

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) 1/20/2009		Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent		Calendar Year Covered by Report 2009		New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>		Termination <input type="checkbox"/> Filer		Termination Date (If Applicable) (Month, Day, Year)		Fee for Late Filing 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 De Rosa				First Name and Middle Initial Mary B.							
Position for Which Filing		Title of Position Deputy White House Counsel for National Security				Department or Agency (If Applicable) White House							
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) Dirksen office Building, Rm 2244 Washington, DC				Telephone No. (Include Area Code) (202) 234-7703							
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 Counsel for National Security Judiciary Committee, U.S. Senate 11											
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination				Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Certification		Signature of Reporting Individual				Date (Month, Day, Year)							
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.						2/17/09							
Other Review (If desired by agency)		Signature of Other Reviewer				Date (Month, Day, Year)							
						3/23/09							
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official				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).						3/23/09							
Office of Government Ethics Use Only		Signature				Date (Month, Day, Year)							
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"/>													
Notations made per conversation with Pler. Kandulheim													
(Check box if comments are continued on the reverse side) <input type="checkbox"/>													
Agency Use Only													
OGE Use Only													

Reporting Individual's Name
 Mary B. DeRosa

SCHEDULE A continued
 (Use only if needed)

Page Number
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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C 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 Honorary														
												Type		Amount								Other Income (Specify Type & Actual Amount)															
	None <input type="checkbox"/>	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	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000				
1 AGE Bank Deposit Program (cash)	X																X		X																		
2 Cap. world Bond Fnd American Funds				X									X									X															
3 Fairfax City VA Gen. obl. Bond			X															X		X																	
4 Florida Bd. of Ed Bond			X															X			X																
5 Houston TX Indep. school dist Bond			X															X			X																
6 Lynchburg VA Bond Rev -College Bookery			X															X			X																
7 Massachusetts Health + Ed'g facs Bond		X																X		X																	
8 Northern Tob. AK Bond			X															X			X																
9 Oakland CA Bond			X															X			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.

Reporting Individual's Name Mary B. DeRosa	SCHEDULE A continued (Use only if needed)	Page Number 3
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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 <input type="checkbox"/>	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)	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	Prince Georges City MD Bond												X																							
2	Prince Georges City MD Bond													X																						
3	San Antonio TX Bond													X																						
4	Stafford CNTY VA Bond													X																						
5	Suffolk VA Bond													X																						
6	Tob Settlement FING CD MD Bond													X																						
7	UNIV of MD Bond													X																						
8	Virginia Housing DEV Auth Bond												X																							
9	Intel Corp												X													X										

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Reporting Individual's Name
 Mary B. DeRosa

SCHEDULE A continued
 (Use only if needed)

Page Number
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	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	Other Income (Specify Type & Actual Amount)
	BLOCK C														
	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 Pfizer Inc.		X			X										
2															
3 Lincoln Natl Life Ins. Co. Am. Legacy										X					
4 AGE Bank Deposit (cash)		X					X								
5 Dow Jones Telecom Sector Index		X								X					
6 Trust STP 500		X										X			
7 Sector SPDR TR SBI Consumer Discretionary		X								X					
8 Sector SPDR SBI Energy		X								X					
9 Sector SPDR SBI Financial		X								X					

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Reporting Individual's Name
 Mary B. De Rosa

SCHEDULE A continued

(Use only if needed)

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period									BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																							
	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)	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	
None <input type="checkbox"/>																																	
1 Sector SPDR TR SBI Industrial	X												X																				
2 Sector SPDR TR SBI Technology	X												X																				
3 Sector SPDR TR SHS Ben Int Consumer Staples	X												X																				
4 Sector SPDR TR SHS Ben Int Health Care	X												X																				
5 S+P Midcap 400 (Ishares) Growth Index Fund	X												X																				
6 S+P midcap 400 value index fund (Ishares)	X												X																				
7																																	
8 15 shares S+P small cap 600 Growth	X												X																				
9 15 shares S+P small cap 600 Value	X												X																				

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Reporting Individual's Name
 Mary B. DeRosa

SCHEDULE A continued

(Use only if needed)

Page Number
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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C 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																																							
	None <input type="checkbox"/>	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)																																		
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1 Vanguard Index REIT ETF		X												X																																														
2 iShares Trust MSCI EAFE Index		X												X																																														
3 iShares Tr MSCI Emerging Markets		X												X																																														
4 AGE Bank Deposit (CASH)			X																		X	X																																						
5 Investment Co America				X											X									X																																				
6 New Economy Fund American Funds		X												X									X																																					
7 Pfizer		X													X								X																																					
8 AIM Growth SEK W/O CAP covr FUND			X											X									X																																					
9 Capital World Growth & Income Fund			X											X									X																																					

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Reporting Individual's Name

Mary B. DeRosa

SCHEDULE A continued

(Use only if needed)

Page Number

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period							BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																											
	None <input type="checkbox"/>	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)	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 Income Fund (D) America American			X											X							X														
2 Growth Fund (D) Amer American		X												X							X														
3 Washington Mutual INVS. FD (D)			X											X							X														
4 AGE Bank Deposit Program (cash) (S)					X																X														
5 GE Money Bank Sav. Lake City (S)			X																		X														
6 Irwin Union Bank CO Sav. (S)				X																	X														
7 Total Bank CT = OF Deposit Due Bank (S)			X																		X	X													
8 Wachovia Bank Bond (S)			X																		X														
9 American High Bond Inc. Tr. CL A (S)				X																	X														

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Reporting Individual's Name
 Mary DeRosa

SCHEDULE A continued
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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																								
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																	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 BAC Capital Trust Pref. Sec. Bmd (S)	<input checked="" type="checkbox"/>																	X		X																
2 Bancorp Bank Bond Wilmington, DE (S)					X														X		X															
3 Bank of India Bond (S)			X																X		X															
4 Bond Fund of Bond America (S)			X																X		X															
5 Capital World Bond Fund Bmd (S)					X														X		X															
6 CapMark Bank Bond (S)					X														X		X															
7 Colonial Bank Bond (S)					X														X		X															
8																																				
9																																				

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Reporting Individual's Name

Mary B. DeRosa

SCHEDULE A continued

(Use only if needed)

Page Number

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C 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 Honorary																			
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																	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																																							
2					X													X		X																			
3					X													X		X																			
4					X													X		X																			
5																																							
6																																							
7					X													X		X																			
8					X													X		X																			
9					X													X		X																			

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Reporting Individual's Name Mary B. DeRosa	SCHEDULE A continued (Use only if needed)	Page Number 10
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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																								
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1			X												X								X												
2					X												X						X												
3				X									X										X												
4				X									X										X												
5		X													X					X															
6		X													X					X															
7																																			
8				X									X										X												
9		X													X					X															

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SCHEDULE A continued

(Use only if needed)

Reporting Individual's Name
Mary B. DeRosa

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BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period										BLOCK C 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															
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1	Growth Fund American (S)			X									X																								
2	Intel Corp (S)		X													X						X															
3	Wash Mutual Invst FD American (S)			X									X										X														
4	Sprint Nextel Corp (S)	X														X					X																
5	Smallcap World Fund Inc American (S)	X											X								X																
6	Capital World American Growth+Income (S)			X									X										X														
7	Euro Pacific American Growth FD (S)			X									X										X														
8	New Perspective FD Inc American (S)		X										X										X														
9																																					

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Reporting Individual's Name
Mary B. DeRosa

SCHEDULE A

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	BLOCK C												
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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 amount of any honoraria over \$200 of your spouse).																									
None <input type="checkbox"/>																									
Examples																									
Central Airlines Common			x																						
Doe Jones & Smith, Hometown, State		x																							
Kempstone Equity Fund				x																					
IRA: Heartland 500 Index Fund									x																
1																									
2	Ford Motor Co. Intl Bond Global Landmark Spcs	X													X										
3	Ford Motor Credit Co. Bond	X													X										
4	Ford Motor Credit Co. Bond	X													X										
5	Hartford Life Global Bond	X													X										
	Intermediate Bond FD Amer. Amercan	X													X										

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SCHEDULE A

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period													BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																																																											
	BLOCK C													Type	Amount												Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																																													
	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			\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000																																								
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 amount of any honoraria over \$200 of your spouse). None <input type="checkbox"/>																																																																									
Examples	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund																																							Law Partnership Income \$130,000																																	
1	Growth Fund American Amer Inc. Funds																																																																								
2	Intel Corp																																																																								
3	Merk & Co.																																																																								
4	Pfizer																																																																								
5	Wash Mutual NUS Fd																																																																								
6	Smallcap World American fund																																																																								

* 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 Mary B. DeRosa	SCHEDULE A	Page Number 16
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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									
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 amount of any honoraria over \$200 of your spouse). None <input type="checkbox"/>	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)	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	
Examples	Central Airlines Common																			
	Doe Jones & Smith, Hometown, State		x									x								Law Partnership Income \$150,000
	Kempstone Equity Fund			x								x								
	IRA: Heartland 500 Index Fund				x															
1	Fairfax CNTY VA Goodwin House Bond		x																	
2	Fairfax CNTY VA Bond Water authority		x																	
3	Fauquier CNTY VA Industrial Dev. Bond		x																	
4	Fidelity Cant Street RR Municipal Income Fd			x										x						
5	Kentico CNTY Parks/ets Bond		x												x					
6	JEA FL Elec+PUB PWR Sys. Bond		x												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.

Reporting Individual's Name
Mary DeRosa

SCHEDULE A

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										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 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 report- ing 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 amount of any honoraria over \$200 of your spouse).		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					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		
None <input type="checkbox"/>		Dividends	Rent and Royalties	Interest	Capital Gains																														
Examples	Central Airlines Common			x												x				x															
	Doe Jones & Smith, Hometown, State		x																																
	Kempstone Equity Fund				x										x																				
	IRA: Heartland 500 Index Fund						x								x																				
1	Maryland Higher Edi face Bond		X														X					X													
2	Maryland Higher Edi face Bond		X														X					X													
3	Metro pier + expo auth McCormick Bond			X													X																		
4	New York City Gen. obli. Bond		X														X					X													
5	Tobacco Settlement NJ Bond		X														X					X													
6	Virginia Public School Auth. Bond		X														X					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.

Reporting Individual's Name <i>Mary B. DeRosa</i>	SCHEDULE B	Page Number
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Part I: Transactions

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.

None

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)								Certificate of divestiture	
		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			
	Example: Central Airlines Common	x			2/1/91			x							
1															
2															
3															
4															
5															

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 \$250 or more; and (2) travel-related cash reimbursements received from one source totaling \$250 or more. 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 \$100 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 6/15/90 (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 MARY B. DeROSA	SCHEDULE C	Page Number
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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

Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)							
						\$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	1981	13%	25 yrs.			x					
	John Jones, 123 J St., Washington, DC	Promissory note	1989	10%	on demand					x			
1													
2													
3													
4													
5													

Part II: Agreements or Arrangements

Report your agreements or arrangements for:
 (1) continuing participation in an employee benefit plan (e.g. pension, 401K, deferred compensation); (2) continuation of 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

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 11/91.	Doe Jones & Smith, Hometown, State	7/85
1			
2			
3			
4			
5			
6			

Reporting Individual's Name <i>Mary B. DeRosa</i>	SCHEDULE D	Page Number
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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	Non-profit education	President	6/82	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	11/91
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	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		