TOSTRE REPORT

Form Approved: OMB No. 3209-0001

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Schedule D.—The reporting period is	ted & indicate number of days:	omments of Reviewing Officials iff additional space is required, use the toward out of small state of the state of the control of the state	Comments of Reviewing Officials Iff au
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	12/2/1/208	Signature A 1 and	in the box below).
		Man de	in compliance with applicable laws and regulations (subject to any comments
Schedule C. Part I (Liabilities) The reporting period is the proceding	17/23/2008	2. 7.	Agency ethics Officials Chillian On the basis of information contained On the basis of information contained Torrelyde that the filer is
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	2/23/ Con the first first from the first f		made on this form and all auscidents schedules are true, complete and correct to the best of my knowledge.
Candidates for President and Vice		Signature of Keportinis (Idiatulua)	CERTIFY that the statements I have
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of Schedule D is not applicable.	× No	Homeland and Government Affairs; Budget	Senate Confirmation
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4-11	fires to, distrib	Appropriations Committee (1/2007-12/2008); Sr. Advisor (1/2/2008 - Fresent)	12 Months (If Not Same as Above)
applicable.		Title of Position(s) and Date(s) Heto Minority Staff Director, House Appropriations Committee (2/2004-1/2007); Staff Director and Clerk, House	Position(s) Held with the Federal Government During the Preceding
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Reporting Periods			Doction for Which Filling
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file this report and does so more than	File	Covered by Report X or Candidate X	Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)
And individual who is required to	n Date (If Appli)	Colleges Vent & High-Till Colleges Coll	U.S. Office of Government Ethics
	ET OKT	Executive Branch Personnel PUBLIC FINANCIAL DISCLUSORE N	SEZZE (REV 03/Z000)

SF278 (Rev.: 02/2000) S C.R.R. Part 2634

U.S. Office of Government Bibits Reporting Individual's Name Robert Lae Nabors II 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 carnet. report each asset field for investment or the production of income which laid 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. your spouse). income of more than \$1,000 (except report the or you, your spouse, and dependent children, actual acount of any honoraria over \$200 of Examples This category applies only if the assertincome is solely that of the filer's spouse or dependent children, mark the other higher categories of value, as appropriate, Fidelity 529 College Plan -Washington, DC Swart Horowitz (spousal employment) Fidelity IRA (self) Citibank Savings Account None Oct. 2006 - Sep. 2008 Delaware Conservative Portfolio Fidelity Government Income Mutual Fidelity Cash Reserves Central Airlines Common Sinte Doo Jories & Smith, Homerown, Smite Kemparone Equity Fund Common Sinte S Assets and Income BLOCK A :-B None (or less than \$1,001) . 1. hall \$1,001 - \$15,000 × \$15,001, \$50,000 X TO THE reporting period Valuation of Assets at close of SCHEDULE If the asset/income is either that of the Income, type and amount. If None (or less than \$201), is checked, no other carry is needed in Block C for that item. 1 × × en i ma **阿斯** 17 17 17 15 × \$1,001-\$2,500 \$5,001 - \$15,000 BLOCKC ther or jointly \$50,001 - \$100,000 \$100,001 \$1:000,000 held Over \$1,000,000* 5 the filer with the spouse or dependent Over \$5,000,000 Fage Number Fee for service (Specify
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Prior Editions Cannot be Used.

Prior Editions Cannot be Used.

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SF 278 (Rev 83/2000) S C.F.R Part 2634

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

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* 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 estegories, as appropriate. Report liabilities over \$10,000 owed to any one creditor at Part I: Liabilities Robert Lee Nabors II S C.F.R Part 2634 U.S. Office of Government Edika Part II: Agreements or Arrangements
Report your agreements or arrangements for commining participation in an
employee benefit plan (e.g. 401k, deferred compensation; (2) continuation
payment by a former employer (including severance payments); (3) leaves. Examples: during the reporting period. Exclude a morigage on your any time during the reporting period by you, your spouse, or dependent whildren. Check the highest amount owed Reporting Individual's Name Example: Pursuant to partnership agreement, will receive lump sum payment of expital account & partnership share control of expital account & partnership share contro First District Bank, Washington, DC
John Jones, 123 J St., Washington, DC Cycditors (Name and Address) . Status and Terms of triy Agreement or Arrangement (中国社会工作)。中国人员工会员工作,其中国人员工会员工作的是人工会员工作的 Morigage on renial property. Delaware and the second secon See instructions for revolving charge accounts. personal residence unless it is rented out, loans secured by automobiles, household furniture or appliances; and uation leaves He Type of Liability bell SCHEDULE of absence; and (4) fitting employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits

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SF 278 (Rev. 03/2000)

SF 278 (Rev. 03/2000) S C.F.R Part 2634 U.S. Office of Government Ethics

Examples 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, reusice, general partner, proprietor, representative, employee, or Part I: Positions Held Outside U.S. Government Robert Lee Nabors II Reporting Individual's Name the reporting period. This includes the names of clients and customers of any Report sources of more than \$5,000 compensation received by you or your hard business affiliation for services provided directly by you during any one year of Part II: Compensation In Excess Of \$5,000 Paid by One Source Cxemilian ÇI i Source (Name and Address)

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Metro University (client of Doe Jones & Smith), Moneytown, State Doe Jones & Smith, Hometown, Sta Hometown, State Organization (None and Address) opporation, firm, partnership, or other business enterprise, or any other man-point. If you are informment, or organization when you directly provided the exprises generating a fee or payment. Termination Filer, or of more than \$5,000. You need not report the U.S. Government as a source.

Or Presidential Cendidate 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. Legal services in connection with university construction Tell (2) The SCHEDULE D Type of Organization and The fi Service Statement President Brief Description of Daties alist, Position Held to Chery Fill From (Mo., Yr.) The state of the s Lan Control Spirit The Assessment of the Control None None Ø Present Street - ITP (Mo., Yr.) : 1:

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