

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)	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name		Last Name	Incumbent	First Name and Middle Initial	Termination Date (If Applicable) (Month, Day, Year)
Position for Which Filing		Title of Position	Department or Agency (If Applicable)		
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	
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			
Presidential Nominee Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		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)	
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)	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)	
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) ☐

(Check box if comments are continued on the reverse side) ☐

<p>Fee for Late Filing</p> <p>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.</p>	
<p>Reporting Periods</p> <p>Incumbents: The reporting period is 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.</p> <p>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 Schedule D is not applicable.</p> <p>Nominees, New Entrants and Candidates for President and Vice President:</p> <p>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.</p> <p>Schedule B- Not applicable.</p> <p>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 within 31 days of the date of filing.</p> <p>Schedule C, Part II (Agreements or Arrangements)- Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D- The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>	

Agency Use Only

OGE Use Only

FEB - 3 2009

SCHEDULE A

Page Number

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

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.

BLOCK B

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 amount of any honoraria over \$200 of your spouse).

☐ None

Examples	Central Airlines Common
Doe Jones & Smith, Hometown, State	
Kempstone Equity Fund	
IRA, Heartland 500 Index Fund	

1	Sentinel Sustainable Core Opport. - A
---	---------------------------------------

2	Sentinel International Equity Fund - A
---	--

3	City First Bank of D.C., NA
---	-----------------------------

4	City First Bank of D.C. NA
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	Dominici Social Investments
--	-----------------------------

[illegible]

Checking Account

Type

BLOCK C

Amount

Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)	Only if Honoraria
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Only if
Honoraria

* 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

Johnsen, Dawn E.

SCHEDULE A continued

(Use only if needed)

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.

BLOCK A		BLOCK B										BLOCK C					BLOCK C																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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Prior Editions Cannot be Used.

Johnsen, Dawn E.

SCHEDULE A continued (Use only if needed)

Page Number
 3

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

None <input type="checkbox"/>		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												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												Other Income (Specify Type & Actual Amount)												Date (Mo., Day, Yr.) 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Prior Editions Cannot be Used

Johnsen, Dawn E.

SCHEDULE A continued
(Use only if needed)

Page Number

4

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

	None <input type="checkbox"/>	Valuation of Assets at close of reporting period										Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria								
		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	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
1			X											X						X												
2			X																	X												
3			X																	X												
4			X																	X												
5				X																X												
6					X															X												
7						X														X												
8			X																	X												
9			X																	X												

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Prior Editions Cannot be Used.

Reporting Individual's Name

Johnsen, Dawn E.

SCHEDULE A continued

(Use only if needed)

Page Number

5

Assets and Income

Valuation of Assets at close of reporting period

BLOCK A

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

BLOCK A	BLOCK B	BLOCK C	Type	Amount	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary
None <input type="checkbox"/>	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					
	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	TIAA-CREF Retirement Plan IU					
	TIAA Real Estate Fund					
2	TIAA-CREF Retirement Plan IU					
	CREF Social Choice Fund					
3	TIAA-CREF Retirement Plan IU					
	CREF Global Equities					
4	TIAA-CREF Retirement Plan IU					
	CREF Growth					
5	TIAA-CREF Retirement Plan IU					
	Mid-Cap Growth					
6	TIAA-CREF Retirement Plan IU					
	Small-Cap Equity					
7	TIAA-CREF Retirement Plan IU					
	Social Choice Equity					
8	TIAA-CREF Retirement Plan IU					
	S&P 500 Index					
9	Indiana University Retirement Plan					
	Contingent future benefits - TIAA CREF					
	(Invested in same funds above lines 1-8)					

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Prior Editions Cannot be Used.

401a plan doesn't
vest until age 55
if still at IU

Johnsen, Dawn E.

SCHEDULE A continued (Use only if needed)

Page Number

6

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

	None <input type="checkbox"/>	Valuation of Assets at close of reporting period										Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria									
		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	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
1 American Funds(spouse IRA/SEP) EuroPacific Growth Fund-B			X																		X												
2 American Funds(spouse IRA/SEP) Growth Fund of America-B			X																		X												
3 American Funds(spouse IRA/SEP) Capital World Growth and Income Fund-B			X																		X												
4 American Funds(spouse IRA/SEP) Capital Income Builder-B			X																		X												
5 Lincoln Investment Planning, Inc. AIM Global Small & Mid Cap Growth Fund-			X																		X												
6 Lincoln Investment Planning, Inc. American Funds Growth Fund of Amer.-F			X																		X												
7 Lincoln Investment Planning, Inc. Calvert Aggressive Allocation Fund-A			X																		X												
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.

Prior Editions Cannot be Used.

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

Reporting Individual's Name

Johnsen, Dawn E.

Page Number

SCHEDULE B

7

Part I: Transactions

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.

None

☐

Amount of Transaction (x)

	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
Example: Central Airlines Common	Purchase	2/1/99												
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 \$104 or less. See instructions for other exclusions.

None

☐

	Source (Name and Address)	Brief Description	Value
Examples:	Nett Asm. 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			

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

SCHEDULE B continued

(Use only if needed)

Page Number

Part I: Transactions

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)													
		Purchase	Sale	Exchange		\$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		
1	Example: Central Airlines Common	x			2/1/99			x											
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
16																			

* 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.

Prior Editions Cannot Be Used.

SCHEDULE C

Page Number
8

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 ☒ X

Category of Amount or Value (x)

	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)										
						\$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
1	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			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	I will utilize standard university leave policies that allow a two-year leave of absence from my tenured position with the Indiana Univ. Schol	Indiana University School of Law, Bloomington, IN	8/1998
2	Defined contribution plan contributions will cease; life insurance coverage will cease 3 months into my leave.		
3	I will continue to own accounts in the IU retirement plan through TIAA CREF; including unvested retirement benefits in my 401a plan	Indiana University School of Law, Bloomington, IN	8/1998
4	I will continue to be eligible to receive family health benefits pursuant to standard university leave policies.		
5			
6			

Reporting Individual's Name
Johnsen, Dawn E.

SCHEDULE D

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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 American Constitution Society	Nonprofit organization	Director	12/2003	12/31/2008
2 Indiana University School of Law, Bloomington	Educational institution	Professor of Law	8/98	Present
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 Indiana University School of Law, Bloomington	Law professor
2	
3	
4	
5	
6	