

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate box)	Inumbent	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate	Termination Date (if Applicable) (Month, Day, Year)	Fee for Late Filing
		<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		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 \$100 fee.
Reporting Individual's Name		Last Name		First Name and Middle Initial			
		Work		Robert O.			
Position for Which Filing		Title of Position		Department or Agency (if Applicable)			
		Under Secretary of the Navy		Department of the Navy			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)			
		1687 K Street, NW Suite 900; Washington, DC 20006		202-331-7990			
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					
		None					
Provided: Name(s) Subject to Review Confirmation		Name of Congressional Committee Considering Nomination		Do You intend to Create a Qualified Divestiture Trust?			
		Senate Armed Services Committee		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 Reporting Individual		Date (Month, Day, Year)			
		Robert O. 2/2k		APR 21 2009			
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)			
				4/21/09			
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 of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)			
				4/23/09			
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)			
				4/23/09			
Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							

Reporting Individual's Name

Work, Robert

## SCHEDULE A

Page Number

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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.																					
BLOCK A		BLOCK B										BLOCK C																					
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had 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.  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 earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).  None <input type="checkbox"/>		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	Extended Investment Fund	Exceptional Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gain	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 - \$3,000,000	Over \$3,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria
Examples	Central Airlines Common																																
	Doe Jones & Smith, Hometown, State																																
	Kempstone Equity Fund																																
	IRA: Hartford 500 Index Fund																																
1	Center for Strategic and Budgetary Assessments (CSBA)																														Salary:319,231 Bonus:200,000		
2	George Washington University																														Salary:4,500		
3	BB&T Bank		X															X		X													
4	NFCU Money Market Account NFCU Checking and Savings		X			X												X				X											
5	NMAA Whole Life Insurance Policy			X														X			X												
6	Virginia Education Savings Trust non-evolving Money Market portfolio Virginia Prepaid Education Program			X									X								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.

# SCHEDULE A continued

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Work, Robert

(Use only if needed)

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.											
BLOCK A		BLOCK B										BLOCK C											
												Type	Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
													None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$10,000	\$10,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$100,000	Over \$100,000 *		
												Dividends	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$10,000	\$10,001 - \$25,000	\$25,001 - \$50,000	Over \$50,000	
None <input type="checkbox"/>																							
1	CSBA 457b: -TIAA Traditional -CREF Money Market		x													x							
2	CSBA 403b GSRA: -TIAA Traditional														x								
3	-CREF Stock -CREF Global Equities		x												x								
4	-CREF Equity Index -CREF Bond Market		x												x								
5	-CREF Equity Linked Bond -CREF Money Market		x												x								
6	CSBA 403b GRA: -TIAA Traditional																						
7	-CREF Stock -CREF Global Equities		x												x								
8	-CREF Equity Index -CREF Bond Market		x												x								
9	-CREF Equity Linked Bond -CREF Money Market		x												x								

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Work, Robert

# SCHEDULE A continued

(Use only if needed)

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Assets and Income		Valuation of Assets at close of reporting period										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
BLOCK A		BLOCK B										BLOCK C												
												Type	Amount											
		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 *	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*						
												Dividends	Interest	Capital Gains										
1	Joint acct Nat Fin Serv (NFS):																							
2	-American Bond Fund of America A				X																			
	-American Capital World Growth & Inc.			X																				
3	-American Growth Fund of America A		X																					
	-American Income Fund of America A		X																					
4	-American Intermediate Bond of Amer			X																				
	-American Tax Exempt of Virginia			X																				
5	-American US Gov't Securities A			X																				
	-Fidelity Prime Capital Reserves	X																						
6	-Vanguard Inflation Protected Sec			X																				
	-Vanguard Intermed. Term Treas. Fund			X																				
7	-Vanguard Short term Treasury			X																				
8	Washington Mutual Bank CD 3.45%	X																						
9	Lasalle Bank CD	X																						

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\*4/22/09-Per filer's request, amended page 4, lines 8 and 9, to identify that income type was "interest." CJR, DoD OGC

Reporting Individual's Name

Work, Robert

# SCHEDULE A continued

(Use only if needed)

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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.											
BLOCK A		BLOCK B										BLOCK C											
												Type	Amount									Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
None <input type="checkbox"/>																							
1	(s) IRA acct #1 (NFS):																						
2	-American Bond Fund of America A	X																					
3	-American EuroPacific Growth A	X																					
4	-American US Gov't Securities A	X																					
5	-Fidelity Prime Capital Reserves	X																					
6	-Sentinel Balanced A	X																					
7	-Sentinel Balanced B	X																					
8	(s) IRA acct #2 Janus:																						
9	-Janus Government Money Market Fund	X																					
	-Janus Mid-cap Value Fund	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.

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## Work, Robert

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**Prior Editions Cannot be Used.**



Reporting Individual's Name

Work, Robert

# SCHEDULE A continued

(Use only if needed)

Page Number

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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.																			
BLOCK A		BLOCK B										BLOCK C																			
												Type	Amount									Date (Mo., Day, Yr.)  Only if Honoraria									
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$150,000	\$150,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,000	Exempt Investment Fund	Exempt Trust	Qualified Trust	Dividends	Rents 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)
1	(s) IRA acct #3 (NFS)																														
2	American Growth Fund of America B	X										X							X												
3	American US Gov't Securities B	X										X							X												
4	Van Kampen Comstock B	X										X							X												
5	VanKampen Gov't Securities B	X										X							X												
6																															
7	ING 403B: ING Fixed Account (fixed annuity)		X													X			X												
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, mark the other higher categ

Prior Editions Cannot be Used.

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

Reporting Individual's Name Work, Robert	<b>SCHEDULE B</b>	Page Number 8
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**Part I: Transactions**

None ☐

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

Identification of Assets		Purchase	Sale	Exchange	Date	\$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	Certificate of divestiture
Example:	Central Airlines Common	x			2/1/99			x									
1																	
2																	
3																	
4																	
5																	

\* 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**

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 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.

None ☐

Source (Name and Address)		Brief Description	Value
Examples:	Natl Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$300
1			
2			
3			
4			
5			



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Reporting Individual's Name  Work, Robert	<b>SCHEDULE D</b>	Page Number  10
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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.

None ☐

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	Center for Strategic and Budgetary Assessments Washington, DC	Non-profit research firm	Vice President Strategic Studies	1/07	Present
2	George Washington University Washington DC	Academic institution	Adjunct Professor	1/07	Present
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

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	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1	Center for Strategic and Budgetary Assessments Washington, DC	Vice President and analytical services
2		
3		
4		
5		
6		