Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes) Incumbent Calendar Year Covered by Report Car	v Entrant, ninee, or kiddate	rmination Date (If Appli- ole) (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
Reporting	Last Name	First Name and Middle Initial		filed, or, if an extension is granted, more
Individual's Name	Schwartz	Eric	P.	than 30 days after the last day of the filing extension period, shall be subject
	Title of Position	Department or Agency (If Applica	ble)	to a \$200 fee.
Position for Which Filing	Asst. Sec. of State for Population Refugees and Migration	Department of State		Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	1120 19th Street, NW, 8th Floor, Washington, DC 20036	202 721 5610		where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)	•			Termination Filers: The reporting period begins at the end of the period covered by your previous filling and ends at the date of termination. Part II of
Development of New Joseph Continue	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified	Diversified Trust?	Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	Committee on Foreign Relations	Yes N	o	Nominees, New Entrants and Candidates for President and
Certification	Signature of Reporting Individual	Date (Month,	Day Vess!	Vice President:
I CERTIFY that the statements I have	Signature of Reporting Individual	Date (month,	Day, Ical)	Schedule AThe reporting period
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Enie (? () elj	3/1/6	9	for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer	Date (Month,	Day, Year)	as of any date you choose that is within 31 days of the date of filing.
(If desired by agency)		(4)		Schedule B-Not applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency Schics Official/Reviewing O	fficial Date (Month,	Day, Year)	Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar
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).	1 hear	4/2:	3/09	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	Signature	Date (Month,	Day, Year)	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or
Use Only	Wan H	5/	11/09	arrangements as of the date of filing.
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sh	eet)		Schedule D.—The reporting period is the preceding two calendar years and the current calendar year up to the date
×	(Check box if flling exte	nsion granted & indicate number of d	ays	of filing.
				Agency Use Only
*: 349				
	Charle	box if comments are continued on the	reverse side)	OGE Use Only
	Icheck	ven comments are continued on the	Total and	MAY 7 2009

Report	ng Individual's Name , Eric P.							2				S	CH	E	DI	JL	E	A													Pag	ge Number 2 of	11
	Assets and Income		at	Va	lu se	of 1	on rep	orti	As	set per	rioc	i					In	ico	me	e: ty	/pe	an her	d a	try	unt is	nee	,"N	one d in	e (c	or local	ess k C	than \$201 for that ite)" is em.
product value ex ing peri in incon with suc For you amount than fro report t	your spouse, and dependent children, each asset held for investment or the ion of income which had a fair market ceeding \$1,000 at the close of the reported, or which generated more than \$200 is during the reporting period, together h income. Itself, also report the source and actual of earned income exceeding \$200 (other in the U.S. Government). For your spouse, he source but not the amount of earned of more than \$1,000 (except report the mount of any honoraria over \$200 of buse).	r less than \$1,001)	\$1,001 - \$15,000	1 1	\$50,001 - \$100,000	- \$250,000		0000	Over \$1,000,000*	.1	\$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)	\$201 - \$1,000	\$1,001 - \$2,500	\$5,000	\$15,000	-\$50,000	\$100,000	\$100,000 - \$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
Holic	Central Airlines Common	-			x												×						x										
Example	Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund	‡=	-	x		х		×						x		_	_		_			_		x		_						Law Partnership Income \$130,000	
	ect US Fund of the Tides Center, San isco, CA	T						^						×											x							Annual salary 201,000	
² Prince	aton University, Woodrow Wilson School	T								* *																						PT yearly salary 41,680	
3 IRA v CD	ith Congressional Federal Credit Union:	T		×															×				×										
	Rowe Price Mutual Fund - Blue Chip th Fund (TRBCX)	I	×											×		,				100 5 500	×												
	Rowe Price Mutual Fund - Emerging ets Stock Fund (PRMSX)		×									1		×						0.57	×												
100000000000000000000000000000000000000	Rowe Price Mutual Fund - International th and Income Fund (TRIGX)		×											×							×	,											

5	Reporting Individual's Name Schwartz, Eric P.								5	SC	1000	-77 Sec. 17	0.000	2000	T 3000					1e(d										Pag	e Number	
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	Assets and Income	T	a	Va t clo	alu	ati of	on	of	As	set pe	rio	d					Ir	nec	kec	e: t	ype o o	an the	d a	mo	un 'is	t. If	"Nede	lone d ir	e (o	or le	ess k C	than \$20 for that i	1)" is item.
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		Γ																Ту	pe							Aı	mo	un	t				
		None (or less than \$1,001)	1-\$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.) Only if Honoraria
1	IRA - TRowe Price Mutual Fund - International Bond Fund (RPIBX)	T	×											×							×												
2	IRA - TRowe Price Mutual Fund - Short-term Bond Fund (PRWBX)		×											×								×											
3	IRA - TRowe Price Mutual Fund - U.S. Treasury Intermediate (PRTIX)	F	×											×								×								4			
4	IRA - TRowe Price Mutual Fund - Spectrum Income Fund (RPSIX)	T	×	П										×							×												
5	TRowe - Balanced Fund (RPBAX) (J)	T	×											×							×												
6	TRowe Price Mutual Fund - International Equity Index (PIEQX) (J)	T	×	П										×			Г				×												
7	TRowe Price Mutual Fund - International Growth and Income (TRIGX) (J)	T	×											×							×												
8	TRowe Price Mutual Fund - Spectrum Growth (PRSGX) (J)		×							1				×							×												
9	IRA- TRowe Price Mutual Fund - International Equity Index (PIEQX) (S)	T	×											×						-	×												

	Reporting Individual's Name								5	SC						ne				1ec	i 										Pag	e Number 4 of	11
	Assets and Income	I	at	Va t clo	alu	ati	ion	of	As	set pe	rio	d	1		-1		Ir	nec	kec	e: t	ype o o	e an	id a	imo	un / is	t. If	f "N ede	lon d i	e (d	or le	ess k C	than \$20 for that i	1)" is tem.
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								3						4 44			L	Ту	pe						_	A	mo	un	t				
		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.) Only if Honoraria
1	IRA - TRowe Price Mutual Fund - Emerging Markets Stock (PRMSX) (S)		×											×							×												
2	Checking Acct-Congressional CU (J)		×						1000												×												
3	IRA - TRowe Price Mutual Fund - International Growth and Income (TRIGX) (S)	T	×											×							×												
4	Money Market Account, Congressional Federal CU (J)		×																		×												
5	MD College Savings Plan-TRowe Price- Balanced Portfolio (DC)	T	×											×							×												
6	Centra Technology, Burlington, MA	Γ	Γ											Г																		Consultant Fee: \$650	18
7	Savings Account, ING (Orange) Direct (DC)	T	×											Г			T				×												
8	Savings Account, ING (Orange) Direct (DC)	T	×															T			×	T	Г				П						
9	Commonwealth Superannuation Scheme Default Fund(S)	T			×									×							×			-					-			14	

	Reporting Individual's Name							Lacian Control	-	SC					E A					ied	1										Pag	e Number 5 of	11
	Assets and Income		a	Va t clo	ılu	ati of:	on	of	As	set pe	ts rio	d					In	nec	meked	e: ty	ype o of	an the	id a	mo	un is	t. If	f "N ede	lon d i	e (o	or l	ess k C	than \$20 for that)1)" is item.
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																		Ту	pe				_			A	mo	ur	it	_			
		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	4.4	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,000 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	MD College Savings Plan-TRowe Price-Balanced Portfolio (DC)	T	×											×							×												
2	MD Coll Savs - TRowe - Portfolio 2012 (DC)	T		×										×							×												
3	MD College Savings Plan-TRowe Price-Bond and Income Portfolio (DC)	T		×	7									×							×												
4	Money Management Acct., Newcastle Permanent Build. Society, Australia (S): CD		×																		×												
5	Term deposit,Newcastle Permanent Building Society Newcastle Australia (S): CD	T		×															×				×										
6	Term deposit, Newcastle Permanent Building Society Newcastle Australia (S): CD		×																×			×											
7	MD College Savings Plan-TRowe Price-Bond and Income Portfolio (DC)		×											×							×												
8	Term Deposit, Community First Credit Union (closed account) (S): CD	×																	×			,	×										
9	MD Prepaid College Trust (DC)			×																	×												
	* This category applies only if the asset/income by the filer with the spouse or dependent chi																		et/i	ncon	ne is	s elt	her 1	that	of t	he fi	iler	or jo	ointl	y he	eld		

	teporting Individual's Name								5	SC	HI				E A					ie	1										Pag	6 of	11
	Assets and Income		a	Va t cle	alu	ati of:	on	of ort	As	set pe	ts rio	d					It	nec) m kec	e: t	ype o o	an the	d a	mo	un'	t. If	"Nede	lon d i	e (d	or le	ess k C	than \$20 for that i	1)" is tem.
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		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.) Only if Honoraria
1	MD Prepaid College Trust (DC)	Γ		×																	×												
2	MD Coll Savgs Plan-TRowe-Portfolio 2015 (DC)	Γ		×										×							×												
3	403b-Council on Foreign Relations, with TIAA-CREF: TIAA Traditional	Γ	×																×			×											
4	403-Council on Foreign Relations, with TIAAF-CREF: Inflation Linked Bond Fund	Γ	×											×							×												
5	403b-Tides Center employee contribution plan-with TIAA-CRE: TIAA Traditional	Γ	×																×			×											
6	403b-Tides Center-employee contributin plan - with TIAA-CREF - CREF Stock Fund	Γ	×											×		-					×												
7	403b-Tides Center-employee contrib plan-with TIAF-CREF-CREF Global Equities Fund	Γ	×											×							×												
8	403b-Tides Center - employee contrib plan-with TIAA-CREF-CREF Bond Market Fund	T	×											×							×												
9	403b-Tides Center-employee contrib plan-with TIAA-CREF-Inflation Linked Bond Fund	Γ		×										×							×												
	* This category applies only if the asset/income by the filer with the spouse or dependent chil	is so	olely	tha ark t	t of	the other	filer r hig	's sp ther	ous	e or	dep	end of va	lent alue,	chil as a	drer	n. If	the	ass	et/i	ncon	ne is	eitl	ner t	hat	of ti	ìe fi	ler o	or jo	intl	y he	ld		

hwartz, Eric P								5	SC			e c							100	d 			_			_				Lag	e Number	11
Assets and Income		a	Va t clo	alu ose	ati	ion	of	As	se pe	ts	d					In	nco	o m :kec	e: t	ype o o	an the	d a	mo	un is	t. If	"N	lon d i	e (d	or local	ess k C	than \$20 for that i	1)" is tem.
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					1											L	Ту	pe	_	L		_	_		A	mo	ur	it				
	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 - \$1,000,001\$	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
403b-Tides Center-employer contribution plan-with TIAA-CREF - TIAA Traditional	T	×					3													×												
403b-Tides-employer cont plan-CREF M.Mkt.	T	×																		×					11.						501	
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	403b-Tides Center-employer contribution plan-with TIAA-CREF - TIAA Traditional 403b-Tides-employer cont plan-CREF M.Mkt.	403b-Tides Center-employer contribution plan-with TIAA-CREF - TIAA Traditional 403b-Tides-employer cont plan-CREF M.Mkt.	* This category applies only if the asset/income is solely	# This category applies only if the asset/income is solely that	# This category applies only if the asset/income is solely that of	# This category applies only if the asset/income is solely that of the	# This category applies only if the asset/income is solely that of the filler at close of repair at close of	# This category applies only if the asset/income is solely that of the filler's s	BLOCK A BLOCK B Comparison of the filer's spouse at close of reporting at close of r	# This category applies only if the asset/income is solely that of the filler's spouse or	# This category applies only if the asset/income is solely that of the filler's spouse or degree or	# This category applies only if the asset/income is solely that of the filler's spouse or depend	# This category applies only if the asset/income is solely that of the filler's spouse or dependent	# This category applies only if the asset/income is solely that of the filler's spouse or dependent chill	# This category applies only if the asset/income is solely that of the filler's spouse or dependent children at close of reporting period BLOCK B 0000	# This category applies only if the asset/income is solely that of the filler's spouse or dependent children. If	# This category applies only if the asset/income is solely that of the filler's spouse or dependent children. If the	at close of reporting period BLOCK B BLOCK B 1,0001 1,1001 1,1000	# This category applies only if the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. If the asset/income is solely that of the filler's spouse or dependent children. 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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Transactions It any purchase, sale, or exchange by your spouse, or dependent ren during the reporting period of any property, stocks, bonds, commodity es, and other securities when the tent of the transaction exceeded \$1,000. Identification of Assets Identification of Assets Identification of Assets Category applies only if the underlying asset is solely that of the filer's spouse or dependent children, report the source, a brief descripand the value of: (1) gifts (such as tangible items, transportation, lodging, received from or received from one category applies only gifts (such as tangible items, transportation, lodging, received from one category applies only gifts (such as tangible items, transportation, lodging, received from one category applies only gifts (such as tangible items, transportation, lodging, received from one category applies only gifts (such as tangible items, transportation, lodging, received from one categories of the U.S. Government of the filer's spouse or dependent children, received from one categories of the u.S. Government of the filer's spouse or dependent children, received from one categories of the u.S. Government of the filer's spouse or dependent children, received from one categories of the u.S. Government of the filer's spouse or dependent children, received from one categories of the u.S. Government of the filer's spouse or dependent children, received from one categories of the u.S. Government of the filer's spouse or dependent children, received from one categories of the u.S. Government of the filer's spouse or dependent children, received from one categories of the u.S. Government of the filer's spouse or dependent children, received from the filer's spouse or dependent children.									Page N		of 1	1	
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or entertainment) received from one source totaling more than \$260, and avel-related cash reimbursements received from one source totaling more \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such resonal friend, agency approval under 5 U.S.C. § 4111 or other statutory pority, etc. For travel-related gifts and reimbursements, include travel itinerary, and the nature of expenses provided. Exclude anything given to you by	relat f the siden m on sions	tives eir re nce. ne so is.	s; received elationshi Also, for ource, exc	by y p to y purp	our sp ou; or oses o	pouse r prov of aggr	or de ided : egatir	pend as pe ng gif	ent ch rsona fts to	ild to hosp leterr e ins	itally itality nine t tructi	y at the ons	
Source (Name and Address) Brief	Desc	cripti	ion								1	alue	
mples Nat'l Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conferen	nce 6/	/15/9	99 (persona	activi	ty unre	lated to	duty)				S	500	
Frank Jones, San Francisco, CA Leather briefcase (personal friend)											3	300	
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Reporting Individual's Name Schwartz, Eric P.	S	CHED	ULE C	2							Page	Numb	er 9 of	11	
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None 🔀	3	1						mount	1/2	Inc. (11)			
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	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term If	\$15,000 -	\$50,000		\$250,000		\$500,000 -	\$1,000,000*	\$5,000,000-		\$25,000,001 -	Over \$50,000,000
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	SI	\$5	\$5	\$1	\$2	\$5	\$10	\$1	\$5	\$2	850
Examples First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC 1	Mortgage on rental property, Delaware Promissory note	1991	8% 10%	25 yrs. on demand			Х :		×						
2	7.														
3		ļ. —			_										
4					_										
5															
*This category applies only if the liability is with the spouse or dependent children, ma	solely that of the filer's spouse or dependent child rk the other higher categories, as appropriate.	ren. If the li	ability is t	hat of the fil	er or a	joint	liabili	ty of t	he file	er					
Part II: Agreements o	r Arrangements									0,40					
employee benefit plan (e.g. pension, 40	ats for: (1) continuing participation in an 1k, deferred compensation); (2) continua- (including severance payments); (3) leaves	of abser	nce; and (egotiation	4) future e	mplo of the	ymer ese ar	it. See range	instr	ructions s or l	ons re penef	gardi its.	ing th	ne rep	ort- None	
Status and 3	Terms of any Agreement or Arrangement		-	T	-			Partie	s	-			_	I	Date
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										/85					
Teaching part-time at Princeton; classes en	d Apr and I will resign; will receive payment thru 6/09	for prior ser	vice.	Princeton	Unive	sity, P	rinceto	n, NJ						08	3/08
and the state of the second several population of the second several s	employment with CFR-no future arrangement for payr	nents from C	FR.	Council or	Forei	ign Re	lations	, NY,	NY&	TIAA-(CREF,	Bosto	on, MA	1/	03
	nent with Tides-no future arrangements for payments	from Tides.		Tides Cen	ter, Sa	n Fra	ncisco,	CA a	nd TIA	A/CR	EF, Bo	oston,	MA	11	1/06
4															
5															
6											T\$1				

Rej	porting Individual's Name		CCHEDIHE D		Page Number	
Sc	hwartz, Eric P.		SCHEDULE D		10 of	11
Re sat	art I: Positions Held port any positions held during the ap ted or not. Positions include but are a stee, general partner, proprietor, rep y corporation, firm, partnership, or o	pplicable reporting period, whethe not limited to those of an officer, d presentative, employee, or consulta	er compen- lirector, social, fraternal, or political ant of nature.	institution. Exclude positions entities and those solely of an l	honorary	one
	Organization (Name	and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
Exa	mples Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
1	Connect U.S. Fund of the Tides Center, DO	C	Fund is a project in this nonprofit organization	Exec Director of Connect US Fund	11/0206	present
2	Princeton University, Woodrow Wilson Sch	nool of Public and Intl Affairs	University	Visiting Lecturer (periodically)	09/2001	present
3	United Nations, New York, NY		International Organization	Dep Envoy for Tsunami Recovery	08/2005	01/2007
4	Hebrew Immigrant Aid Society (unpaid), N	Y and DC	Nonprofit refugee and immigration organizattion	Member Board of Directors	12/2001	present
5	Campaign for Innocent Victims in Conflict,	DC (unpaid)	Nonprofit advocacy for victims of armed conflict	Member Board of Directors	10/2008	present
6	J Street, DC (unpaid)		Nonprofit focused on Middle East peace	Advisory Council Member	08/2008	present
Re bu	art II: Compensation port sources of more than \$5,000 consiness affiliation for services provide reporting period. This includes the proporation, firm, partnership, or other	empensation received by you or you directly by you during any one names of clients and customers of	year of you directly provided the f any services generating a fee or	payment of more than \$5,000.	ion Filer, or iential Cand You	r Vice
-	Source (Name an	nd Address)	Brie	of Description of Duties		****
r	Doe Jones & Smith, Hometown, State	VAI	Legalservices			
EXC	Metro University (client of Doe Jones & S	Smith), Moneytown, State	Legal services in connection with university constr	uction		
1	Connect U.S. Fund of the Tides Center, W.	ashington, DC	Executive Director of Connect U.S. Fund.			
2	Princeton University, Princeton, NJ		Serve as part-time visiting lectuerer in public and	d international affairs		
3	United Nations, New York, NY (salary adm	instered by UN Development Prog.)	Served as UN Dep Envoy for Tsunami Recovery	,		
4		V	+			
5		16	X			
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U.S. Office of Government	Ethics

Reporting Individual's Name Schwartz, Eric P

SCHEDULE D - Part I Continued

Page Number

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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.

	Organization(Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
7	Peace and Security Funders Group, Charlottesville, VA (unpaid)	Nonprofit peace and security issues	Steering Committee Member	10/2007	present
8	Peace and Security Initiative, New York, NY (unpaid)	Nonprofit advocacy to promote peace and security	Member of Implementation Team. (advisory group)	10/2007	present
9	Global Works Foundation, DC (unpaid)	Nonprofit global development	Member, Advisory Board	06/2002	present
			in a		
				8	
	16				
	*				