Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

IIS Office of Government Ethics

Date of Appointment, Candidacy, Election r Nomination (Month, Day, Year)	Reporting Status (Check Incumbent Covered by Report appropriate boxes)	New Entrant, Nominee,	Termination Cable (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
Reporting Individual's Name	Last Name Griffin	First Name and Middle Christine M	Initial	required to be filed, or, if an extension is granted, more than 30 days after the
Position for Which Filing	Title of Position	Department or Agency (last day of the filing extension period shall be subject to a \$200 fee.
osition for winour rining	Deputy Director Address (Number, Street, City, State, and ZIP Code)	Office of Personnel	Management Telephone No. (Include Area Code)	Reporting Periods Incumbents: The reporting period is
Location of Present Office or forwarding address)	131 M Street NE, Washington, DC		202 663-4036	the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also
osition(s) Held with the Federal Government During the Preceding 2 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held Equal Employment Opportunity Commission Acting Vice Chair 1/22/09 to present Commission	er 1/5/06 - 1/21/09		include the filing year up to the date you file. Part II of Schedule D is not applicable.
residential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create	e a Qualified Diversified Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	Homeland Security & Governmental Affairs	Χes	X No.	covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.
Certification CERTIFY that the statements I have made on this form and all attached chedules are true, complete and correct of the best of my knowledge.	Signature of Reporting Individual		5/15/09	Nominees, New Entrants and Candidates for President and Vice President:
Other Review (If desired by agency)	Evas le (II) P O se	- Elez Orai O	Date (Month, Day, Year) 5/15/89	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.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official Reviewing Office	rial	Date (Month, Day, Year)	Schedule B-Not applicable.
n this report, I conclude that the filer is n compliance with applicable laws and egulations (subject to any comments n the box below).	Cist_		5/15/09	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	Put Land		Date (Month, Day, Year) 5/20/09	within 31 days of the date of filing. Schedule C. Part II (Agreements or Arrangements)— Show any agreements
Annihents of Reviewing Officials (1) additional of the control of	ional space is required, use the reverse side of this sheet)(Check box ij	ffiling extension granted &	indicate number of days)	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
		(Check box if comme	nts are continued on the reverse side)	MAY 1.5 2009
				m/N 13 2003

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										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																
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 acount of any honoraria over \$200 of your spouse). None		\$1,001 - \$15,000	S 5 500 1 - S 7 500 000	\$100,001 - \$250,000	\$250,001 - \$500,000		Over \$1,000.000 *	\$1,000,000 \$,000,000 \$5,000,001 - \$25,000,000	\$25,000.001 - \$50,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Dividends	Rent and Royalties		Capifal Gains	None (or less than \$201)	\$20J - \$1,00d	\$2.501 -\$5.000			\$50,001 - \$100,000	\$100,0001 - \$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
Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund North Middlesex Savings Bank	100		×			×					*		×	-							-						Law Partnership Income \$130,000	
Checking Account Interest Bearing Account			×												х			x										
Worthen Dale Realty Corporation (Spouse) 1/3 Interest Ayer, MA Commercial Rentals						х								х								×						
3 Carlins Restaurant, Inc (Spouse) 100% Interest Ayer, MA						χ																					Salary	
Chapel Hill Trust (Spouse) 50% Interest 10 undeveloped acres Groton, MA			×														x									- 9		
Downtown Rentals, LLC (Spouse) 1/3 Interest residential rental property in Ayer, MA			x											×							×							
6 C.R. Pierce, Inc DBA /Bookberry (Spouse) 100% Interest Newstand in Ayer, MA (closed)				x																							no spousal income	J15

Ke	porting Individual's Name										SC		11.	UL) only	172	-1.++			iec	l										Page Number	3
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B									Income: type and amount. If "None (or less than \$201 other entry is needed in Block C for that item. BLOCK C											01)"	1)" is checked, no							
一 の の の の の の の の の の の の の の の の の の の	None	Num (as been than \$1 000)	61 001 - 615 000	\$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 *	\$1,600,001 - \$ 5,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Oualified Trust		Rent and Royalties	Constant Contra	Mario (on lase don \$701)	\$261 - \$3.000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001_\$15,000	Am 000'058-100'518	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,590,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	Utah Educational Savings Plan (529 for Child #4 Age 3 Investment Option 2		×	4							37		x					12	,	c							* 74.23				
2	Utah Educational Savings Plan (529 for Child #5 Age 2 Investment Option 7	9)	×										×						,	۲											
3	for Child #1 Age 12 Investment Option 8			×									×						,												
4	Utah Educational Savings Plan (529 for Child #2 Age 10 Investment Option 8			×									×						ļ												
5	for Child #3 Age 9 Investment Option 8			X									×						,	۲ .											
6	AXA Equitable Life Insurance Policy (Spouse) Universal Life	1	×															۲	,												
7	Met Life Insurance Policy (Spouse) Universal Life		x															(,										-		
8	U.S. Financial Life Insurance Policy (Spouse) Universal Life		×															۲	,	(
9	Aviva Life Insurance Policy Universal Life		×														,	(,	c											

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S C F R Part	2634

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued Griffin, Christine M (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 Mo., Day, Other Excepted Investment Fund Nane (or less than \$1,001) \$25,000,001 - \$50,000,000 Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 Yr.) \$1,000,001 - \$5,000,000 (Specify \$500,001 - \$1,000,000 \$100,000.51,000,000 \$250,001 - \$500,000 Type & \$100,001 - \$250,000 \$50,001 - \$100,000 Rent and Royalties Over \$1,000.000 * None (or less than Only if \$15,001 - \$50,000 Over \$50,000,000 \$50,001 - \$100,000 Actual Over \$1,000,000* \$15,001 - \$50,000 **Excepted Trust** Qualified Trust \$5,001 - \$15,000 Over \$5,000,000 Amount) Honoraria \$2,501-\$5,000 \$1,001 - \$2,500 Capital Gains 5201 - \$1,000 Dividends None Fidelity Traditional IRA (Spouse) Fidelity Latin America Fund X X 2 Fidelity Traditional IRA Invested in Janus Fund х X 3 Fidelity Rollover IRA - Fidelity Cash Reserves Fund X X 4 Fidelity Roth IRA Fidelity Cash Reserves Fund X X 5 Fidelity Mass Muni Money Market Fund (FDMXX) (Spouse) × Fidelity Simple IRA - (Spouse): -Fidelity Cash Reserves Fund Х X -Oakmark Equity + Income Fund 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.

Reporting Individual's Name Griffin, Christine M		SCHEDULE	В									Page	Numbe		5		
Part I: Transactions							None						yara Mara				
Report any purchase, sale, or exchang or dependent children during the repo	ge by you, your spouse,	report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansact	Control of Tare					Amou	nt of Tr	ansactio	1 (x)			174	201
property, stocks, bonds, commodity a securities when the amount of the tra \$1,000. Include transactions that resu	utures, and other nsaction exceeded lited 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		ange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	\$100,001 - \$250,000 \$250,001	\$500,000 -	\$1,000,000 Over	51,000,001 -	55,000,0001-	25,000,001 -	Over. \$50,000,000	Certificate of
Example: Central Airlines Commo		Moli of Assess	x		925M	2/1/99	69 49	69 VI	X	05 05 05	69 69		09 01	SAN S	0, 0,	\$E-60	_
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4			\$200 \$200		To like				18723 185337	(4)	601 87		-	(2) 140 (5) (5)	_	2753E	_
			132		122		War.			200	4	- 77.4		107			
5		8															
	with the spouse or dependence of the such as tangible items, to from one source totaling ments received from one it is helpful to indicate val under 5 U.S.C. § 411 gifts and reimbursements provided. Exclude any	ource, a brief descrip- insportation, lodging, more than \$260; and source totaling more a basis for receipt, such 1 or other statutory include travel itinerary	the I rece inde the C total for c	J.S. (ived pend lonor valu other	Gove from ent o 's res	rnment; gi relatives; if their rela sidence, Al m' one sour isions.	ven to eccive tionshipso, for	your d by p to	your s	y in con spouse or provide of aggres	depe d as p ating	ndent o ersona gifts to	hild to hosp deten	otally itality nine t struct	at he	Value	

Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name SCHEDULE C 6 Griffin, Christine M Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at None x personal residence unless it is rented out; loans secured Category of Amount or Value (x) any time during the reporting period by you, your spouse, by automobiles, household furniture or appliances; and or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. \$500,000 \$500,001 -\$1,000,000 during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Term if \$100,000 \$100,001 \$50,001 Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: John Jones, 123 J St., Washington, DC 1999 Promissory note 10% on demand Х * 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 of absence; and (4) future employment. See instructions regarding the reporting Report your agreements or arrangements for: continuing participation in an 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 Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share 7/85 Doe Jones & Smith, Hometown, State calculated on service performed through 1/00.

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U.S. Office of Government Ethics Reporting Individual's Name				Page Number									
Griffin, Christine M		SCHEDULE D	SCHEDULE D										
Report any positions held during to compensated or not. Positions ind	utside U.S. Government the applicable reporting period, whether clude but are not limited to those of an officer proprietor, representative, employee, or	non-profit organization or educations	eartnership, or other business enterprise or al institution. Exclude positions with relig and those solely of an honorary nature.										
CONTRACTOR	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)								
Examples: Nat'l Assn. of Rock Colle Doe Jones & Smith, Hom		Non-profit education Law firm	President Partner		Present 1/00								
2													
3													
4	All the second s												
5													
6													
Report sources of more than \$5,00 business affiliation for services pr	In Excess Of \$5,000 Paid by One 00 compensation received by you or your ovided directly by you during any one year ones the names of clients and customers of any	corporation, firm, partnership, or oth organization when you directly provi	er business enterprise, or any other non-poded the services generating a fee or paymerport the U.S. Government as a source.		Incumbent, Filer, or ntial al Candidate								
Source (Name and Addre Examples: Doe Jones & Smith, Hon Metro University (client		Legal services Legal services in connection with universely	Brief Description of Duties ersity construction										
2			остор поменту — по										
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