

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved
OMB No. 3200-9001

U.S. Office of Government Ethics		Reporting Status (Check appropriate box)		Calendar Year Covered by Report		New Entrant Nominee (Check appropriate box)		Termination Date (If Applicable) (Month, Day, Year)	
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		<input type="checkbox"/> Incumbent		<input checked="" type="checkbox"/> X		<input type="checkbox"/> New Entrant		<input type="checkbox"/> Termination	
Reporting Individual's Name		Last Name		First Name and Middle Initial		Department of Agency (If Applicable)		Office of Management and Budget	
Position for Which Filing		Nabors II		Robert L		Title of Position		Deputy Director	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and Zip Code)		H-218, the Capitol Washington, DC 20515		Telephone No. (Include Area Code)		202-226-9816	
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		Minority Staff Director, House Appropriations Committee (2/2004-1/2007); Staff Director and Clerk, House Appropriations Committee (1/2007-12/2008); Sr. Advisor (12/2008 - Present)		Do You Intend to Create a Qualified Diversified Trust?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Presidential Nominee Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Homeland and Government Affairs; Budget		Signature of Reporting Individual		Date (Month, Day, Year)	
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 Chief Reviewer		Date (Month, Day, Year)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)	
Other Review (If desired by agency)		Signature		Date (Month, Day, Year)		Signature		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		Date (Month, Day, Year)		Signature		Date (Month, Day, Year)	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Signature		Date (Month, Day, Year)	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)									
<p>★ EIF box checked for both entries of Fidelity Cash Reserves per Filers instruction. (FDRX) - Konina Dees 12-24-08</p> <p>(Check box if filing extension granted & indicate number of days)</p>									
<p>(Check box if comments are continued on the reverse side)</p>									
<p>See 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 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: Incumbents: The reporting period is the preceding calendar year except for 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 Vice Presidents: The reporting period for Schedule A - 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 (Qualifications): 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>									
<p>Agency Use Only</p> <p>PC 12/23/2008</p>									

SCHEDULE A continued

(Use only if needed)

BLOCK A		BLOCK B										BLOCK C																	
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.																	
												Type	Amount										Other Income (Specify Type & Amount)	Date (Mo./Yr.)					
1	Fidelity Rollover IRA (spouse)	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	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		
2	Fidelity Short Term Bond Fund		X							X							X												
3	Fidelity Low Priced Stock Fund		X							X							X												
4	Fidelity Cash Reserves			X						X																			
5	US Federal Savings Bonds (self)		X																										
6	US Federal Savings Bonds (dependents)		X														X												
7																													
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

Prior Editions Cannot be Used.

None

purchase	Type (x)	Transaction
sale		
exchange		

Date (Mo.,
Day, Yr.)

001 -	5,000
5,001 -	10,000
10,001 -	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	
Investiture	

[illegible]

- 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

(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 name 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.

NOTE

	Source (Name and Address)	Brief Description (What happened, where, when, how, and to whom)	Amount (\$)
Examples	Nellie Ann, of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Admission ticket, hotel room, & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500 \$300
1		Laundry business (personal friend)	
2			
3			
4			
5			

SCHEDULE C

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 ☒

Category of Amount or Value (x)

Examples	Creditor (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	Over \$500,000
1	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs											
2	John Jones, 123 J St., Washington, DC	Promissory note	1999	10%	on demand											

* 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

Doc Jones & Smith, Hometown, State

Date 7/85

Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.

1																
2																
3																
4																
5																
6																

Reporting Individual's Name
 Robert Lee Nabors II

SCHEDULE D

Page Number

6

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.)
Hall, Sen. of Rock Collington, NY, NY		Non-profit education	President	6/92	6/93
Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
1					
2					
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

Source (Name and Address)	Legal services	Duties	Do not complete this part if you are an incumbent, Termination Filer, or Vice Presidential or Presidential Candidate
Doe Jones & Smith, Hometown, State	Legal services in connection with university construction		<input checked="" type="checkbox"/>
Metco University (client of Doe Jones & Smith), Moneytown, State			
1			
2			
3			
4			
5			
6			