Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election	Reporting Status Calendar Year	· · · · · · · · · · · · · · · · · · ·	Torrespondent Data (If April)	Ree for Late Filing
or Nomination (Month, Day, Year)	(Check Incumbent Covered by Report	New Entrant, Nominee,	Termination Date (If Appli- cable) (Month, Day, Year)	Any individual who is required to
		or Candidate	Filer	file this report and does so more than
				30 days after the date the report is
**************************************	Last Name	First Name and Middle	Initial	required to be filed, or, if an extension
Reporting Individual's Name	Kours	Peter A.		is granted, more than 30 days after the
	Kovar	Felei A.		last day of the filing extension period
· · · · ·	Title of Position	Denartment or Agency	(If Annlicable.)	shall be subject to a \$200 fee.
Position for Which Filing	Assistant Secretary for Congressional and	Department of Hou	ising and Urban Development	
	Intergovernmental Relations	To about the second		Reporting Periods
I marting of Dungant Office	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	Incumbents: The renortino neriod is
Location of Present Office (or forwarding address)	Office of U.S. Rep. Barney Frank, 2252 Rayburn Bldg	g., Washington DC	(202) 225-9400	the preceding calendar year except Part II of Schedule C and Part I of
(or forwarding address)	20515			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
12 Months (If Not Same as Above)	Chief of Staff, U.S. Rep. Barney Frank, 1991 - preser	nt		applicable.
Described Name and Salar Version Version		MINISTRAL PROPERTY AND ADDRESS.	The state of the s	Termination Filers: The reporting
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination	DO You intend to Crea	e a Quanted Diversined Trust?	
Senate Confirmation	Banking, Housing & Urban Affairs	Yes	× No	covered by your previous filing and ends
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	of Schedule D is not applicable.
I CERTIFY that the statements I have	O O I II			Nominees, New Entrants and
made on this form and all attached			2 22 2	Candidates for President and Vice
schedules are true, complete and correct	1/1/1 No Bovan		3-25-2009	President:
to the best of my knowledge.	Inche in The			0.1.1.4.5
	Signature of Other Reviewer	7771	Date (Month, Day, Year)	Schedule A. The reporting period for income (BLOCK C) is the preceding
	11 01			calendar year and the current calendar
Other Review	1 //.1 9 (1			year up to the date of filing. Value
(If desired by	HATTIENA K James		3-26-2009	assets as of any date you choose that is
agency)			0 48 400/	within 31 days of the date of filing.
Agency Ethics Official's Oninion On the basis of information contained in this report, I conclude that the filer is	Signature of Designated Agency Ethics Official/Reviewing Official	al	Date (Month, Day, Year)	Schedule R-Not annicable
On the basis of information contained				
in this report, I conclude that the filer is in compliance with applicable laws and	1 1		12/-1/-0	Schedule C. Part I (Liabilities)-
regulations (subject to any comments	(Mille Crumin	, •	3/26/09	The reporting period is the preceding calendar year and the current calendar
in the box below).	1		1	year up to any date you choose that is
	Signature //		Date (Month Day Year)	within 31 days of the date of filing.
Office of Government Ethics Use Only	11.51		2/2/29	and strategy living and the second
Use Oniv	1 well I well he		10/3//07	Arrangements) - Show any agreements
Comments of Reviewing Officials (If addition	onal space if required, use the reverse side of this sheet)			or arrangements as of the date of
				filing
	(Check box if)	filing extension granted &	indicate number of days)	
				Schedule D-The renorting neriod is
				the preceding two calendar years and
				the current calendar year up to the date of filing.
				Agency Use Only
			,	
				OGE Use Only
. 133		(Check box if comm	ents are continued on the reverse side)	MAR 2 6 2009
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5 C.F.R Part	2634

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Repor	ting Individual's Name																			7.4.	1	· .				-				Page Number	
Kova	r, Peter A.												SC	Hk	D	UL	E	A												2/9	
		OUNE UN						7%.	:-:: ;;,																						
	Assets and Income				V		at cle	ose (of criod							Inc	om er ei	e: to	/De is n	and eed	amo ed in	unt.	ck (for	that	r less item	s tha	n \$2	01)"	is checked. no	
For v	ou, your spouse, and dependent children,		*		**	188	BLC		,	**				12.0	***	-	Ty	ne	T			-		BLOC	nou	nf.		-		1	
report production of the value of the control of the with a second of the amount of the control of the than in the control of	teach asset held for investment or the action of income which had a fair market exceeding \$1,000 at the close of the reported, or which generated more than \$200 ome during the reporting period, togethe such income. Durself, also report the source and actual not of earned income exceeding \$200 (of from the U.S. Government). For your spot the source but not the amount of earned acount of any honoraria over \$200 of spouse).			\$1,001 - \$15,000	September 10 to 100 to	. 2000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Oyer 8 (1,00,000 • 1,00)	\$1,000,001 - \$.5,000,000	55,000,001 - 525,000,000	000000000000000000000000000000000000000	Security Sec	AND DOOD OF THE PARTY OF THE PARTY.	Qualified Treast	Dividends (1) Company of the company	Rent and Royalties		‱ ∙	None (or less than \$201)	\$201 - \$1,000	81,001 - \$2,500	25 001 - 15 000	0	000	900	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
F	Central Airlines Common						Ą									х						X.									
EXAL	nples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund																						Ė							Law Partnership Income \$130,000	*****
\perp	Barney Frank for Congress (Newton,	MA)																												Salary (\$25,688)	
D	merican Strategies, Inc. (Washingto C) (Spouse salary) (See P.6, Line 8	1																												Salary	
A	argetSmart Communications, LLC mold, MD) (Spouse Salary) (See P. ine 9)	(,																					•							Salary	
	Vright Patman Congressional Federa redit Union - Roth IRA (Cash)			x																x											
	Vright Patman Congressional Federa redit Union - Money Market Account					×										х						X									
U	Vright Patman Congressional Credit Inion - C.D.				×											x															
* The	is category applies only if the asset/incoren, mark the other higher categories of v	lue, as	lely	that	of the	e fil	er's s	pous	e or	depe	nden	chile	dren.	Ifth	ne as	set/i	ncor	ne is	eith	er t	nat o	the	filer	or jo	ntly	held	by th	e file	er wi	th the spouse or depe	endent

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5 C.F.R Part	2634

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 3/9 Kovar, Peter A. (Use only if needed) **Assets and Income** Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item. at close of reporting period **BLOCK A** BLOCK B BLOCK C Type Amount Date
(Mo.. Day. Other Income \$5,000,001 - \$25,000,000 None (or less than \$201) Yr.) (Specify \$25,006,401 - \$50,000. \$250,001 - \$500,000 Septiminal Statement Over \$1,000.000 * 9100,001 - S1,000,001 Type & Excepted leverton Only if 550,001 - \$100,000 Actual Over \$50,000,000 Over \$1,000,000* \$15,400 SS0,000 Excepted Trust Qualified Trust \$5,001 - \$15,000 Over \$5,000,000 Amount) Honoraria \$1,001 - \$2,500 92,501-35,000 Dividends Interest None Maryland College Investment Plan (Portfolio 2012) Johnson & Johnson (stock) 3 American Strategies, Inc 401(k) (Spouse) LMP Mid Cap Core C (SBMLX) LMP CAP & INC C (SBPLX) 6 LMP SM CAP Value (SBVLX) × × LMP Global Equity C (SILLX) -LMP Aggressive Growth C (SAGCX) X Touchstone Large Cap Growth (TEQAX) 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.

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 4/9 Kovar, Peter A. (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 Other Date (Mo.. Day. Income \$5,000,001 - \$25,000,000 (Specify Yr.) Type & \$250,001 - \$500,000 Excepted Trust 550,001 - \$100,000 Over \$1,000.000 * \$50,001 - \$100,000 Actual Only if Over \$50,000,000 55,001 - \$15,000 Over \$5,000,000 Amount) Honoraria None Citi Smith Barney Bank Deposit Program X X (Cash Account) Ishares Barclays Short Treas Bd FD X (SHV) Ishares NASDAQ Biotechnology Index Fd X (IBB) Ishares Russell 1000 Growth Index Fund X (IWF) Ishares Russell 2000 Index FD (IWM) X Ishares Russell Midcap Growth Index FD X (IWP) Ishares Russell Midcap Value Index Fund X (IWS) Ishares TR S&P 500 Index Fund (IVV) X Ishares Russell 1000 Value Ind Fund X (IWD) 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.

	var, Peter A.									S	100	D) I) (Us	-			SCA		au(ed.								570		Page Nu	imber 5/9		
	Assets and Income BLOCK A					a repo	t cle ortin	of of ose o	of riod						In	con er e	ie: t	vpe is n	and eed	l am ed i	ount n Bl	. If	"Noi C foi	that	less	than	\$2	01)"	is chec	ked. no		
	None	Note (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$166,001 - \$250,000	\$250,001-\$500,000	\$500,001 - \$1,000,000	Over 5 Full Nook The Built In	55,000,001 - 525,000,000	THE STATE OF THE S	Presented Investment Rend	× 479	Qualified Trust	Dividends	Rent and Boyaldes	and interesting of the second of the second of	Capital Gains	None (or fess than \$201)	\$201 - \$1,000	\$1,001 \$2.500	22.20F 55.000		\$50,001 - \$100,000	- \$1,000,000	Over \$1,900,900*	\$1,000,001 - \$5,000,000	Over.\$5,000,000) (S	Other noome pecify ype & Actual mount)	(Mo Yr Onl	
1	RYDEX S&P Equal Weight ETF (RSP)		X				e earn		9.0%				172.25						X		2000								**************************************		100000000000000000000000000000000000000	
2	Vanguard BD Index FD Inc Intermediate Term BD ETF (BIV)		x																х													
3	Vanguard Health Care ETF (VHT)		х								-								х													
4	CG Capital Markets Core Fixed Income Fund(TIIUX)		х																х													
5	CG Capital Markets Emerging Markets Investments (TEMUX)		x																×													
6	CG Capital Markets International Equity Investments (TEIUX)		x								7								х													
7	CG Capital Markets Fixed Income Investments (TIFUX)		x																X.													
8	CG Capital Markets Large Cap Growth Investments (TLGUX)		x																x													
9	CG Capital Markets Large Cap Value Investments (TLVUX) This category applies only if the asset/income is		X			-													×													

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U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE A continued** 6/9 Kovar, Peter A. (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 Other Date (Mo., Day, Income Over 550,000,000 Yr.) \$900.001 - \$1.000.000 Over \$1,000.000 * State 001 - St. Ob. 100 (Specify 000-058-1000005-5 \$1,000,001 - \$ 5,000.0 Type & Kentand Royalde None (or less than Actual Only if S100.401-81.409 Over \$1,000,000* Qualified Prust 55,001 - \$15,000 Over \$5,000,000 Honoraria Amount) \$1,001 - \$2,500 Dividends None CG Capital Markets Small Cap Value X Investments (TSVUX) CG Capital Markets Small Cap Growth Investments (TSGUX) Ishares Morningstar Large Value Index X Fund (JFK) iShares TR DJ Transportation Avg Index Fd (IYT) Ishares TR Russell 2000 Growth Index X Fund (IWO) Ishares 2000 Value Index Fund (IWN) 7 | Center for the Public Information, LLC (Arnold, Maryland) Member LLC - spouse (Spouse X CPI acquires public data, such as voter registration records. received no income) American Strategies Inc., (ASI) is a DC based firm with core competencies in data analysis, data modeling and American Strategies, Inc. (Washington data integration technology. ASI provides strategic and technical consulting services to clients for fundraising DC) Equity interest - spouse and for communicating directly with large numbers of people. 9 TargetSmart Communications, LLC TargetSmart Communications is a political data firm specializing in providing high-quality data, including a (Arnold, Maryland) Equity Interest national voter file, a national consumer data file and state of the art data services to Democrats and progressive and non-partisan organizations. 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.

Reporting Individual's Name Kovar, Peter A. SCHEDULE	В										Page N	umber	7	7/9		
Part I: Transactions		11:73. 14.	٧.,		None											ė.
Report any purchase, sale, or exchange by you, your spouse, report a transaction involving property used solely as your		ansact			I			An	nount o	f Trans	action.	(x)		***************************************		12.5 mg. 1 mg/ 12
or dependent children during the reporting period of any real personal residence, or a transaction solely between you property, stocks, bonds, commodity futures, and other your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a \$1,000. Include transactions that resulted in a loss. Do not certificate of divestiture from OGE.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	\$250,000	\$250,001 -	\$1,000,000	S1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of divestiture
Example: Central Airlines Common	x			2/1/99			Х								2000	
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4	13-19-		7.7			\vdash					1, 1		**.			
5		_	-	-	-	-	-		-		-			\vdash		-
* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appro		eithe	r held													
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	rece	ived pend donor	from ent o	rnment; gi relatives; f their rela sidence. A	receiv tionsh so, fo	ed by ip to	your s	pouse r prov	or de	ependas per ng gif	ent ch sonal es to c	ild tot hospit	tally tality tine the	at he		
(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	tota for (other	excli	isions.	rce, e	cciude	III/III		u gro				1	None		
(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 Source (Name and Address)	tota for o	other	excli scripti	on			TICHE		4 310				,	None	Value	
(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	tota for o	other	excli scripti	on			none.	and to on				-		None	Value \$500 \$300	
(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 Source (Name and Address) Source (Name and Address) Examples: Natl Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/	tota for o	other	excli scripti	on			TICHS				Ann 0 4			None	\$500	
(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. § 4117 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 Source (Name and Address) Examples: Nat1 Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/	tota for o	other	excli scripti	on			none	access do on		to emp e	Allen de A			None	\$500	
(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 Source (Name and Address) Examples: Natl Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/ Frank Jones, San Francisco, CA Leather briefcase (personal friend)	tota for o	other	excli scripti	on										None	\$500	
(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 Source (Name and Address) Examples: Nat'l Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/ Frank Jones, San Francisco, CA Leather briefcase (personal friend)	tota for o	other	excli scripti	on										None	\$500	
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	lividual's Name				,								Page N	umber			
Kovar, Pet			SCHEDUI	EC	,				-						8/9		
	iabilities			 													
-	lities over \$10,000 owed to an tring the reporting period by ve		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne X				Catego	ory of A	mount	or Val	ue (x)			·
or dependen	t children. Check the highest eporting period. Exclude a m	amount owed ortgage on your	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if appli- cable	\$10,001 -	\$15,001 - \$50,000	150,001 - 1100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	1,000,001 - 15,000,000	15,000,001 - 125,000,000	125,000,001 -	Over \$50,000,000
	Creditors (Name and A		Type of Liability Mortgage on rental property, Delaware	1991	8%	25	10 00	100 00	50 50	10 49	69 69	4 49	0 %	60 60	49 49	69 69	0 8
Examples:	First District Bank, Washington, John Jones, 123 J St., Washington		Promissory note	1999	10%	on demar	d	-	X		х						
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* This cater with the sp	cory applies only if the liability ouse or dependent children, many	is solely that of the file ark the other higher cate	r's spouse or dependent children. If the liability is that of the gories, as appropriate.	filer or a jo	int liabilit	y of the fil	er										
Report you employee	: Agreements or A ur agreements or arrangeme benefit plan (e.g. 401k, def y a former employer (inclu	ents for: continuing paterred compensation;	2) continuation			4) future or any of t								х Х		3	
		Status and Terms of any	Agreement or Arrangement	. "						Partie	S					-	ate
Example:	Pursuant to partnership agreer calculated on service performs	nent, will receive lump sun ed through 1/00.	n payment of capital account & partnership share			D	oe Jones	& Smit	h, Hon	etown	, State					7	/85
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Reporting Individual's Name				Page Number	
Kovar, Peter A		SCHEDULE D		9/9	9
Report any positions held during to	outside U.S. Government the applicable reporting period, whether clude but are not limited to those of an officer, proprietor, representative, employee, or	consultant of any corporation, firm, partners non-profit organization or educational instit social, fraternal, or political entities and tho	totion. Exclude positions with reli		
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Colle Doe Jones & Smith, Hom	ectors, NY, NY ectown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present
1					
2					
3					
4					
5					
6					
Report sources of more than \$5,00 business affiliation for services pr	In Excess Of \$5,000 Paid by One So 00 compensation received by you or your ovided directly by you during any one year of es the names of clients and customers of any	urce corporation, firm, partnership, or other busi organization when you directly provided th of more than \$5,000. You need not report to	iness enterprise, or any other non- e services generating a fee or pays	ment Termination	Incumbent, Filer, or ential
Source (Name and Addre			Brief Description of Duties		
Examples: Doe Jones & Smith, Hon Metro University (client	of Doe Jones & Smith), Moncytown, State	Legal services Legal services in connection with university of	onstruction	my course on million all alleges on analysis to enterin in	
Barney Frank for Congress	s Committee (Newton, MA)	Fundraising/Political Consulting			
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