## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election	Reporting Status		Calendar Year	V		Termination Date (If Appli - cable ) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Year)	(Check appropriate hoxes)	Incumbent	Covered by Report	New Entrant, Nomin	Termination Filer	caole / [monin, Day, 1ear /	Any individual who is required to file this report and does so more than
	appropriate noxes)			LA or Canadane	L		30 days after the date the report is
Danada - Indiaida-II-Nasa	Last Name			First Name and Mic	dle Initial		required to be filed, or, if an extension
Reporting Individual's Name	Rogers			Thomasina	V		is granted, more than 30 days after the last day of the filing extension period
	Title of Position			Department or Age	ncy (If Applicable )		shall be subject to a \$200 fee.
Position for Which Filing	Chairman			Occupational Sa	afety & Health Revi	ew Commission	Reporting Periods
	Address (Number, St	reet, City, State,	and ZIP Code)		Telephone No. (In	nclude Area Code )	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	1120 20th Street	, N.W. (Ninth	Floor) Washington	, DC 20036-3457	202-606-5370		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	Title of Position(s) a	nd Date(s) Held					include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)	Acting Chairman	OSHRC 02/1	7/2009 - present;	Commissioner/OSH	RC 07/31/2003 - 02	2/16/2009	you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to	Name of Congressio	nal Committee C	onsidering Nomination	Do You Intend to C	reate a Qualified Divers	sified Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	Committee on H	ealth, Educati	on, Labor and Pen	sions	XN	lo	covered by your previous filing and ends at the date of termination. Part II
Certification	101						of Schedule D is not applicable.
I CERTIFY that the statements I have	Signature of Reporti		. 1		Date (Month, Day	y, Tear )	Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Thon	nosina	V. Roger	2	4/20	109	Candidates for President and Vice President:
	Signature of Other R	leviewer		<del> </del>	Date (Month, Date	v. Year)	Schedule A—The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)							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 Designa	ated Agency Ethi	cs Official/Reviewing	Official	Date (Month. Da	y. Year)	Schedule B-Not 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).	Eng	P	Man		4/20	1 /	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	Signature	21	1	-	Date (Month, Da	v, Year)	within 31 days of the date of filing.
Use Only	1	hul 1	If Com	Mi	4/2	1/09	Schedule C. Part II (Agreements or Arrangements)—Show any agreements
Comments of Reviewing Officials (If additional addition	tional space is required	, use the reverse	side of this sheet)			1	or arrangements as of the date of
			(Check b	ox if filing extension grante	d & indicate number of	days )	filing.
	9						Schedule D-The reporting period is
							the preceding two calendar years and the current calendar year up to the
							date of filing.
1		44					Agency Use Only
				(Check hor if on	mments are continued o	on the reverse side	OGE Use Only
			Monan	Critical box y co.	omb are committee o		

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U.S. Office of Government Ethics

	rting Individual's Name masina V. Rogers												S	C	HE	DI	JL	E	A													Page Number 2 of 1	11
	Assets and Income		et et e			luat at	clo	se o	f								Inc	om er er	e: ty	ype is n	and	amed in	oun n Bl	t. If	f"N Cf	one or t	(or hat i	less	than	1 \$2	01)"	is checked, no	3
	BLOCK: A	575		127503		E	BLOG	CK B	3	103/1	_	574		उपल		200		_		_			_	_	_	OCK							
report prod value ing p in in with	you, your spouse, and dependent children, rt each asset held for investment or the uction of income which had a fair market e exceeding \$1,000 at the close of the report period, or which generated more than \$200 come during the reporting period, together such income.	\$1,001)			0	00	00	000		000'00	000,000	000,000		ent Fund				Ту	pe		\$201)					Am	oun			000,		Other Income (Specify Type &	Date (Mo., Day, Yr.)
amore than repor incor actua	yourself, also report the source and actual ant of earned income exceeding \$200 (other from the U.S. Government). For your spourt the source but not the amount of earned me of more than \$1,000 (except report the all acount of any honoraria over \$200 of spouse).	None (or less than	\$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 - \$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	Actual Amount)	Only if Honoraria
Exa	Central Airlines Common mples Due Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			X		<u>x</u>								x x			×						x	×							=	Law Partnership Income \$130,000	
$\overline{}$	HEW Federal Credit Uinion	, 强烈		X															х			х											÷
	US Savings Bond					х													X					X									
3	Venable (Spouse's Salary)													Secretary of the second																		Salary	
4	Cassidy & Associates (Spouse 2008)		200																													Salary	
	Nells Fargo Advantage C&B Large-Cap Value Fund					×								х					X				Х									×	
	Nells Fargo Advantage C&B Large-Cap Value Fund			x										х					X			X						Section 2					

Reporting Individual's Name Thomasina V. Rogers										S				LE				nu	ed										F	age Number 3 of	11
Assets and Income					геро	t clo	se c	of criod							In	con	ie: t	ype is i	and	amed in	ount	t. If ock	C f	one or the	hat i	less tem.	than	\$20	01)" is	checked, no	
None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	S50,001 - S100,000	\$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 350,000,000	Excepted investment frund	Excepted Trust Outslifted Trust	Dividends	Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	_		oun	\$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.) Only if Honoraria
1 Bank of America Checking Account		Х								200 N - C - C - C - C - C - C - C - C - C -		15.11.00			3 11 1		X			X											
2 Congressional Federal Credit Union	x										45				T		х		х												
3 Cassidy & Associates (Spouse 401k):  - JP Morgan Stable Value Fund  - Barclays Global Investors US Debt  4 PIMCO High Yield Fund  - Dodge & Cox Stock Fund  - JP Morgan SmartRetirement 2020		×		×						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			X X X						x x x	X											
5 - Royce Premier Fund - Artio International Equity Fund	78	×	×	X							19		×		t				X X X		1		1				_				
6 International City/County Management Assocation (Spouse 401k): - VantageTrust PLUS Fund	\$5 miles		x									100000000000000000000000000000000000000	x	2000					х												
7 College Investment Plan (MD 529) - Portfolio 2015					x					de y Freeze		52.5369	x						x												
8										T. W. C. C.	Grande .	31.00 5.14	8	100000		1000 1000 1000 1000 1000 1000 1000 100															
9	1000								er.	0.00000		2000						41 H S										70.42.44.			

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	eporting Individual's Name homasina V. Rogers			,							SC			UL onl					ue	ed									~	Page Number 4 of	11
	Assets and Income			I receive	Val	at epoi	clos	se of	F	ts	# 34P						er ei	ntry					ck (	for SLOC	that K C	item		n \$20	)]" i	s checked, 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 *	\$5,000,001 - \$5,000,000 \$5,000,001 - \$5,5,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	0007-1-3 1007-3		\$50,001 - \$100,000	000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav, Yr.) Only if Honoraria
1	Amazon.Com Inc.		x				200		75.55.75.75							х				х		DOCA See				100					
2	Amgen Inc.		x				0.00									х				х		2000								-	
93	Anadarko Pete Corp		x				0.00			1000	100					х				х		1000								11011	
4	Bed Bath & Beyond		x						- 8				7 15 10 e i			х				х		50.00		1							
5	Bidgen Idec Inc.		x										1000000			х				х		0.4540									
6	Cablevision SYS Corp NY	x	T						100							х				х		20 May 10		170							
7	Cisco Systems Inc.		X						- 13							х			1.11	х		97.8									
8	Coca Cola Co.		x							1	1000					x				х		1000									
9	Comcast Corp  This category applies only if the asset/inc		X						1200							X				х		2000								ar show	

Reporting Individual's Name Thomasina V. Rogers							4		7	SC			UL onl					ue	ed			C.				0				Page Number 5 of 1	11
Assets and Income					at repo	clo	of A se of g per CK B	f	ts						othe	er en	itry	pe is n	and	ame ed i	ount n Bl	. If	C f	one or th	nat it	ess em.	than	\$20	)1)" i	is checked, no	e:
None	None (or less than \$1,001)		\$15,001-\$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001-51,000,000	Over \$1,000.000 *	\$4,000,001 - \$ 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		Rent and Royalties		Capital Gains	None (or less than \$201)	S201 - S1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	100000000000000000000000000000000000000	000°058-100°518	\$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., Dav, Yr.) Only if Honoraria
Covidien Limited Com	x							1000000		100					х				X		-										9.5
Disney Walt Co.	7.27 2.27 2.47 2.47 2.47 2.47	x						14,377,671							х			177	x								1		T		- 1
Electronic Arts		x						. 27							х				x												
Forest Laboratories Inc.		х						15.000.000							х				×			3 h									
5								2000												and the land											
General Electric Co.	x							20,000							x				х												
Genzyme Corp Com	- 600 - 600	x					海	65							х		-		x					100							
Home Depot		x						2507000							х				X												
9 Intel Corp		х					11.	1000		1					х				x												-

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 6 of 11 Thomasina V. Rogers (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 Date (Mo., Day, Other Over \$50,000,000 Excepted Investment Fund None (or less than \$1,001 \$25,000,001 - \$50,000,000 Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 None (or less than \$201) \$201 - \$1,000 (Specify Yr.) \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 S100,001 - S1,000,000 \$250,001 - \$500,000 Type & \$100,001 - \$250,000 550,001 - \$100,000 Rent and Royalties \$15,001 - \$50,000 SS0,001 - \$100,000 Actual Only if Over \$1,000.000 \$15,001 - \$50,000 **Excepted Trust Qualified Trust** Over \$5,000,000 \$5,001 - \$15,000 Amount) Honoraria Capital Gains \$1,001 - \$2,500 Dividends Interest None Intel Corp X Johnson & Johnson L-3 Communications Holdings Inc. Liberty Media Corp New Entertainment Microsoft Corp X NASDAQ OMX Group Inc. Pall Corp X PepsiCo Inc Pfizer Inc. 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.

Prior Editions Cannot be Used.

Reporting Individual's Name Thomasina V. Rogers									S	CI	All		JLE only	2.30	1023			ed										ľ	Page Number 7 of 1	11
Assets and Income					epo	ion o	e of perio		s		(0		Only	I	nco	me:	-Consumer					C f		hat i			\$20	)1)" i	s checked, no	P4441
None	None (or less than \$1,001)		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	SS00,001 - S1,080,000 Over S1,000,000 *	\$1,000,000 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Quantific Artust	Dividends Dividends	Tributed Noyallies	Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	S15,091 - \$50,000 W	\$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., Dav. Yr.) Only if Honoraria
Proctor & Gamble		×					100 100 100 100 100 100 100 100 100 100	1000					2000	,	x		2845	×												
Texas Instruments		×				+ 100					,		1	1	x		100 m	X												
3													- 57				100													
4 Tyco Electronics	x					1000		100 May 200 Ma					36.00	,	x			×												
5		+	357	$\vdash$	11.7	-	-	1	-				- 1	1	-	-		1	1	_			200		12	_	1200			

Columbia Cash Reserves Daily 7 Day Average Net Yield 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 categ

X

United Health Group

Charles Schwab

Sears Holding

Weatherford International

X

X

X

X

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Reporting Individual's Name Thomasina V. Rogers										SC]			OIL:					ue	d									P	age Number 8 of	11
Assets and Income  BLOCK A					at repo	t clo	of A se of		ts						Inc	om e	e: ty try i	pe a	and a	amou d in	nt. Bloc	k C	lone for t	hat i	less tem.	than	\$20	01)" is	s checked, no	× 111 × 211 × 1
None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,601 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000.000 *	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties	CANADA DASAR NESES PARA	Capital Gains	None (or less than \$201)	S201 - \$1,000 \$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	0	\$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., Dav. Yr.) Only if Honoraria
1 Columbia Cash Reserves 7 Day Average NET Yield		x										х			x				x											
2 Exportfinans Bond			х												X		10000000		x											
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U.S. C	R Part 2634 Office of Government Ethics rting Individual's Name	Do not Complete	Schedule B if you are a new entrant, nom	inee, Vic	e Pr	esid	ential o	r Pre	side	ntial	Can	dida	ite	Page	Numbe	r			_
	masina V. Rogers		SCHEDUI	EΒ												9	of 11		
Pa	rt I: Transactions							Non	е .									1519-1419-1419	
	ort any purchase, sale, or excha		report a transaction involving property used solely as you personal residence, or a transaction solely between you		ransact						A	mount	of Tran	saction	ı (x)				
prop secu	erty, stocks, bonds, commodity rities when the amount of the to 00. Include transactions that re	y futures, and other transaction exceeded	your spouse, or dependent child. Check the "Certificate divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.		9	change	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	50,001 -	\$100,001 -	250,001 -	\$500,001 -	300,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	,000,000	Secular of
T	***************************************		cation of Assets	Pa	Sale	Ex		\$1,0	\$15	\$50	\$10	\$25	\$50	ST.C	\$1,0	\$5,0	\$25	Ove \$50	
1	Example: Central Airlines Comn	non		X			2/1/99	-	-	X			-	-	-	-	-	_	+
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4	15		and the second s	_				1								$\vdash$			t
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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 travelreceived 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.

Source (Name and Address)
Examples: Nat'l Assn. of Rock Collectors, NY, NY
Frank Jones, San Francisco, CA
Leather briefcase (personal friend)

Prior Editions Cannot Be Used.

J.S. Office of Government Ethics Reporting Individual's Name									Page Number							
Thomasina V. Rogers		SCHEDULE C					· · · · · · · · · · · · · · · · · · ·						10 of 11			
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		ne X	Category of Amount						t or Value (x)					
		liabilities owed to certain relatives listed in instructions.  See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	\$10,001 -	\$15,001 -	550,001 -	\$100,001 -	- 1000	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	55,000,0001 -	\$25,000,001 -	000,000
Credi	tors (Name and Address)	. Type of Liability	7		Cable	\$10.	\$15,	\$50	\$10	\$25	\$500	Over	\$1,0	\$5,0	\$25	
First District B	ank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			_x_	L			1				Ţ
John Jones, 12	3 J St., Washington, DC	Promissory note	1999	10 %	on demand	-	-	-	-	X	+	-	-	-	-	+
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5					2						1		1			1
		ne filer's spouse or dependent children. If the liability is that of	the filer or	a joint lia	bility of the	filer			_							_
	dent children, mark the other highe					_				_	_			0.000		_
Part II: Agreen	nents or Arrangemen	ts										65				
Report your agreements	s or arrangements for: continuin	g participation in an			4) future en							ding	the re	portin	ıg	
employee benefit plan ( payment by a former er	(e.g. 401k, deferred compensation of the compe	on; (2) continuation	of negot	tiations fo	or any of th	ese a	rrange	ments	or be	enefit	S					
paymon of a tollion of	inprojet (meraanig serviance pr	, , , , , , , , , , , , , , , , , , , ,		•								None	X	]		
Status and Terms of any Agreement or Arrangement													Dat			
	partnership agreement, will receive lum n service performed through 1/00.	nent, will receive lump sum payment of capital account & partnership share  In through 1/00							7/85							
1		***************************************					-						-		+	_
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Prior Editions Cannot Be Used.

Reporting Individual's Name				Page Number						
Thomasina V. Rogers			SCHEDULE D	11 of 11						
Report as	ny positions held during the a	side U.S. Government applicable reporting period, whether e but are not limited to those of an officer, rietor, representative, employee, or	non-profit organization or educations	partnership, or other business enterprise or any all institution. Exclude positions with religious and those solely of an honorary nature.	, S. None					
	Orgai	nization (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	<u>6/92</u>	Present 1/00				
		enter-Committee on Advocacy	Non-Profit Health Priorities	Committee Member	11/2/2008	Present				
	nt'd) and Public Policy		4							
	nmunity Support Systems	Advocacy Council	Non-Profit Social Service	Advisory Council Member	06/2007	Present				
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6	, 60									
Report so	ources of more than \$5,000 c affiliation for services provide	Excess Of \$5,000 Paid by One Someone S	corporation, firm, partnership, or oth organization when you directly prov	ner business enterprise, or any other non-profit ided 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 or Presidenti	Incumbent, Filer, or ntial al Candidate				
Source (Name and Address )			Brief Description of Duties							
Examples	Doe Jones & Smith, Hometo Metro University (client of D	wn, State	Legal services  Legal services in connection with university construction							
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