Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

U.S. Office of Government Ethics				
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check Incumbent Covered by Report appropriate boxes)	New Entrant, Nominee,	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
				30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Porcari	John D.	e-Initial	is granted, more than 30 days after the last day of the filing extension period
1-682	Title of Position	Department or Agency	(If Applicable)	shall be subject to a \$200 fee.
Position for Which Filing	Deputy Secretary	Department of Tra		Reporting Periods
	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	1200 New Jersey Avenue S.E., Washington, DC 2	0590	(410) 865-1003	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 Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held			include the filing year up to the date you file, Part II of Schedule D is not applicable.
		- 1457 F. W. 145 J. J. 14 J. 17 J		Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Crea	ite a Qualified Diversified Trust?	period begins at the end of the period
Senate Confirmation	Senate Committee on Commerce, Science and Transportation	Yès	X No	covered by your previous filing and ends at the date of termination. Part II
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	of Schedule D is not applicable.
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.	0/1/	***************************************	3-19-09	Nominees. New Entrants and Candidates for President and Vice President:
	Signature of Other Reviewer		Date (Month. Day, Year)	Schedule A.—The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	Kilmhore Wu Register 5/8/09	Quint Malu	,	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	Signature of Designated Agency Ethics Official/Reviewing Off	ficial /	Date (Month, Dav, Year)	Schedule BNot 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).	Resolitaty 1		5713708 Date (Month: Dav. Year)	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.
Office of Government Ethics Use Only	de la Fx		5/14/08	Schedule C. Part II (Agreements or Arrangements)—Show any agreements
Comments of Reviewing Officials (If addition	onal space is required, use the reverse side of this sheet)			or arrangements as of the date of
	(Check box	if filing extension granted &	k indicate number of days	filing
	tweed the interests reported on this form in light of the duti potential conflict of interest. (If remedial action is required)	ies required by the reporti	ing individual's position.	Schedule D-1 he reporting period is the preceding two calendar years and the current calendar year up to the
Supervisor's signature:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			date of filing Agency Use Only
			3	
				OGE Use Only
		(Check box if comm	ents are continued on the reverse side)	MAY 1 3 2009
				m/1 1 3 2003

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	porting Individual's Name ohn D. Porcari		-										S	CF	IE	DU	LE	A												Page Number 2	
	Assets and Income					a repo	t clo	of of one of one of the original of the origin	of criod						- 54			me:						C for	that	t iten		n \$2	01)"	is checked, no	
	BLOCK A	_	81	100000	4	1000000	BLO	CK B	-	5335321	- 120	888881	4	00805	188				_	_				BLO	-	_					
rep pro val ing in i wit For am tha rep inc act	or you, your spouse, and dependent children, port each asset held for investment or the oduction of income which had a fair market lue exceeding \$1,000 at the close of the report go 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 an from the U.S. Government). For your spouport the source but not the amount of earned come of more than \$1,000 (except report the tual acount of any honoraria over \$200 of our spouse).	han \$1,0011		\$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 frust	DayaHin	Interest	Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	S5,001 - \$15,000	013,000 ston non	990	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
Ex	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			 	_×_	x			_	=				X X		- -						× .		×						1 aw Partnership Income \$130,000	
1	State of Maryland																													Salary \$166,700.00	
2	St. Ambrose School, Cheverly, MD (spouse)																													Spouse's salary	
3	T.Rowe Price Blue Chip Growth Fund	10	x											х						x											
4	Maryland State Retirement Plan 401(k) (State Retirement and Pension Board of Maryland)															T															
5	a. Legg Mason Value Trust		×											x						x											
6	b. T. Rowe Price Small Cap Stock Fund			×										x						х							7				

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Reporting Individual's Name										SC	H	ED	UI	LE	A	cor	ntin	nu	ed												Page 1	Numbe	3		
John D. Porcari										~ ~				nly i					-														3		
Assets and Income					luat	clo	se o	f																	or hat			n \$	20	1)" ;	is che	ecked	, no		
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None	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	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	S50,001 - \$100,000	\$106,001 - \$1,000,000	Over \$1,000,000*	\$1.000.001 \$2.400.000	011,000,000 - 100,000	Over \$5,000,000		Othe Incom (Specif Type of Actual Amoun	ne fy & al		Date Ao., Day. Yr.) Only if donoraria
1 c. T. Rowe Price Retirement 2025 Fund	-	-	H			-		-	#	-		H	-	-	-						-							-	#	-	-			\vdash	
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d. Vanguard Small Cap Growth Index Institutional		×										×							х									Ī							
Maryland State Returement Plan 401(a): (State Retirement and Pension Board of MD):				•																								Ī							
4 a. T. Rowe Price Small Cap Stock Fund		×										×							×																
5 Maryland State Retirement Plan 457: (State Retirement and Pension Board of MD):																																			
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8 c. Vanguard Institutional Index Fed		×										×							×																
9 d. T. Rowe Price Retirement 2025 Fund		×										×							×																
* This category applies only if the asset/income is mark the other higher categories of value, as appro			at of	the	filer'	s spo	ouse	or de	epen	dent	child	ren.	lf th	he as	set/ir	icon	ne is	eith	er th	at of	the	filer	orj	oint	ly he	ld b	y the	file	er w	vith 1	the sp	ouse (or depe	nden	t children,

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued John D. Porcari (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 Amount Other. Date Excepted Investment Fund \$25,000,001 - \$50,000,000 Income (Mo., Day. \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 (Specify. Yr.) \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 \$100,001 - \$1,000,001 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 \$50,001 - \$100,000 Rent and Royalties Over \$1,000,000 * Only if \$50,001 - \$100,000 Actual None (or less than Over \$50,000,000 Over \$1,000,000* \$15,001 - \$50,000 \$1,001 - \$15,000 Over \$5,000,000 Excepted Trust Qualified Trust \$5,001 - \$15,000 Honoraria Amount) \$2,501 - \$5,000 \$1,001 - \$2,500 Capital Gains \$201 - \$1,000 Dividends Interest None 1 Boeing Co. Stock X 2 Chubb Corp Stock X X 3 Coca Cola Co. Stock 4 Constellation Energy Stock X 5 Corning, Inc. Stock X X 6 Duke Energy Stock X 7 Exelon Corp. Stock X X 8 Exxon Mobil Corp. Stock X 9 FPL Group Stock 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.

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 5 John D. Porcari (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 B BLOCK A BLOCK C Type Amount Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 Income (Mo., Day, \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 \$1,000,001 - \$5,000,000 (Specify Yr.) \$500,000; - \$1,000,000 \$100,000 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 Over \$1,000,000 * \$50,001 - \$100,000 Over \$50,000,000 Actual Only if None (or less than \$15,001-\$50,000 Over \$1,000,000* \$15,001 - \$50,000 \$1,001 - \$15,000 Over \$5,000,000 Excepted Trust Qualified Trust \$5,001 - \$15,000 Amount) Honoraria \$2,501 - \$5,000 51,001 - \$2,500 Capital Gains \$201 - \$1,000 Dividends None 1 General Electric Capital Stock X 2 General Electric Stock X X 3 JP Morgan Chase Stock X X 4 Plum Creek Timber Stock X X 5 Proctor & Gamble Stock

* 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.

X

\$6261 per month

at age 57

8 Defined Benefit Pension Plan,

6 Spectra Energy Stock

State of Maryland

7 Wyeth Stock

X

X

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Reporting Individual's Name John D. Porcari										S	CI		DI Jse					itii ed)	ıue	ed											Page Nu		6	
Assets and Income BLOCK A					ar repo	tion at clo ortin	se c g pe	of rioc								In	er e	ntry	ype is n	and	amo ed ir	unt Blo	. If	"No C fo	r th	at it	ess em.	than	\$20	01)"	is chec	ked, no		•
None	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.	Oyalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000			S50,001 - S100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	In (S) T	Other second pecify ype & Actual mount)		Date (Mo., Day, Yr.) Only if Honoraria
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SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics	Do not Complete So	hedule B if you are a new entrant, nomine	e, Vic	e P	resi	idential	or Pi	esic	lent	ial C	and	idate	а					
Reporting Individual's Name													Page	Numbe	r			
John D. Porcari		SCHEDULE	В													7		
Part I: Transaction	ons						None				OCCUPANT.		-					
	exchange by you, your spouse, the reporting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti						A	mount	of Tran	saction	(x)				
property, stocks, bonds, comm securities when the amount of \$1,000. Include transactions to	modity futures, and other f the transaction exceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	\$100,001 -	\$250,001 -	- 100,000	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of
		ation of Assets	Pu	Sale	EX		\$1.0	\$15	\$50	\$10	\$25	\$50	Over \$1,00	\$1,0	\$5,0	\$25	Over \$50,0	Cert
Example: Central Airlines	Common		X			2/1/99			Х									
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* This category applies only i	if the underlying asset is solely tha	t of the filer's spouse or dependent children. If the underlying a	sset is	either	held					_	_				_	_	_	_
		dent children, use the other higher categories of value, as approp																
	imbursements, and T															-		
For you, your spouse and tion, and the value of: (1) food, or entertainment) red (2) travel-related cash rein than \$260. For conflicts at as personal friend, agency authority, etc. For travel-re	dependent children, report the gifts (such as tangible items, treeived from one source totaling abursements received from one nalysis, it is helpful to indicate approval under 5 U.S.C. § 41 elated gifts and reimbursement penses provided. Exclude any	source, a brief descrip- ansportation, lodging, a more than \$260; and source totaling more a basis for receipt, such I or other statutory s, include travel itinerary,	rece inde the c total	pende lonor value	rom ent of s res e from	rnment; giv relatives; r f their relatidence. Al- m one sour sions.	eceive ionsh so, for	d by p to y	your s	spous or pro	e or d vided regati	epend as pe ng gi	dent corsonal fts to	hild to l hosp deterr	otally oitality mine t struct	y at		3
Source (Name and Address)		Br	ief Des	cripti	on										T	Value	2
Examples: Nat'l Assn. of Ro Frank Jones, San		Airline ticket, hotel room & meals incident to national conference 6/ Leather briefcase (personal friend)	15/99 (p	ersona	l activ	vity unrelated	to duty										\$300	
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Prior Editions Cannot Be Used.

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

Reporting Individual's Name		SCHED (Us			continue	ed			antire).			Page	Numb	er			
Part I: Transactions											em		()				
4.0			ransact Type (An	ount o	f Tran	saction	1 (X)				
		Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	15,001 -	50,001 -	100,001 -	250,001 -	- 100,000,1	ver 1,000,000*	- 1000,0001	5,000,001 -	25,000,001 -	ver 50,000,000	Certificate of divestiture
Example: Central Airlines Co	Identification of Assets	X	S	ш	2/1/99	69 69	69 69	¥ ¥	69 69	\$ 69	69 69	0 64	69 69	69 69	5 5	0 %	0 5
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^{*} 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.

5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C 8 John D. Porcari Part I: Liabilities None Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out: loans secured 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. 550,000,000 \$500,001 -See instructions for revolving charge accounts. during the reporting period. Exclude a mortgage on your Date Interest Term if \$50,000 -\$100,000 \$100,001 -\$250,000 \$500,000 \$250,001 Incurred Rate applicable Type of Liability Creditors (Name and Address) First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. X Examples: John Jones, 123 J St., Washington, DC 1999 10 % on demand Promissory note 1 Great Lakes Higher Education, Madison, WI Student Loan (DC) 2007 8.5% 10 yrs 2 3 4 * 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 Doe Jones & Smith, Hometown, State 7/85 calculated on service performed through 1/00. State Retirement and Pension System. 1 Definec benefit pension plan. State of Maryland; no further contributions by State of Maryland after filer terminates employment at Maryland Department of Transportation. State of Maryland 3-86 2 Maryland state Retirement Plan 401(k); filer and State of Maryland will not make further contributions after termination of State Retirement and Pension System, State of Maryland 9-99 employment. 3 Maryland state Retirement Plan 401(a); filer and State of Maryland will not make further contributions after termination of State Retirement and Pension System. State of Maryland 9-99 State Retirement and Pension System, Maryland state Retirement Plan 457; filer and State of Maryland will not make further contributions after termination of State of Maryland 10-3 employment. 6

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Reporting Individual's Name				Page Number	
John D. Porcari		SCHEDULE D		9	1
Part I: Positions Held Outs	pplicable reporting period, whether	consultant of any corporation, firm,	partnership, or other business enterprise or any	,	
compensated or not. Positions include firector, trustee, general partner, propri	but are not limited to those of an officer, ietor, representative, employee, or		nal institution. Exclude positions with religious and those solely of an honorary nature.	None None	
Organi	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors		Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown		Law firm	Partner	7/85	1/00
Maryland Department of Transp	portation, Hanover, MD	State Government	Secretary of Transportation	1/2007	Present
2 National Aquarium, Washington	n, DC	Non-Profit	Board Member (unpaid)	1/2005	Present
3 University of Maryland Transpo Maryland	ortation Institute	Academic	Advisory Board Member (unpaid)	6/2008	Present
	Highway and Transportation Officials,	Professional	Board Member (unpaid)	1/1999	Present
5 American Public Transportation	Association,	Professional	Board Member (unpaid)	1/2007	Present
Washington, DC World Trade Center Institute, B		Non-Profit	Board Member (unpaid)	1/1999	Present
Washington, DC 6 World Trade Center Institute, B Part II: Compensation In E Report sources of more than \$5,000 coordinates affiliation for services provide	Excess Of \$5,000 Paid by One So	urce corporation, firm, partnership, or otl organization when you directly prov	Board Member (unpaid) ther business enterprise, or any other non-profit yided the services generating a fee or payment report the U.S. Government as a source.	Do not comp if you are an Termination Vice Preside	olete this part Incumbent, Filer, or ential tial Candidate
Washington, DC 6 World Trade Center Institute, B Part II: Compensation In E Report sources of more than \$5,000 coordinates affiliation for services provide the reporting period. This includes the	Excess Of \$5,000 Paid by One So impensation received by you or your ed directly by you during any one year of enames of clients and customers of any	urce corporation, firm, partnership, or otl organization when you directly prov	her business enterprise, or any other non-profit	Do not comp if you are an Termination Vice Preside or President	olete this part Incumbent, Filer, or ential tial Candidate
Washington, DC 6 World Trade Center Institute, B Part II: Compensation In E Report sources of more than \$5,000 coordinates affiliation for services provide the reporting period. This includes the Source (Name and Address) Source (Name and Address) Doe Jones & Smith, Hometow	Excess Of \$5,000 Paid by One So impensation received by you or your ed directly by you during any one year of enames of clients and customers of any	urce corporation, firm, partnership, or other organization when you directly provided from the state of more than \$5,000. You need not the legal services	her business enterprise, or any other non-profit yided the services generating a fee or payment report the U.S. Government as a source. Brief Description of Duties	Do not comp if you are an Termination Vice Preside or President	olete this part Incumbent, Filer, or ential tial Candidate
Washington, DC 6 World Trade Center Institute, B Part II: Compensation In E Report sources of more than \$5,000 coordinates affiliation for services provide the reporting period. This includes the Source (Name and Address) Examples: Doe Jones & Smith, Hometow Metro University (client of Do 1 Maryland Department of Trans)	Excess Of \$5,000 Paid by One So impensation received by you or your ed directly by you during any one year of enames of clients and customers of any in, State	urce corporation, firm, partnership, or oth organization when you directly prov of more than \$5,000. You need not	her business enterprise, or any other non-profit vided the services generating a fee or payment report the U.S. Government as a source. Brief Description of Duties	Do not comp if you are an Termination Vice Preside or President	olete this part Incumbent, Filer, or ential tial Candidate
Washington, DC 6 World Trade Center Institute, B Part II: Compensation In E Report sources of more than \$5,000 coordinates affiliation for services provide the reporting period. This includes the Source (Name and Address) Examples: Doe Jones & Smith, Hometow Metro University (client of Do	Excess Of \$5,000 Paid by One So impensation received by you or your ed directly by you during any one year of enames of clients and customers of any in, State	corporation, firm, partnership, or oth organization when you directly prov of more than \$5,000. You need not Legal services Legal services in connection with univ	her business enterprise, or any other non-profit vided the services generating a fee or payment report the U.S. Government as a source. Brief Description of Duties	Do not comp if you are an Termination Vice Preside or President	olete this part Incumbent, Filer, or ential tial Candidate
Washington, DC World Trade Center Institute, B Part II: Compensation In E Report sources of more than \$5,000 coordinates affiliation for services provide the reporting period. This includes the Source (Name and Address) Source (Name and Address) Examples: Doe Jones & Smith, Hometow Metro University (client of Do 1 Maryland Department of Transi Maryland Government	Excess Of \$5,000 Paid by One So impensation received by you or your ed directly by you during any one year of enames of clients and customers of any in, State	corporation, firm, partnership, or oth organization when you directly prov of more than \$5,000. You need not Legal services Legal services in connection with univ	her business enterprise, or any other non-profit vided the services generating a fee or payment report the U.S. Government as a source. Brief Description of Duties	Do not comp if you are an Termination Vice Preside or President	olete this part Incumbent, Filer, or ential tial Candidate
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Reporting Individual's Name John D. Porcari		SCHEDULE D			Page Number 10	
Report any positions held during compensated or not. Positions in	Dutside U.S. Government the applicable reporting period, whether clude but are not limited to those of an officer, proprietor, representative, employee, or		rtnership, or other business enterprise or an institution. Exclude positions with religiou d those solely of an honorary nature.			
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.	6/92 7/85	Present 1/00	
Maryland Institute of Emergency Medical Services, Baltimore, MD		Non-Profit	Advisory Board Member (non-paid)	7/2007	Present	
2 Maryland Aviation Commission BWI Airport, MD		State government organization	Chairman (non-paid)	1/2007	Present	
Maryland Port Commission Hanover, MD		State government organization	Chairman (non-paid)	1/2007	Present	
Maryland Transportation Authority Baltimore, MD		State government organization	Chairman (non-paid)	1/2007	Present	
5 Maryland Highway Safety Foundation Sparks, MD		Non-Profit	Ex-Officio Board Member (non-paid)	6/2008	Present	
Part II: Compensation In Excess Of \$5,000 Paid by One So 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		Durce 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				
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