

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate <input type="checkbox"/> Termination Filer	Calendar Year Covered by Report	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 Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable. Nominees, New Entrants and Candidates for President and Vice President: Schedule A: The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing. Schedule B: Not applicable Schedule C Part I (Liabilities): The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C Part II (Agreements or Arrangements): Show any agreements or arrangements as of the date of filing. Schedule D: The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
Reporting Individual's Name	Last Name: Guthrie First Name and Middle Initial: Priscilla E			
Position for Which Filing	Title of Position: Associate Director of National Intelligence & CIO Department or Agency (If Applicable): ODNI			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code): 4650 Mark Center Drive Alexandria, VA 22311 Telephone No. (Include Area Code): (703) 845.6672 (O)			
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: Member, Defense Science Board Task Forces (2007 - Present), USSTRATCOM Strategic Advisory Group (2002 - Present)			
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination: Senate Select Committee on Intelligence	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.		04/17/09		
Other Review (If desired by agency)	Signature of Other Reviewer	Date (Month, Day, Year)		
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).		04/17/09		
Office of Government Ethics Use Only	Signature	Date (Month, Day, Year)		
		4/20/09		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) (Check box if filing extension granted & indicate number of days: _____) <input type="checkbox"/> (Check box if comments are continued on the reverse side) <input type="checkbox"/>				
			Agency Use Only OGE Use Only APR 17 2009	

SCHEDULE A

Reporting Individual's Name
 Guthrie, Priscilla E

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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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																						
1																						
2																						
3																						
4																						
5																						
6																						

* 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
 Guthrie, Priscilla E

SCHEDULE A continued

(Use only if needed)

BLOCK A	Valuation of Assets at close of reporting period								BLOCK B			BLOCK C											Date (Mo., Day, Yr.) Only if Honoraria		
	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)													
	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 *	Exceptional Investment Fund	Excluded Trust		Qualified Trust	Type	Amount										
None <input type="checkbox"/>	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 IDA Tax Deferred Annuity Plan Vanguard International Growth VWIGX	X											X													
2 IDA Qualified Retirement Plan Vanguard Total Bond Market Index Inv VBMFX			X																						
3 IDA Qualified Retirement Plan Vanguard Windsor II Fund Inv WNFEX		X																							
4 IDA Qualified Retirement Plan Vanguard International Growth VWIGX		X																							
5 SEI IRA Large Cap Growth SELCX				X									X												
6 SEI IRA Large CAP Value TRMVX					X										X										
7 SEI IRA Small Cap Value SESVX			X												X										
8 SEI IRA Small Cap Growth SSCGX			X													X									
9 SEI IRA Core Fixed Income TRLVX					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.

Guthrie, Priscilla E

SCHEDULE A continued

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(Use only if needed)

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.																								
		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	SEI IRA International Fixed Income SEIFX		X										X																							
2	SEI IRA International Equity SEITX				X								X																							
3	SEI IRA Emerging Markets Eq SIEMX			X									X																							
4	SEI IRA Daily Income Prime Obligation Fur	X											X							X																
5	SEI IRA Hi Yield Bond Fund SHYAX		X										X																							
6	SEI IRA Emerging Markets Debt SITEX		X										X									X														
7	Bond Fund of America ABNDX American Funds			X									X																							
8	Capital Income Builder Fund CAIBX American Funds		X										X																							
9	Fundamental Invs A ANCFX American Funds		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
 Guthrie, Priscilla E

SCHEDULE A continued

(Use only if needed)

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. BLOCK C																	
													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*					
		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*	Over \$5,000,000
1	Growth Fund of America AGTHX American Funds					X							X																	
2	New Perspective Fund ANWPX American Funds				X								X																	
3	New World Fund NEWFX American Funds			X									X									X								
4	SmallCAP World Fund SMCWX American Funds				X								X								X									
5	Washington Mutual Investors Fund AWSHX					X							X												X					
6	Property, Bluemont, VA					X															X									
7	Property, Bluemont, VA	X																			X									
8	Institute for Defense Analyses (job)																													Salary: \$221,000 08 Bonus: \$12,000
9	Savings Bonds	X																			X									

None

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SCHEDULE A continued
 (Use only if needed)

Guthrie, Priscilla E

BLOCK A	BLOCK B											BLOCK C		Date (Mo., Day, Yr.) Only if Honoraria																		
	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.																				
												Type	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	Other Income (Specify Type & Actual Amount)	
1																															ESOP Distribution \$535.90	
2																																
3																																
4																																
5																																
6																																
7																																
8																																
9																																

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Reporting Individual's Name Guthrie, Priscilla E	SCHEDULE C	Page Number 7 of 8
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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

Category of Amount or Value (x)

	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*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000						
Examples:	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x			x											
1																						
2																						
3																						
4																						
5																						

* This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements

Report your agreements or arrangements for: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation); (2) continuation payment by a former employer (including severance payments); (3) leaves

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

None

	Status and Terms of any Agreement or Arrangement	Parties	Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/83
1	IDA Tax Deferred Annuity Plan Will rollover into other non-conflicting assets.	Institute for Defense Analyses	1/07
2	IDA Qualified Retirement Plan Will rollover into other non-conflicting assets.	Institute for Defense Analyses	1/07
3			
4			
5			
6			

Reporting Individual's Name Guthrie, Priscilla E	SCHEDULE D	Page Number 8 of 8
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Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Institute for Defense Analysis 4850 Mark Center Drive, Alexandria, VA 22311	Federally Funded Research and Development Center	Employee	1/07	Present
2					
3					
4					
5					
6					

Part II: Compensation In Excess Of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate

None

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	Institute for Defense Analysis 4850 Mark Center Drive, Alexandria, VA 22311	Division Manager, Information Technology and Systems Division
2		
3		
4		
5		
6		