## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Offi	ce of Governm	ent Ethics	
Date of	Appointment,	Candidacy,	Election

U.S. Office of Government Ethics			
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year  (Check Incumbent Covered by Report	New Entrant, Nominee. Termination Cable	nation Date (If Appli- (Month, Day, Year)  Any individual who is required to
or Nomination (Month, Day, Tear)		or Candidate Filer	1 morrison to to to the to
	appropriate toxes)	of Calididate	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			is granted, more than 30 days after the
	Tompkins	Hilary C.	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	Solicitor General	Department of the Interior	
		<u> </u>	Reporting Periods
Location of Present Office	Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Ar	the preceding calendar year except
(or forwarding address)	1849 C Street, NW, Washington DC 20240	202 208 3111	Part II of Schedule C and Part I of
(0, 10, 10, 10, 10, 10, 10, 10, 10, 10, 1			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	Nene		you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	None		applicable.
			Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trus	period begins at the end of the period
Senate Confirmation	Senate Energy and Natural Resources		covered by your previous filing and ends
	Senate Energy and Natural Resources	Yes X No	at the date of termination. Part II
			of Schedule D is not applicable.
Certification  I CERTIFY that the statements I have	Signature of Reporting Individual	Date (Month, Day, Year)	N
made on this form and all attached	1.1 1-(/)		Nominees, New Entrants and Candidates for President and Vice
schedules are true, complete and correct	Willa Milla and house	2/2/19	President:
to the best of my knowledge.	"IUIUUUUUUVI HIIUUVI	1/2//0/	
	Signature of Other Reviewer	Date (Month, Day, Year)	Schedule A - The reporting period for income (BLOCK C) is the preceding
		Transfer Tra	calendar year and the current calendar
Other Review	The state of the s		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.
			within 31 days of the date of fining.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing Officia	Date (Month. Dav. Year)	Schedule RNot annlicable
in this report, I conclude that the filer is			Schedule C. Part I / ishilities -
in compliance with applicable laws and	1 11 1 1 2 0 1	11/1/	The reporting period is the preceding
regulations (subject to any comments	Illollman of MOTAL	1 7/1/09	calendar year and the current calendar
in the box below).	Signature / N	Date (Month Don Year)	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature	Date I Month, Day Year 1	Within 31 days of the date of fining.
Use Only	16.//	1/9/09	Schadula C Part II (Agreements or
0	1 1910 man	7/1/3	Arrangements) Show any agreements or arrangements as of the date of
Comments of Reviewing Officials (if addit	tional space is required, use the reverse side of this sheet)		filing.
	(Check box if f	ling extension granted & indicate number of days	
* ; TIE			Schedule D-The renorting period is
, 1. S			the preceding two calendar years and
			the current calendar year up to the date of filing.
			Agency Use Only
		(Check box if comments are continued on the reve	rse side) OGE Use Only
		Consension y comments are commence on the reve	ALI LEVO
	The second of th		

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Reporting Individual's Name													-								All elkill									Page Number	
Hilary C. Tompkins												S	CI	HE	DI	UL	E.	A												2	
												_			_																
Assets and Income					luat ar repo	t clo	se c	of															. If "					\$2	01)"	is checked. no	
BLOCK A							CK E																	BLOC	K 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.	(100 000 000 000 000 000 000 000 000 000															Other Income (Specify	Date (Mo., Dav. Yr.)														
For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spoureport 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).	han	\$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	than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$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	Type & Actual Amount)	Only if Honoraria
Examples  Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund	x x x x x x x x x x x x x x x x x x x															X						×	x							Law Partnership Income \$130,000	
Charles Schwab Contributory IRA Money Market Funds (Sweep)			Х										×								x										
Charles Schwab Contributory IRA Schwab 1000 Index Fund		×											Х							X											_
Charles Schwab One Account Schwab S&P 500 Index Fund		×											X					and control of the co			X										
ABA Retirement Fund Large-Cap Value Equity Fund		×											Х							X											
ABA Retirement Fund Large-Cap Growth Equity Fund		x											х							х											
Personal Savings Acct - Wells Fargo		X								-			and the second second					A CONTRACTOR OF THE PARTY OF TH		X											
* This category applies only if the asset/income mark the other higher categories of value, as app		-	at of	the i	filer's	s spc	ouse	or de	epen	dent	chil	dren	. If	the a	isset	linco	ome	is ei	ther	that	of th	e file	er or j	ointly	held	by 1	the fi	er w	ith th	e spouse or depende	ent children,

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	porting Individual's Name lary C. Tompkins	***********									S	CI					A of ne			ıu	ed											Page Number	
		_														- J																	
	Assets and Income					at repo	t clo	of ose o g pe CK B	f riod																C f		nat i			\$20	)1)" i	is checked. no	
																		Ту	pe							***************************************	oun	t					
	None	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	5500,001 - 51,000,000	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 - \$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)	Date (Mo., Dav. Yr.) Only if Honoraria
1																																	
	Personal Checking Acct - Wells Fargo																																
2	Condominium in Santa Fe, NM Rental Property					х												x						x									
3	State of New Mexico Salary																															Salary \$49431.46	
4	University of New Mexico School of Law Adjunct professor Spring 2009								7																							Salary \$1,328.00	
5	Phase Forward (Spouse) Waltham, MA Integrated data management systems										-																					Salary	
6	Schwab IRA (Spouse) NB Partners Fund INV (NPRTX)		Х	-										Х							Х												E .
7	Phase Forward (Spouse) 401K Opp Global Fnd Cls A			X					The state of the s					х							x			-									
8	Phase Forward (Spouse) 401K T Rowe Pr Mid Cap Valu Fd R			x										x							x												
9	Phase Forward (Spouse) 401K Allianz NFJ Dividend Val A			X										X							x												
	This category applies only if the asset/income is rk the other higher categories of value, as appropriate the company of the categories of			at of	the	filer	's sp	ouse	or d	iepe	nden	t ch	ıldre	n. I	f the	ass	et/in	com	e is	eithe	er th	at of	the	filer	or j	ointl	y hel	d by	the i	iler	with t	the spouse or deper	ident children,

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 4 Hilary C. Tompkins (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 **Excepted Investment Fund** None (or less than \$1,001) \$25,000,001 - \$50,000,000 Income (Mo., Day, \$1,000,001 - \$ 5,000,000 \$5,000,001 - \$25,000,000 None (or less than \$201) (Specify Yr.) \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 Over \$1,000.000 \* Only if Over \$50,000,000 \$50,001 - \$100,000 Actual \$15,001 - \$50,000 Over \$1,000,000\* \$15,001 - \$50,000 \$1,001 - \$15,000 Qualified Trust **Excepted Trust** Over \$5,000,000 \$5,001 - \$15,000 Amount) Honoraria Capital Gains \$1,001 - \$2,500 \$2,501 - \$5,000 \$201 - \$1,000 Dividends Interest None Wells Fargo Checking (Spouse) Χ Wells Fargo Savings (Spouse) X Morgan Stanley IRA (Spouse) Columbia Large Cap Grw A Morgan Stanley IRA (Spouse) Van Kampen Capital Growth A Etrade (Spouse) Phase Forward Stock Options X X Etrade (Spouse) Phase Forward Stock X 7 TheEducationPlan (529 for Daughter) Oppenheimer Funds Newborn-to-age-5 Portfolio X 8 Morgan Stanley (Spouse) partnership MS Charter Graham LP (trading of Income future contracts) X \$17,891 Morgan Stanley (Spouse) E V Large Cap Value A 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,

Prior Editions Cannot be Used.

mark the other higher categories of value, as appropriate.

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U.S	S. Office of Government Ethics eporting Individual's Name																	·							-							IDam N		
											S	C	HE	D	UL	E	A	co	nti	nu	ed											Page N	umber 5	5
Hi	ilary C. Tompkins												J)	Jse	on	ly i	if n	eed	led)	)														
H	Assets and Income	Т	-Marie de Caracteria		Va	lua	tion	ı of	Ac	sets	2	-A		Г			In			tun		d on		-+ T	£ IIN	lana	100	1000	*laor	62/	3138	ia aha	cked, no	
	TROUBLE SOME AMERICAN					a	t clo	ose o	of		,																	item		1 320	711	18 Che	жей, по	
L	BLOCK A							CKI				-										-			BL	OCK	C							
																		T	ype							Am	oun	t		,		Т.		
	None	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 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	550,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	I (S	Other income Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1		+		-										-	-	-	$\vdash$	$\vdash$	$\vdash$	+	$\vdash$	$\vdash$	-				_					-		-
	Morgan Stanley (Spouse) Oppenheimer LTD Term MUNI A	-			x									Х									-	x										
2	Morgan Stanley (Spouse) Delaware TX-FR USA Intermed A				X									Х									X											
3	Morgan Stanley (Spouse) Oppenheimer Rochstr Natl Mun A		X											Х									х											
4	Morgan Stanley (Spouse) Highland Floating RT ADV A			X										X											Х									
5	Morgan Stanley (Spouse) E V Emerging Markets A		x											×									×											
6	Morgan Stanley (Spouse) American Funds Growth Fd of America			Х										Х							×					A-4444A								
7	Morgan Stanley (Spouse) Thornburg Intl Value A			X										Х							X													
8	Morgan Stanley (Spouse) Federated Kaufmann Small Cap A		X											X							X													

Morgan Stanley (Spouse)
Putnam Vista A

\* 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

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	porting Individual's Name ary C. Tompkins										S	CI					A of no			ıu	ed											Page Number 6		
	Assets and Income					a repo	t clo	ose o	of erio		3														(C)		hat	less		\$20	01)"	is checked. no		
	None	None (or less than \$1,001)															Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav, Yr.) Only if Honoraria															
1	Charles Schwab (Spouse) Applied Materials Inc AMAT																		-															
2	Charles Schwab (Spouse) Baxter International Inc BAX		×																		X													
3	Charles Schwab (Spouse) Exxon Mobil Corp XOM		×																		X													
4	Charles Schwab (Spouse) Hewlett-Packard Company HPQ		x																		Х													
5	Charles Schwab (Spouse) Procter & Gamble PG		x														×					X												
6	Charles Schwab (Spouse) American Inflation Adj Bond Inv CL		×											X								x												
7	Charles Schwab (Spouse) Columbia Value & Restruc UMBIX		×											x							х													
8	Charles Schwab (Spouse) Gabelli Asset Fund AAA GABAX		x											×							X													
9	Charles Schwab (Spouse) Gabelli Small Cap Growth GABSX			x										X						- 5			X											
	This category applies only if the asset/income in the other higher categ	s sole	ly th	at o	f the	filer	's sp	ouse	or	depe	ndei	nt ch	ildre	en.	f the	ass	set/ir	com	ie is	eith	er th	at o	f the	file	rorj	oint	ly he	ld by	the	filer	with	the spouse or depe	ndent children	1,

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	porting Individual's Name							-			C	CF	TE.	nr	TT :	I.	A .		42.		- 4	-				-				-	T	Page Number		
Hil	lary C. Tompkins										اد	Cr		se						140	ea											,	7	
	Assets and Income		1			a repo	t clo	of of ose of g pe	of erioc								Inc	er ei	ntry	vpe is r	and	d am	ioun n B	t. I	C f	or th	hat i	tem.	than	\$20	01)"	is checked. no	)	
																		Ty	pe	-	-					Am	oun	t					$\dashv$	
	None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$256,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000.000 *	21,000,001 - \$ 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	\$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)		Date (Mo Dav. Yr.) Only if Honoraria
1	Charles Schwab (Spouse) Harbor International Fund Inv Cl		\									1	1									,												
2			X	X									1	X							x	X												
3	Charles Schwab (Spouse) Landus International MarketMasters SWMIX			х										Х									X											
4	Charles Schwab (Spouse) Loomis Sayles Bond Fund LSBRX		x											x								х												
5	Charles Schwab (Spouse) Pimco Total Return Fund PTTDX			X										x									X											

UMB Scout Intl Fund UMBWX 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

Charles Schwab (Spouse)

Charles Schwab (Spouse) Royce Value Fund Svc CL RYVFX

Charles Schwab (Spouse) Schwab 1000 Index Fund SNXSX

Charles Schwab (Spouse) Schwab Health Care Fund SWHFX

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	orting Individual's Name ary C. Tompkins	SCHEDULE A continued  (Use only if needed)																																
-													(0	30	OIII	y 1.1	110	Car	,uj									-					•	_
	Assets and Income	Valuation of Assets at close of reporting period BLOCK B  Income: type and amount. If "None (or less than \$201)" is che other entry is needed in Block C for that item.  BLOCK C														is checked, no																		
-	DLOCK A	Type Amount														T																		
	None	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		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)	Date (Mo., D Yr.) Only Honore	oav. if
Ļ																				_			_	_	_									
1	Charles Schwab (Spouse) Wasatch 1st Source Inc EQ Fund FMIEX			X										х							х													
2	Charles Schwab (Spouse)		X											х				-				х												
3				Х										X								х												
4	Charles Schwab (Spouse) Sector Spdr Fincl Select XLF		Х											x								х												
5	Charles Schwab (Spouse) Schwab Cash Reserves SWSXX		х											х									x											
6	Charles Schwab (Spouse) Schwab Value Advantage			X										х								x												
7	Charles Schwab (Spouse) Schwab Yield Plus Select	Х												х							X													
8	Charles Schwab (Spouse) Excelsior Value & Restructuring UMBIX	х					-							X							Х													
9	Charles Schwab (Spouse) Janus Growth and Income Fund	х												Х							X													
* ma	This category applies only if the asset/income is rk the other higher categ	solel	y tha	at of	the	filer	's sp	ouse	or	depe	nden	nt ch	ildre	en. I	fthe	ass	et/in	com	e is	eithe	er th	at of	the	filer	or jo	ointl	y he	ld by	the .	filer	with	the spouse or depe	ndent child	dren,

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 9 Hilary C. Tompkins (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 Excepted Investment Fund None (or less than \$1,001) \$25,000,001 - \$50,000,000 (Mo., Day, Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 None (or less than \$201) Yr.)(Specify \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 \$100,000 - \$1,000,000 Type & \$250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalties \$50,001 - \$100,000 Over \$1,000.000 \* Only if Over \$50,000,000 \$50,001 - \$100,000 Actual \$15,001 - \$50,000 \$15,001 - \$50,000 Over \$1,000,000\* Excepted Trust Qualified Trust Over \$5,000,000 \$1,001 - \$2,500 \$5,001 - \$15,000 Amount) Honoraria Capital Gains \$201 - \$1,000 Dividends Interest None 1 | Charles Schwab (Spouse) Wasatch 1st Source Income Equity Fund FMIEX Charles Schwab (Spouse) Accessor Small to Mid Cap A 4 5 6 8 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

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

U.S. Office of Government Ethics																				
Reporting Individual's Name	/	SCHEDULE	R										Page 1	Vumber		10				
Hilary C. Tompkins		SCHEDULE																		
Part I: Transactions							None													
Report any purchase, sale, or exchange or dependent children during the repo		report a transaction involving property used solely as your personal residence, or a transaction solely between you,	1	ansacti Type (x					Amount of Tran					(x)						
property, stocks, bonds, commodity f securities when the amount of the trai \$1,000. Include transactions that resu	utures, and other	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	- 100,	0,000	0,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$50,000,000	Over \$50,000,000	Certificate of divestiture		
	Identifica	ation of Assets	Pur	Sale	EX		\$1,0	\$15	\$50	\$10	\$25	\$1,0	0ve	\$1,0	\$5,0	\$25	Over \$50,0	Cert		
Example: Central Airlines Common	1		Х			2/1/99			х											
1																				
2																				
3																				
4			-																	
5			-								-					-				
* This category applies only if the un	derlying asset is solely that	of the filer's spouse or dependent children. If the underlying as	set is ei	ther he	eld															
The state of the s		ent children, use the other higher categories of value, as appropr	iate.													-				
Part II: Gifts, Reimbu	rsements, and T	ravel Expenses																		
For you, your spouse and depend- tion, and the value of: (1) gifts (s	ent children, report the s	ource, a brief descrip-	the I	J.S. C	Joven	rnment; giv	en to	your a	agenc	y in c	onnec	ction y	vith o	fficia	l trave	:1:				
tion, and the value of: (1) gifts (s	uch as tangible items, tra	ansportation, lodging,				relatives; r										at				
food, or entertainment) received (2) travel-related cash reimburser than \$260. For conflicts analysis,	nents received from one	source totaling more	the o	lonor'	s res	idence. Als	so, for	purpo	oses o	fagg	regati	ng gif	ts to o	detern	nine th	he				
than \$260. For conflicts analysis,	it is helpful to indicate a	a basis for receipt, such	total	value	fror	m one sour	ce, ex	clude	items	wort	h \$10	4 or le	ss. S	ee ins	structi	ons				
as personal friend, agency approvauthority, etc. For travel-related g	al under 5 U.S.C. 8 411	1 or other statutory	for c	ther e	exclu	isions.									1	None I				
dates and the nature of expenses																TO TO				
Source (Name an			Rr	ef Des	crinti	On				***********							Value			
Examples: Nat'l Assn. of Rock Coll		Airline ticket, hotel room & meals incident to national conference 6/	-	-		Parameter Company of the Company of	to duty	)		-							\$500			
Frank Jones, San Francis		Leather briefcase (personal friend)							a stat vibragenda u								\$300			
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2			***************************************							7.11.1							-			
3															-		<b>AND THE PERSON</b>			
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SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C 11 Hilary C. Tompkins Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None X Category of Amount or Value (x) any time during the reporting period by you, your spouse, by automobiles, household furniture or appliances; and or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. \$25,000,001 \$500,001 -See instructions for revolving charge accounts. Date during the reporting period. Exclude a mortgage on your Interest Term if \$250,001-\$15,000 \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. X Examples: John Jones, 123 J St., Washington, DC 1999 10 % on demand Promissory note Chase Home Finance Phoenix, AZ 85062 Mortgage on rental property, Santa FE NM 2003 5.875% 30 yrs 3 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 of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits employee benefit plan (e.g. 401k, deferred compensation; (2) continuation payment by a former employer (including severance payments); (3) leaves None Status and Terms of any Agreement or Arrangement Parties Date 7/85 Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State Example: calculated on service performed through 1/00. 7/2002 I will retain my ABA retirement Fund; however, neither I nor the firm will make any further contributions to this account. Sonosky, Chamber ABA Pension Plan 2 3 5

Reporting Individual's Name		THE RESERVE THE PROPERTY OF TH	THE RESIDENCE OF THE PERSON OF	Page Number	1444444
Hilary C. Tompkins		SCHEDULE D		1	12
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions includ director, trustee, general partner, prop	applicable reporting period, whether e but are not limited to those of an officer,	non-profit organization or education	partnership, or other business enterprise or any all institution. Exclude positions with religious and those solely of an honorary nature.		
Organ	nization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors Doe Jones & Smith, Hometow	s, NY, NY	Non-profit education  Law firm	President Partner	6/92 7/85	Present 1/00
State of New Mexico Governor	's Office, Santa Fe, NM	Government	Chief Counsel	1/2003	1/2008
UNM School of Law, Albuquer		Education	Adjunct Professor	1/2009	Present
Southwestern Association of Ir Organizer of the Santa Fe Indi	an Art Market	Non-Profit	Board of Director	1/2004	Present
	ssistance to impoverished women	Non-Profit	Board of Director	8/2005	Present
5 WINGS aka Earth circle found Indian Youth running group	ation, Santa FE NM	Non-Profit	Board of Director	3/2005	1/2007
6 New Mexico Women in the Art	s, Santa FE NM				2000
Support for Women Artists		Non-Profit	Legal Advisor	2005	2008
Report sources of more than \$5,000 c business affiliation for services provide	Excess Of \$5,000 Paid by One So ompensation received by you or your led directly by you during any one year of e names of clients and customers of any	corporation, firm, partnership, or oth organization when you directly prov of more than \$5,000. You need not	if you are a Termination Vice Presid	lential itial Candidate	
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometov Metro University (client of December 2)	vn, State oe Jones & Smith), Moneytown, State	Legal services Legal services in connection with univ	versity construction		
State of New Mexico Governor	's Office, Santa Fe NM	Legal Services			
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Prior Editions Connot Re Head					

Reporting Individual's Name				Page Number	
Hilary C. Tompkins		SCHEDULE D		10	3
Part I: Positions Held Outside U Report any positions held during the applicate compensated or not. Positions include but are director, trustee, general partner, proprietor, re	ole reporting period, whether e not limited to those of an officer,		artnership, or other business enterprise or a linstitution Exclude positions with reliain and those solely of an honorary nature.		
	(Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors, NY, N Doe Jones & Smith, Hometown, State		Non-profit education  Law firm	President Partner	6/92 7/85	Present 1/00
The Prindle Foundation, New York, N     Affiliated foundation with UJA - Feder		No. Durit	D T	F/0000	0/2007
2	ration of New York	Non-Profit	Donor Trustee	5/2000	9/2007
3					
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Part II: Compensation In Exces Report sources of more than \$5,000 compens business affiliation for services provided dire the reporting period. This includes the name	sation received by you or your octly by you during any one year of	corporation, firm, partnership, or other organization when you directly provide	er business enterprise, or any other non-proded the services generating a fee or payment eport the U.S. Government as a source.	if you are an Termination Vice Preside	Filer, or
Source (Name and Address)  Examples: Doe Jones & Smith, Hometown, State		Legal services	Brief Description of Duties		
Metro University (client of Doe Jones	& Smith), Moneytown, State	Legal services in connection with unive	rsity construction		
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