

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes)		Calendar Year Covered by Report		New Entrant, Nominee or Candidate		Termination Date (If Applicable) (Month, Day, Year)		<b>Penalty for Late Filing</b> 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		Incumbent <input type="checkbox"/>		Covered by Report <input checked="" type="checkbox"/>		New Entrant, Nominee or Candidate <input checked="" type="checkbox"/>		Termination Date (If Applicable) (Month, Day, Year) <input type="checkbox"/>		
Last Name		King		First Name and Middle Initial		Elizabeth L				
Position for Which Filing		Title of Position		Department or Agency (If Applicable)		Assistant Secretary of Defense for Legislative Affairs		Department of Defense		
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)				Telephone No. (Include Area Code)				<b>Reporting Periods</b> 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 I of Schedule D is not applicable.
Senator Jack Reed, U.S. Senate, 728 Hart Senate Office Building, Washington, DC 20510		202-224-4663								
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				U.S. Senate, Counsel and Senior Policy Advisor, March 1997-Present				
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination				Do You Intend to Create a Qualified Diversified Trust?				<b>Termination Filers:</b> 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.
		Senate Armed Services Committee				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>Certification</b>		Signature of Reporting Individual				Date (Month, Day, Year)				<b>Nominees, New Entrants and Candidates for President and Vice President:</b> Schedule A - The reporting period for income (BECK-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 30 days of the date of filing. Schedule B - Not applicable. Schedule C, Part I (Earnings) - 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.
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.		<i>Elizabeth Lee King</i>				April 9, 2009				
<b>Other Review (if desired by agency)</b>		Signature of Other Reviewer				Date (Month, Day, Year)				
<b>Agency Ethics Official's Opinion</b> 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).		Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)				<b>Agency Use Only</b>  APR 21 2009
		<i>[Signature]</i>				4/21/09				
<b>Office of Government Ethics Use Only</b>		Signature				Date (Month, Day, Year)				
		<i>[Signature]</i>				4/21/09				
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"/>										

Reporting Individual's Name  
 Elizabeth L. King

**SCHEDULE A**

Page Number  
 2

Assets and Income BLOCK A	Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$200)" as checked, no other entry is needed in Block C for that item. BLOCK C																										
	None for less than \$1,000	\$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	Over \$25,000,000	Excepted Investment Fund	Excepted Trust	Qualified Term	Dividend	Rent and Royalties	Interest	Capital Gain	None (or less than \$200)	\$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., Day, Yr.)	Only if Honoraria					
																																	Amount				
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, of 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 checked="" type="checkbox"/>																																					
Examples: Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund																																					
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.

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

Reporting Individual's Name <b>Elizabeth L. King</b>	<b>SCHEDULE B</b>	Page Number <b>3</b>
---	-------------------	-------------------------

**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 OIG.

None

1	2	3	4	5	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	Amount of Transaction (X)										Certificate of divestiture		
									\$1,001 - \$5,000	\$5,001 - \$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
Identify or describe the Asset																					
Example: Central Airline Common																					
1								2/1/99													
2																					
3																					
4																					
5																					

\* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

**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 more than \$200; and (2) travel-related cash reimbursements received from one source totaling more than \$200. 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 \$104 or less. See instructions for other exclusions.

None

1	2	3	4	5	Source (Name and Address)	Brief Description	Value
					Example: Natl Assn. of Rock Collectors, NY, NY	Airfare, hotel, meals incident to national conference 6/13/99 (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  
 Elizabeth L. King

**SCHEDULE C**

**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 amortized on your

personal residence, unless it is related to 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 (a)

Creditor's (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (a)															
					\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$80,000	\$80,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$10,000,000	\$10,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000				
<i>Example:</i> First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	9.6%	25 yrs																
John Jones, 123 1st St., Washington, DC	Promissory note	1999	10%	on demand																
1 Great Lakes Educational Loan Services, 2401 Internatio	Consolidated Student Loan	2002	8.25%	20 years		x														
2 United States Federal Credit Union, National Capitol Sta	Personal Loan	2005	9.4%	5 years	x															
3 United States Federal Credit Union, National Capitol Sta	Personal Loan	2007	9.7%	5 years			x													
4 Capitol One, 2730 Liberty Avenue, Pittsburgh, PA 15221	Personal Loan	2007	9.9%	5 years			x													
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

State and Terms of any Agreement or Arrangement	Party	Date
<i>Example:</i> Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00	Doc Jones & Smith, Hometown, State	2/85
1		
2		
3		
4		
5		
6		

Reporting Individual's Name <b>Elizabeth L. King</b>	<b>SCHEDULE D</b>
---	-------------------

**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:	Natl Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
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
Example:	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		