Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

U.S. Office of Government Ethics Date of Appointment, Candidacy, Election Reporting Status Termination Date (If Appliacable) (Month, Day, Tear) Fee for Late Filing Calendar Year or Nomination (Month, Day, Year) Check Covered by Report New Entrant, Nominee, Termination Any individual who is required to Incumbent X or Candidate Filer ppropriate boxes) 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 Weich Ronald H. last day of the filing extension period Department or Agency (If Applicable) shall be subject to a \$200 fee. Title of Position Position for Which Filing Assistant Attorney General for Legislative Affairs Department of Justice 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 Office of the Senate Majority Leader, S-221 The Capitol, Washington, 202-228-5589 Part II of Schedule C and Part I of (or forwarding address) D.C. 20510 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 Chief Counsel to the Senate Majority Leader, January 2007 to present 12 Months (If Not Same as Above) applicable. Termination Filers: The reporting period begins at the end of the period Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust? Presidential Nominees Subject to Senate Confirmation covered by your previous filing and ends Senate Judiciary Committee 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 schedules are true, complete and correct President: March 6, 2009 to the best of my knowledge. Schedule A-The reporting period for Signature of Other Reviewer income (BLOCK C) is the preceding calendar year and the current calendar Other Review year up to the date of filing. Value assets as of any date you choose that is (If desired by agency) within 31 days of the date of filing. Agency Ethics Official's Opinion Signature of Designated Agency Ethi Official/Reviewing Official Schedule B-Not applicable On the basis of information contained in this report. I conclude that the filer is Schedule C. Part I (Liabilities)in compliance with applicable laws and The reporting period is the preceding egulations (subject to any comments calendar year and the current calendar in the box below). year up to any date you choose that is Signature" within 31 days of the date of filing. Office of Government Ethics Schedule C. Part II (Agreements or Use Only Arrangements) -- Show any agreements Comments of Reviewing Officials (If additional space is 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 reporting period is the preceding two calendar years and the current calendar year up to the date of filing Agency Use Only OGE Use Only (Check box if comments are continued on the reverse side) 8 2009

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U.S.	Office of	Government	Ethics

Reporting Individual's Name Ronald Weich											S	CHIE	DI	JL)	e a												1 280	Number	2	************************************
Assets and Income BLOCK A			•		at o	on o close ting p	of perio		S						me: r entr						C fo				1 \$20	01)"	is c	hecked,	no	
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).	Noire (or less than \$1,800)	81,000 = \$15,000	S13.001 S30.000	\$50,001-\$100,000	111 UST 8 101 110	25.000 F\$SQ0,000	10000 0000 0000 0000 0000 0000 0000 00	Standing Standar	\$5,000,001 - \$25,000,000	\$25,000,001 - 850,010,000	N. 1076F8S0,000,000	Excepted favorance of final	Qualified Frust		Type	Cath	None (or less than \$201)	\$291 S13401	B	\$2.501 . \$5.00d)	\$15,000	mou mou man a man	3	Oyer \$1,000,000*	\$1,000,000 - \$5,000,000	Over-\$5,000,000		Other Incom (Specif Type & Actual Amoun	e /	Date (Mo., Day, Yr.) Only if Honoraria
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund				X										×					X.								LawP	artnership Incom	se \$130,000	
Washington Mutual Fund Class A		х															x													
Capital Income Builder Fund																			х											
Capital World Growth and Income Fund																		×												
Europacific Growth Fund Class A				Х															x											
Growth Fund of America Class A			X.																X											
Income Fund of America Class A * This category applies only if the asset/income is																			x											

mark the other higher categories of value, as appropriate.

	porting Individual's Name onald Weich										SC			Links .	41.14	co need	ACMIN'S		ed										P	age Number	
	Assets and Income BLOCK A					epo	tion t clo rting	se o	f riod							nco other							C fo				n \$2	(01)	" is	s checked, no	
	None	Name (or loss than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,041 - \$250,000	\$250,001 \$500,000 100	STU, lid - St. and min	Over \$1,000,000 *-	8000 = E	\$25.00H;1011	Over.850,000,000	Excepted Insestment Fund	Excepted 1 rust	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIVIGENS	ype	Capital Catity	None (or less than \$2001)	\$20151,000	\$1,001 - \$2,500	\$7,501 - \$5,000	15,000			Ove-191000000	\$1.000 to 1 \$5.000 to	0000000	nanciani de la companion de la	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
-1	Small Cap World Fund Class A		X										X								Х										
2	Washington Mutual Investors Fund				·x																	v									
3	(DC) Growth Fund of America			×																											
4	(DC) SMALLCAP World Fund		x						·			-							Х												
5	(DC) Capital World Growth			×									V							×											
6	(DC) Washington Mutual Investors Fund			Х									X								x										
7	(S) T. Rowe Price - Growth Stock Fund				x								×																		
8	(S) T. Rowe Price - SMALL CAP				х								X									¥.									
9	(S) Sole Owner of 20 acres farmland, Pullman, WA This category applies only if the asset/income is		Jac 61		f A	Tell-	Ja -			do	nd and	oh:13		Tea					Ohas	the	054			io mi	V 35	f. law.	he f	10		Rental Income \$2,056.60	andant shild

mark the other higher categories of value, as appropriate.

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	Assets and Income BLOCK A					porti	lose	of erioc							oth	er e	ntry				ck C	for	that K.C	item		i \$2()1)" i	s che	ecked, no	
	None	None (or the than \$1,000)	\$1,001-\$15,000	\$15,001 - \$50,000	\$50,001,\$100,000	000 052 000 00 052 000 000		Over \$1,000,000 %	\$1,000,001 \$5,000,000	55,000,001 - \$25,000,000	Over \$50,000,000	Exerted Investment and	Excepted Trust	Qualified Trust		Cent and Revulties		Capital Costs	None (or less than \$201)		(X)	0	\$50,001-\$100,000	100	Over \$1,000,000*	SLIMBUREL SSABBARD	Over \$5,000,000		Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr) Only if Honoraria
1	Las Arcadas Condominium Antigua, Guatemala															A					×									
2	Residential Rental Property Washington, DC					×	(
3	(S) Families Against Mandatory Minimum Foundation																												Salary	
4	Bank of America Checking Account		х														X		х											
5	Mass Mutual variable universal life insurance policy invested in:																													-
6	Templeton Foreign Securities Fund		х																х											
7	T Rowe Price Mid-Cap Growth Fund		X																×											
8	Franklin Small Cap Value Securities Fund		х																х											
9	American Funds Growth-Income Fund This category applies only if the asset/income is		x																×											

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mark the other higher categories of value, as appropriate.

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	Assets and Income BLOCK A			77,77	alua	tion at clo ortin BLO	of se o	Asse f riod	its	ExxXXX				othe	entr	y is	e and	l am led i	ount n Blo	ock C	for BLOC	that i	item.			s checked, n		
	None None	North (or last than \$1,30);				.\$250,001=\$500,000	900440018 190406	Over \$1,000,000 *	\$5,000,001 - \$25,000,000	224.004.004. VS0.000.000	Oyer \$50,000,000	Excepted Trust	Qualified Trass		Rype		None (or less than \$201)	\$201 + \$1,000	11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	407.55 THE 12.		0	Stan, out is standard.	81,600,001, \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)		Date (Ma. Day, 'Y+) Only if Honoraria
1	Fidelity VIP Contrafund Fund																х											
	Amer. Century VP Income and Growth Fund		x														х								-			
	MML Equity Fund		X														х											
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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												D M 1				
Reporting Individual's Name Ronald Weich		SCHEDULE	В									Page Numbe	er E	3		
Part I: Transacti	ons						Non	9								· ;
Report any purchase, sale, or	exchange by you, your spouse, the reporting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you.		ansaci						Amount	of Tran	saction (x)				
property, stocks, bonds, com- securities when the amount of	modity futures, 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		ange	Date (Mo. Day, Yr.)	000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000 \$250,001 -	\$500,001 -	,000,000* ,000,001 -	5,000,000	\$25,000,001 - \$50,000,000	50,000,000	meate ve
	Jdentific	cation of Assets	图	Sale	Ex	-	\$1,001	\$15	\$50	\$250 \$250 \$500	\$500	\$1,0 \$1,0	\$5.0	\$25,	\$50,	dive
Example: Central Airlines	Common		x		10.20	2/1/99	121/3 / F		×	177777		14-14-14-14 14-14-14-14 14-14-14-14-14				
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For you, your spouse and tion, and the value of: (1) food, or entertainment) re (2) travel-related cash reir than \$260. For conflicts a as personal friend, agency authority, etc. For travel-related to the conflicts and the conflicts are set of the conflicts are set of the conflicts are set of the conflicts are conflicts.	imbursements, and I dependent children, report the gifts (such as tangible items, to ceived from one source totaling mbursements received from one nalysis, it is helpful to indicate approval under 5 U.S.C. & 41 related gifts and reimbursement spenses provided. Exclude any	source; a brief descrip- ransportation, lodging; g more than \$260; and e source totaling more a basis for receipt, such 11 or other statutory is; include travel timerary;	rece inde the c total	ived pend lonoi valu	from in the front of the front	relatives: 1 their rela idence. Al n one sou	receiv tionsh so. fo	ed by y in to y	your s you; or	pouse or	lepend as per ing gif	with offici ent child t sonal hos ts to deter ess. See in	otally oitality mine th ostructi	at		
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Examples: Nat'l Assn. of R		Airline ticket, hotel room & meals incident to national conference 6/					to duty	2							\$500 \$300	
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Reporting Individual's Name Ronald Weich		SCHEDUI	љС									Page N	umber	7		
Part I: Liabilities Report liabilities over \$10,000 ower any time during the reporting perior	d by you, your spouse,	personal residence unless it is rented out; loans secured by automobiles; household furniture or appliances; and		· No	ne				Catego	ory of A	mount	or Val	uė (x)			
or dependent children. Check the hi during the reporting period. Exclu d	ighest amount owed de a mortgage on your	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	\$10,001 -	\$50,000	\$50,001 -	\$100,001 -	\$250,001	\$500,001	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	50,000,000	ver
Creditors (Nam		Type of Liability Mortgage on rental property, Delaware	1991	8%	25 yrs.	69.69	\$ 55	S S	\$ 53	\$ \$	\$ \$	Q &	\$ \$	\$ \$	\$ \$2	ર ક
Examples: John Jones, 123 J St., War	shington, DC	Promissory note	1999	10%	on demand					X						
1 Wells Fargo Bank, Newark, I	NJ	Mortgage on Residential Rental property, Washington, DC	2008	6.875%	30 yrs.				X			7				
2					(4)											
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* This category applies only if the l with the spouse or dependent child		iler's spouse or dependent children. If the liability is that of the	e filer or a	joint liabi	ility of the f	iler										
Part II: Agreements of Report your agreements or arrar employee benefit plan (e.g. 4011 payment by a former employer (ngements for continuing k, deferred compensation (including severance payn	participation in an ; (2) continuation nents); (3) leaves	of absen of negot	ce; and (4 iations fo	4) future e r any of th	mployi iese arī	nent. angen	See ir nents	istruc or be	tions i		ing th	ne rep	orting	\$	
Example: Pursuant to partnership		Agreement or Arrangement m payment of capital account & partnership share			Do	e Jones	& Smith		Partie:		Arek. Arek				-)ate: ::
calculated on service pe	erformed through 1/00.						James J							Hessil.	i ran	
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Reporting Individual's Name Ronald Weich		SCHEDULE D		Påge Number {	3
Report any positions held duri compensated or not. Positions	I Outside U.S. Government ng the applicable reporting period, whether sinclude but are not limited to those of an officer, er, proprietor, representative, employee, or	consultant of any corporation, firm, partn non-profit organization or educational in social, fraternal, or political entities and t	nership, or other business enterprise or an stitution. Exclude positions with religiou those solely of an honorary nature	y s; None	
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Control of Poor Jones & Smith, I		Non-profit education Law firm	- President Partner	6/92 7/85	Present 1/00
2					
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Report sources of more than \$ business affiliation for services	n In Excess Of \$5,000 Paid by One Sor 5,000 compensation received by you or your s provided directly by you during any one year of ludes the names of clients and customers of any	corporation, firm, partnership, or other b	usiness enterprise, or any other non-profit the services generating a fee or payment or the U.S. Government as a source. Brief Description of Duties	if you are ar Termination Vice Presid	ential tial Candidate
Doe Jones & Smith, I		Legal services Legal services in connection with university			
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