Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:

OMB No. 3209-0001

U.S. Office of Government Ethics			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Date of Appointment, Candidacy, Election of Nomination (Month, Day, Year)	Reporting Status Calendar Year (Cliech Incumbent Covered by Report	New Entrant, Nomince,	Termination Date (If Appli- Termination cable) (Month, Day, Tear.)	Ree for Late Filing Any individual who is required to
April 2, 2009		or Crindidate	File Control	file this report and does so more than
	Last Name	First Name and Middle	Imitial ²	30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Manning	Timothy W.		is granted, more than 30 days after the last day of the filing extension period
	Title of Position	Department or Agency	(If Applicable) Section .	shalf be subject to a \$200 fee.
Position for Which Filing	Deputy Administrator for National Preparedness	DHS-FEMA		Reporting Periods
Location of Present Office	Address (Number, Street, City, State, and ZIP Gode)		Telephone No. (Include Area Code)	Incumpents: The reporting period is the preceding calendar year except
ion forwarding address)	130 South Capital Avenue, Santa Fe, NM 87501		505-476-1053	Part II of Schedule C and Part I of Schedule D whore you must also
Position(s) Held with the Federal	Pitle of Position(s) and Date(s) Held			include the filing year up to the date
Sovernment During the Preceding 12 Months (If Not Same as Above)	FEMA Regional Advisory Committee, FEMA Region I Infrastructure Protection Advisory Committee 2007 -		tate, Local, Tribal and Territorial	you file. Part II of Schedule D is not applicable.
				Termination Filers: The reporting
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Homeland Security and Governmental Affairs			period begins at the end of the period covered by your previous filing and ends
	Trofficiand Security and Sovernmental Analis	Yes	L^IN∳	at the date of termination. Part II
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	of Schedule D is not applicable.
FCERTIEY that the statements Thave made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Work DM anny		04/03/2009	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other Reviewer		Date (Month, Day, Year)	Schedule A-The reporting period for income (BLOCK C) is the preceding
Other Review				calendar year and the current calendar year up to the date of filing. Value
(If desired by agency)				assets as of any date you choose that is within 31 days of the date of filing.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing Officia	I same	Date (Month, Day, Year)	Schedule BNot applicable.
in this report, I conclude that the filer is	1/2/		, ,	Schedule C, Part I (Liabilities)
in compliance with applicable laws and regulations (subject to any comments	Meg/1		04/06/2006	The reporting period is the preceding calendar year and the current calendar.
in the box below).	Signature		Date (Month, Day, Year)	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics Use Only	MIT		14/9/ 0	Schedule C. Part II (Agreements or
建筑温泉的电影的 一直的一种一个。	onal space is required use the reverse side of this sheet)		7/7/07	Arrangements - Show any agreements or arrangements as of the date of
Comments of Coviewing Officials (1) against		iling extension granted &	to disease when and disease it is	filing.
	Schedule D-The reporting period is			
	the preceding two calendar years and the current calendar year up to the			
	date of filing: Agency Use Oilly			
			•	The state of the s
*		(Check box if comme	ents are continued on the reverse side)	OGE Use Only
			· Comment	AFN 0 2009

Reporting Individual's Name Timothy W. Manning												S	CI	ΗE	DI	UL	E	A													Page Number 2 of 5	5
Timothy vv. Maining						7.57															A.							:		<u></u>		
Assets and Income				V		tion at cle ortin BLO	se o	of erioc		1.45								e: to						C		hat			n \$2	01)"	is checked, no	
For you, your spouse, and dependent childrer report each asset held for investment or the production of income which had a fair marker value exceeding \$1,000 at the close of the reging period, or which generated more than \$20 in income during the reporting period, togeth with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (of than from the U.S. Government). For your streport 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).	et port- 00 er	None (or less than \$1,001)	69 1000	\$50.001 - \$100.000	\$100,001 - \$250,000		\$500,001 - \$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		\$50,001 - \$100,000	900	9	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Central Airlines Common Examples Doe Jones & Smith, Hometown, Sta Kempstone Equity Fund IRA: Heartland 500 Index Fund				×									1 1 4			×					1 - 1	x		- X	S	<i>s</i>					Law Partnership Income \$130,000	
Northwestern Mutual Life Insuran (Whole Life)	се						-									-				×				^								·
American Funds Washington Mutual Investors Fund Wells Fargo Bank - Checking Albuquerque, NM			x x										*							×												
4 State of New Mexico Santa Fe, NM																															Salary \$113,717.00	
5 State of New Mexico Retirement Defined benefit plan				valu	e nat	rea	dily	asce	erta	nabi	e																				Will receive \$1,500.00 at age 64	
Nothing Follows			N	othi	ng F	ollo	ws																									
* This category applies only if the asset/incommark the other higher categories of value, as			that o	of the	filer	's spo	ouse	or d	epen	dent	chil	drer	n. If	the	asse	t/inc	ome	is ei	ther	that	of the	he fi	ler c	or joi	ntly	held	by 1	he fi	ler w	vith t	he spouse or depend	ent children,

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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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Reporting Individual's Name		SCHEDULE B						er et		- 27.2		Page Nu		3 of 5	306.40300 10000	
Part I: Transactions			1.51		• 75	i.e.	None]							
Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real	report a transaction involving property personal residence, or a transaction sole	used solely as your	S. Carlotte	insaction		***************************************			An	nount o	f Trans	action (x	()			
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	your spouse, or dependent child. Check divestiture block to indicate sales made certificate of divestiture from OGE.	othe "Certificate of	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000 \$15,001 -	\$50,000	\$100,001 -	\$250,001 -	\$500,001 -	\$1,000,000*	5,000,000	25,000,000	Over 50,000,000	ertificate of
Example: Central Airlines Common	mon or Assets	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×		7	2/1/99	69. 69 69	X	9 9	4 6	69 69	0 65 6	9 69 69	69 69 6	, U &	10 4
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Part II: Gifts, Reimbursements, and T For you, your spouse and dependent children, report the stion, and the value of: (1) gifts (such as tangible items, trafood, or entertainment) received from one source totaling (2) travel-related cash reimbursements received from one than \$260. For conflicts analysis, it is helpful to indicate as personal friend, agency approval under 5 U.S.C. § 411 authority, etc. For travel-related gifts and reimbursements dates, and the nature of expenses provided. Exclude any	ravel Expenses ource, a brief descrip- unsportation, lodging, more than \$260; and source totaling more a basis for receipt; such 1 or other statutory include travel itinerary.		the U received indep the de total for ot	ved from the condition of the condition	rom int of s resi	nment; girelatives; if their relatidence. All none sour sions.	eceived ionship so, for p	by your to you; our urposes	spouse or provi	or de	epende is pers ng gift	ent chil onal h s to de	ld totall ospitali etermine	y ty at the		1
Source (Name and Address) Examples: Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident	to motional conformace 6/15		ef Desc			to dutal				71,2				Value \$500	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	to national conference of 15/	33 (bc	rsonar	activi	ity unicialed	to duty)							1-	\$300	
1																
2			A CONTRACTOR				naplama mingaya (iyah bayikan kesid							1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics age Number Reporting Individual's Name SCHEDULE C 4 of 5 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 \$1,000,000 Incurred Rate applicable Type of Liability Creditors (Name and Address) 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 x 1 Juniper Bank, Wilmington, DE credit card 2008 19 revolving 2 Chase Bank, Palatine IL, 60094 2008 16 revolving credit card * 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 Status and Terms of any Agreement or Arrangement Date Parties 7/85 Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State calculated on service performed through 1/00. 1 Continued participation in the State of New Mexico retirement plan State of New Mexico (a defined benefit plan) 4/2007

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Reporting Individual's Name Timothy W. Manning	SCHEDULE D		Page Number 5 o	f 5							
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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 office director, trustee, general partner, proprietor, representative, employee, or	consultant of any corporation, firm, partner, non-profit organization or educational ins social, fraternal, or political entities and the	stitution. Exclude positions with religious	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							
National Emergency Management Association Lexington, KY	non-profit professional association	Regional Vice President, Committee Chair	8/2004	present							
Emergency Management Accreditation Program Commission Lexington, KY	non-profit standards setting organization	Board Chairman	11/2007	present							
Governor's Homeland Security Advisor's Council Washington, DC	non-profit professional association	Executive Board member	10/2008	present							
4 National Homeland Security Consortium Lexington, KY	non-profit professional association	co-chairman	9/2007	present							
5 State of New Mexico Santa Fe, NM	State Government	Director, Dept of Homeland Security & Emergency Mgt	7/2007	present							
6 State of New Mexico Santa Fe, NM	State Government	Director, Governor's Ofc of Homela Security, Advisor to the Governor	1/2005	7/2007							
Part II: Compensation In Excess Of \$5,000 Paid by On 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 the reporting period. This includes the names of clients and customers of any	corporation, firm, partnership, or other bu of organization when you directly provided	the services generating a fee or payment	if you are an Termination Vice Preside	Filer, or							
Source (Name and Address)		Brief Description of Duties		1 m 1 m 2 m 1 m 2 m 2 m 2 m 2 m 2 m 2 m							
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State 1 State of New Mexico		Legal services Legal services in connection with university construction Director, Department of Homeland Security and Emergency Management									
Santa Fe, NM			***************************************								
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4											
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