

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report	Termination <input type="checkbox"/> Filer	Termination Date (If Applicable) (Month, Day, Year)	<b>Fee for Late Filing</b> 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 \$200 fee.
Reporting Individual's Name	Last Name Kovar	First Name and Middle Initial Peter A.			
Position for Which Filing	Title of Position Assistant Secretary for Congressional and Intergovernmental Relations	Department or Agency (If Applicable) Department of Housing and Urban Development			<b>Reporting Periods</b> <b>Incumbents:</b> The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) Office of U.S. Rep. Barney Frank, 2252 Rayburn Bldg., Washington DC 20515		Telephone No. (Include Area Code) (202) 225-9400		
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 Chief of Staff, U.S. Rep. Barney Frank, 1991 - present				<b>Termination Filers:</b> The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Banking, Housing & Urban Affairs	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Certification</b>	Signature of Reporting Individual		Date (Month, Day, Year)		<b>Nominees, New Entrants and Candidates for President and Vice President:</b>  <b>Schedule A</b> —The reporting period for income (BLOCK C) is the preceding 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.  <b>Schedule B</b> —Not applicable.  <b>Schedule C, Part I (Liabilities)</b> —The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.  <b>Schedule C, Part II (Arrangements or Arrangements)</b> —Show any agreements or arrangements as of the date of filing.  <b>Schedule D</b> —The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
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 Other Reviewer		Date (Month, Day, Year)		
Other Review (If desired by agency)	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		
Agency Ethics Official's Opinion	Signature		Date (Month, Day, Year)		
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).	Office of Government Ethics Use Only		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"/>

MAR 26 2009

\* 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.

Kovar, Peter A.

**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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria									
BLOCK A		BLOCK B										BLOCK C																				
		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 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type	Amount															
																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		
1	Maryland College Investment Plan (Portfolio 2012)			X									X							X												
2	Johnson & Johnson (stock)		X																	X												
3	American Strategies, Inc 401(k) (Spouse)																															
4	- LMP Mid Cap Core C (SBMLX)			X								X								X												
5	- LMP CAP & INC C (SBPLX)			X								X								X												
6	- LMP SM CAP Value (SBVLX)			X								X								X												
7	- LMP Global Equity C (SILLX)			X								X								X												
8	-LMP Aggressive Growth C (SAGCX)			X								X								X												
9	Touchstone Large Cap Growth (TEQAX)		X									X								X												

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Kovar, Peter A.

# **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.										Date (Mo., Day, Yr.)  Only if Honoraria										
BLOCK A		BLOCK B										BLOCK C																				
		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	Type	Amount	Other Income (Specify Type & Actual Amount)													
																	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	
1	Citi Smith Barney Bank Deposit Program (Cash Account)	X																			X											
2	Ishares Barclays Short Treas Bd FD (SHV)	X												X							X											
3	Ishares NASDAQ Biotechnology Index Fd (IBB)	X												X							X											
4	Ishares Russell 1000 Growth Index Fund (IWF)	X												X							X											
5	Ishares Russell 2000 Index FD (IWM)	X												X							X											
6	Ishares Russell Midcap Growth Index FD (IWP)	X												X							X											
7	Ishares Russell Midcap Value Index Fund (IWS)	X												X							X											
8	Ishares TR S&P 500 Index Fund (IVV)	X												X							X											
9	Ishares Russell 1000 Value Ind Fund (IWD)	X												X							X											

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Prior Editions Cannot be Used.



Reporting Individual's Name

Kovar, Peter A.

**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																					
		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 - \$3,000,000	\$3,000,001 - \$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	Type				Amount							Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria				
																	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	
1	RYDEX S&P Equal Weight ETF (RSP)	X												X								X												
2	Vanguard BD Index FD Inc Intermediate Term BD ETF (BIV)	X												X								X												
3	Vanguard Health Care ETF (VHT)	X												X								X												
4	CG Capital Markets Core Fixed Income Fund(TIIUX)	X												X								X												
5	CG Capital Markets Emerging Markets Investments (TEMUX)	X												X								X												
6	CG Capital Markets International Equity Investments (TEIUX)	X												X								X												
7	CG Capital Markets Fixed Income Investments (TIFUX)	X												X								X												
8	CG Capital Markets Large Cap Growth Investments (TLGUX)	X												X								X												
9	CG Capital Markets Large Cap Value Investments (TLVUX)	X												X								X												

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Prior Editions Cannot be Used.

Reporting Individual's Name

Kovar, Peter A.

# 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.										Date (Mo., Day, Yr.)  Only if Honoraria											
BLOCK A		BLOCK B										BLOCK C																					
		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 - \$7,500	\$7,501 - \$25,000	\$25,001 - \$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	CG Capital Markets Small Cap Value Investments (TSVUX)	X												X							X												
2	CG Capital Markets Small Cap Growth Investments (TSGUX)	X												X							X												
3	Ishares Morningstar Large Value Index Fund (JFK)	X												X							X												
4	iShares TR DJ Transportation Avg Index Fd (IYT)	X												X							X												
5	Ishares TR Russell 2000 Growth Index Fund (IWO)	X												X							X												
6	Ishares 2000 Value Index Fund (IWN)	X												X							X												
7	Center for the Public Information, LLC (Arnold, Maryland) Member LLC - spouse (Spouse received no income)	X																															
8	American Strategies, Inc. (Washington DC) Equity interest - spouse									X																							
9	TargetSmart Communications, LLC (Arnold, Maryland) Equity Interest - spouse									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.

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

Reporting Individual's Name <b>Kovar, Peter A.</b>	<b>SCHEDULE B</b>	Page Number <b>7/9</b>
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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		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												Certificate of
		Purchase	Sale	Exchange		\$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		
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: Nat'l 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			



Reporting Individual's Name  Kovar, Peter A.	<b>SCHEDULE C</b>	Page Number  8/9
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**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 liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None ☒ X

Category of Amount or Value (x)

	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$10,001 - \$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*
Examples:	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.							
	John Jones, 123 J St., Washington, DC	Promissory note	1999	10%	on demand			x		x		
1												
2												
3												
4												
5												

\* 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 employee benefit plan (e.g. 401k, deferred compensation); (2) continuation payment by a former employer (including severance payments); (3) leaves

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits

None ☒ X

	Status and Terms of any Agreement or Arrangement	Parties	Date
Example:	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
1			
2			
3			
4			
5			
6			

Reporting Individual's Name Kovar, Peter A	<b>SCHEDULE D</b>	Page Number 9/9
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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 Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1					
2					
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 Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	Barney Frank for Congress Committee (Newton, MA)	Fundraising/Political Consulting
2		
3		
4		
5		
6		