inc. X 5

\* 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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5 C	278 (Rev. 03/2000)  F.R. Part 2634  Do  Office of Government Ethics	not Complete Se	chedule B if you are a new entrant, nomine	e, Vi	ce P	res	idential	or P	resid	dent	ial C	and	idat	е						
Re	porting Individual's Name		SCHEDULE	В					- 2					Page 1	Numbe					
H	art I: Transactions							None			1		-							-
Re	port any purchase, sale, or exchang		report a transaction involving property used solely as your	1200	ansacti		T	1			Aı	mount	of Tran	saction	(x)					-
pro	dependent children during the repo- operty, stocks, bonds, commodity fi curities when the amount of the tran ,000. Include transactions that resul	atures, and other associon exceeded	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.	Purchase	Type (x	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	5,001 -	- 1001	00,001 -	- 100'00	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of	- Aming
Г		Identifi	cation of Assets	Pu	Sale	Ę		\$ 13	\$15	\$50	\$10	\$25	\$1,	\$1,00	\$ 55	\$5,	\$25	Over \$50,0	Cer	-
L	Example: Central Airlines Common			x			2/1/99		7-25-11	х										_
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2		MINIMA I DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA C																		
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L																<u></u>				_
			that of the filer's spouse or dependent children. If the underlyi endent children, use the other higher categories of value, as ap			ther h	neld													
Personal Property lies				ргорпа	tc.	-							_	-	_					-
fo fo (2 th as au	or you, your spouse and dependent, and the value of: (1) gifts (su od, or entertainment) received find the velocity of the conflicts analysis, a personal friend, agency approvents and the nature of expenses and	ent children, report the act as tangible items, to the mone source totaling the items are to the indicate at the indicate at under 5 U.S.C. § 41 ifts and reimbursements.	source, a brief descrip- ransportation, lodging, up more than \$260; and e source totaling more e a basis for receipt, such 11 or other statutory ts, include travel itinerary,	rece inde the c total	ived f pende lonor value	rom ent of s res	rnment; giv relatives; r f their relatidence. Al- m one sour usions.	eceive tionsh so, for	ip to y	your s	spous or pro-	e or d vided regati	as per	ent cl sonal	hosp deterr	otally itality nine t struct	at he		3	
	Source (Name and	A SECURIOR TROPING			ief Des							10						Value		
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francisco		Airline ticket, hotel room & meals incident to national conference 6  Leather briefcase (personal friend)	/15/99 (F	ersona	lactiv	vity unrelated	to duty										\$500 \$300		
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SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Page Number Reporting Individual's Name SCHEDULE C Eric Paul Goosby 8 Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None 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. \$1,000,001 -\$5,000,000 \$5,000,001 -\$25,000,000 \$100,001 -\$250,000 \$250,001 -\$500,000 \$1,000,000 -\$1,000,000 See instructions for revolving charge accounts. during the reporting period. Exclude a mortgage on your Date Interest Term if \$100,000 \$15,001 \$50,001 Incurred Rate applicable Type of Liability Creditors (Name and Address) First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: John Jones, 123 J St., Washington, DC 10% on demand Promissory note 1999 1 Chase World MC: PO Box 94014 Palatine.IL 60094 Credit Card 2008 19-24% Revolving 2 Citi Platinum Slect: POBox 6410 The Lakes, NV X Credit Card 2008 12.4 Revolvina 3 Diners Club Charge Card: PoBox 44180 2008 Jacksonville, FI 32231 Credit Card Revolvina 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 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 Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share 7/85 Example: Doe Jones & Smith, Hometown, State calculated on service performed through 1/00. I will continue to participate in the Pangaea Global AIDS Foundation 403(b) plan adminstered by Principal Financial Group, No. Principal Financial Group, Des Molnes, la 50392 9/07 further contributions will be made by me or former employer. 3 4 5 6

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Reporting Individual's Name				Page Number			
Eric Paul Goosby		SCHEDULE D		9			
Part I: Positions Held Outside U.S. ( Report any positions held during the applicable report compensated or not. Positions include but are not lidirector, trustee, general partner, proprietor, representations.)	orting period, whether mited to those of an officer,	consultant of any corporation, firm, partners non-profit organization or educational instructional, fraternal, or political entities and the	titution Exclude positions with religious	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	<u>6/92</u> 7/85	Present 1/00		
Pangaea Global AIDS Foundation     San Francisco, CA		Non-profit	CEO/Chief Medical Officer	2001	Present		
Bulletin of Experimental Treatments for AID San Francisco, CA	S (BETA)	Non-profit education HIV prevention	Member, Scientific Advisory Committee (Uncompensated)	8/2001	Present		
Homeless Prenatal Program     San Francisco, CA		Non-profit prevention for pregnancy	Board Member (Uncompensated)	1/2002	Present		
4 African American Health Alliance		Non-profit education HIV prevention	Board Member (Uncompensated)	1/2002	Present		
5 African American AIDS Policy and Training	Institute	Non-profit education HIV prevention	Member, Scientific Advisory Board (Uncompensated)	1/2001	Present		
6 Center for Strategic and International Studie Washington, DC	es (CSIS)	Research Institute/Policy Education	Member, Eminent Person Advisory (Uncompensated)	1/2002	Present		
Part II: Compensation In Excess Of Report sources of more than \$5,000 compensation r business affiliation for services provided directly by the reporting period. This includes the names of clie	eceived by you or your you during any one year of	corporation, firm, partnership, or other bu organization when you directly provided t of more than \$5,000. You need not report	he services generating a fee or payment				
Source (Name and Address)	_ 15 - (ex 11111)	1	Brief Description of Duties	- III I I I I I I I I I I I I I I I I I			
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith)	th), Moneytown, State	Legal services Legal services in connection with university	construction				
Pangaea Global AIDS Foundation     San Francisco, CA		CEO/Chief Medical Officer services					
2 Gilead Sciences Foster City, CA		Policy Advisory Board Member service	es				
3							
4	- Andria						
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Prior Editions Cannot Be Used.

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Reporting Individual's Name				Page Number			
Goosby, Eric P.		SCHEDULE D		10 1	10		
Part I: Positions Held Outside Report any positions held during the applicable sated or not. Positions include but are not limite trustee, general partner, proprietor, representati any corporation, firm, partnership, or other bus	e reporting period, whether compen- ed to those of an officer, director, ive, employee, or consultant of		stitution. Exclude positions with rentities and those solely of an honorar		ne		
Organization(Name and A	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	President Partner	- <del>6/92</del> - 7/85	Present		
HIV Medical Association/Infectious Di Arlington, VA		Non-profit education/training	Board Member (Uncompensated)	7/2006	Present		
Gilead Sciences, Inc. (Philantropic Poli Foster City, CA	icy Board)	Biopharmaceutical Company	Member, Advisory Board	9/2007	Present		
Social & Scientific Systems, Inc. Silver Spring, MD		Research Company	Member, Strategic Advisory Board	4/2008	Present		
4 IDSA and HIV Medical Association In Global Health	fectious Disease Center for	Non-profit	Member, Scientific Advisory Board (Uncompensated)	11/2008	Present		
Black AIDS Institute Los Angeles, CA		Non-profit	Member, Scientific Advisory Board (Uncompensated)	2000	Present		
6 Department of Medicine, Global Health California, San Francisco, CA	h Sciences, Unversity of	School of Medicine Academic Appointment	Professor of Clinical Medicine (Uncompensated)	1/2006	Present		
Part II: Compensation in Exce Report sources of more than \$5,000 compensati business affiliation for services provided directl the reporting period. This includes the names of corporation, firm, partnership, or other business	ion received by you or your ly by you during any one year of f clients and customers of any	ne Source  non-profit organization when you directly provided the services generating a fee or payme need not report the U.S. Government	Do not complete Incumbent, Tern Presidential or Pent of more than \$5,000. You ant as a source.	nination Filer, residential Car	or Vice		
Source (Name and A	Address)		Brief Description of Duties		- MAIN		
Examples Doe Jones & Smith, Hometown, State Metro University (Client of Doe Jones & S	Smith), Moneytown, State	Legal services  Legal services in connection with university cor	nstruction				
1							
2							
3		· ·			7/1		