Form Approved: Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT 5 C.F.R Part 2634 OMB No. 3209-0001 U.S. Office of Government Ethics Fee for Late Filing Date of Appointment, Candidacy, Election Reporting Status Calendar Year Termination Date (If Applicable) (Month, Day, Year) Termination or Nomination (Month, Day, Year) (Check Incumbent Covered by Report New Entrant, Nominee, Any individual who is required to X or Candidate Filer file this report and does so more than appropriate boxes) 30 days after the date the report is required to be filed, or, if an extension Last Name First Name and Middle Initial Reporting Individual's Name is granted, more than 30 days after the Brian V. Kennedy last day of the filing extension period Title of Position Department or Agency (If Applicable) shall be subject to a \$200 fee. Position for Which Filing Assistant Secretary of Labor Department of Labor Reporting Periods Address (Number, Street, City, State, and ZIP Code) Telephone No. (Include Area Code) Incumbents: The reporting period is Location of Present Office the preceding calendar year except (202) 225-3725 2181 Rayburn HOB, Washington, DC 20515 (or forwarding address) 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) and Date(s) Held include the filing year up to the date Government During the Preceding you file. Part II of Schedule D is not General Counsel, Committee on Education and Labor (Dec 2006 - Present) 12 Months (If Not Same as Above) applicable. Termination Filers: The reporting Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust? period begins at the end of the period Presidential Nominees Subject to Senate Confirmation X No covered by your previous filing and ends Senate HELP Committee Yes at the date of termination. Part II of Schedule D is not applicable. Certification Date (Month, Day, Year) Signature of Reporting Individual CERTIFY that the statements I have Nominees, New Entrants and made on this form and all attached Candidates for President and Vice in down 3-23-2009 schedules are true, complete and correct President: to the best of my knowledge. Schedule A-The reporting period for Signature of Other Reviewe income (BLOCK C) is the preceding Date (Month, Day, Year) calendar year and the current calendar year up to the date of filing. Value Other Review assets as of any date you choose that is (If desired by within 31 days of the date of filing. agency) Date (Month, Day, Year) Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Schedule B-Not applicable On the basis of information contained Schedule C. Part I (Liabilities)-in this report, I conclude that the filer is 3-23-09 The reporting period is the preceding in compliance with applicable laws and calendar year and the current calendar regulations (subject to any comments year up to any date you choose that is in the box below). within 31 days of the date of filing. Date (Month, Day, Year) Signature

(Check box if comments are continued on the reverse side)

Form Designed in Microsoft Excel 2000

NSN 7540-01-070-8444

2009

Agency Use Only

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Schedule C. Part II (Agreements or

Arrangements) -- Show any agreements or arrangements as of the date of

Schedule D-The reporting period is the preceding two calendar years and the current calendar year up to the

filing.

date of filing.

(Check box if filing extension granted & indicate number of days

Office of Government Ethics

Use Only

Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)

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Reporting Individual's Name Brian Kennedy	SCHEDULE A 2	
Assets and Income	Valuation of Assets at close of reporting period BLOCK B Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C	Parket
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 acount of any honoraria over \$200 of your spouse).	Type Amount Other Income (Mo One of the first of the	Day,
Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund		
Dr. Grimes Family Dentistry Chantilly, VA Dominion Resources Stock	Spouse Income	

Savings (Cash Only) X X Walt Disney Stock 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,

X X

X

X

X

mark the other higher categories of value, as appropriate.

Vanguard 500 Index Fund Vanguard Small Cap Growth Index

Checking/Savings (Cash Only)

Wright Patman FCU

White House FCU

X

X

X

3 Spouse IRA

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Reporting Individual's Na	ime

Reporting Individual's Name Brian Kennedy		SCHEDULE (Use only		Page Number 3	
Assets and Income	Valuation of Assets at close of reporting period	(Osc omy	Income: type	and amount. If "None (or less than \$201)" is checked, no needed in Block C for that item.	AAAA AL AAAA
BLOCK A	Nome (or fees than \$1,001) S1,001 - \$15,000 S15,001 - \$100,000 \$50,001 - \$100,000 \$100,001 - \$500,000 \$50,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$500,000	SS,000,001 - \$25,000,000 SS,100,001 - \$25,000,000 Corer \$50,000,000 Excepted five struct Creditival ress	Dividends Renegant Royalites And Interest Capital Cours	None (or less than \$201) None (or less than \$201) \$\frac{1}{2} \frac{1}{2} 1	Date (Mo., Day, Yr.) Only if Honoraria
U.S. Savings Bonds Banco Santander Stock 3	x -		x x	X	
6 7 8					
This category applies only if the asset/inco	solely that of the filer's spouse or depe	ndent children. If the	asset/income is ei	ther that of the filer or jointly held by the filer with the spouse or depe	endent chil

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

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	orting Individual's Name an Kennedy SCHEDULE B Page Number 4																			
P	art I: Transactions		. Change and the control of the cont						Non	е		ĺ								
Re	eport any purchase, sale, or exchange	ge by you, your spouse,	report a transaction involving property t		\$	ansacti					Amount of Train				saction	(x)			***************************************	***************************************
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			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.		Purchase		ange	Date (Mo., Day, Yr.)		\$15,001 -	- 100	\$100,001 -	,000	,001 -	-000'00	\$1,000,001 -	\$5,000,001 -	200,001 -	Over \$50,000,000	Certificate of
		Identific	cation of Assets		Pur	Sale	Exc	1/1	0,10	515,	3100	3100	3250 3500	3500	7.00 To	0,10	55,0	25,	Over \$50,	erti
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P Fortion (2) the as au	or you, your spouse and depend on, and the value of: (1) gifts (stood, or entertainment) received (1) travel-related cash reimburser an \$260. For conflicts analysis, personal friend, agency approventhority, etc. For travel-related gates, and the nature of expenses	rsements, and I ent children, report the uch as tangible items, to from one source totaling nents received from one it is helpful to indicate al under 5 U.S.C. § 41 iffs and reimbursement	source, a brief descrip- ansportation, lodging, a more than \$260; and e source totaling more a basis for receipt, such 11 or other statutory s, include travel itinerary,		the I recei inde the d total	J.S. Coved for the longer of t	rom rent of s resi	nment; girelatives; i their rela dence. Al n one sour	eceive tionsh	ed by	your s	pouse r prov f aggr	or de ided a egatin	epend as per	ent ch sonal	hospi determ	tally itality nine th structi	at		
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Prior Editions Cannot Be Used.

5 C.F.R Part 2634 . U.S. Office of Government Ethics Reporting Individual's Name SCHEDULE C 5 Brian Kennedy Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None 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. during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Term if Incurred appli-Rate cable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: John Jones, 123 J St., Washington, DC 1999 10% Promissory note on demand Bank of America Spouse Credit Card 2008 16% Revolving 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 Report your agreements or arrangements for: continuing participation in an of absence; and (4) future employment. See instructions regarding the reporting 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 x Parties Date Status and Terms of any Agreement or Arrangement Doe Jones & Smith, Hometown, State 7/85 Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Example: calculated on service performed through 1/00. 2 3 5 6

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Reporting Individual's Name				Page Number			
Brian Kennedy		SCHEDULE D		6			
Report any positions held compensated or not. Posit	eld Outside U.S. Government during the applicable reporting period, wheth ions include but are not limited to those of ar artner, proprietor, representative, employee, o	officer, non-profit organization or educational in	stitution. Exclude positions with reli	r any gious, None	X		
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)		
	ck Collectors, NY, NY	Non-profit education	President	6/92	Present		
Doe Jones & Smi	ith, Hometown, State	Law firm	Partner	7/85	1/00		
1 .			4444				
2	\$204						
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Report sources of more that business affiliation for serv	tion In Excess Of \$5,000 Paid by an \$5,000 compensation received by you or y vices provided directly by you during any one includes the names of clients and customers	our corporation, firm, partnership, or other be year of organization when you directly provided of any of more than \$5,000. You need not repo	the services generating a fee or payment the U.S. Government as a source.	Do not complete if you are an Termination For Vice President or Presidential None	Incumbent, Filer, or ntial al Candidate		
Source (Name an			Brief Description of Duties				
Examples: Doe Jones & Smi	ith, Hometown, State (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with universit	y construction	valuelle de bassies he brough pe process on mornio de			
1	(chem of Doe Jones & Smith), Moneytown, State	Logar services in connected what all resident	, 00100 40102				
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