NSN 7540-01-070-8444

278 (Rev 03/2000) DFR Part 2534

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Office of Oovernment Ethics						7		Termination Date (If Appli-	Fee for Late Filing
te of Appointment, Candidacy, Election	Reporting Status	Incumbent	Calendar Year Covered by Report		New Entrant, Nominee,	<u> </u>	Termination	cable) (Month, Day, Year)	Any individual who is required to
Nomination (Month, Day, Year)	(Check appropriate boxes)	I I I I I I I I I I I I I I I I I I I	COVERED by INSPER	×	or Candidate		Filer		file this report and does so more than
					First Name and Middle I	nitial			30 days after the date the report is required to be filed, or, if an extension
die le die de Nama	Last Namo					шцы			is granted, more than 30 days after the
eporting Individual's Name	McKeon				Brian P.				last day of the filing extension period
	Title of Position				Department or Agency (I	f Appl	icable)		shall be subject to a \$200 fee,
osition for Which Filing	Deputy Nationa	l Security Adviser			Office of the Vice Pr	reside	ent		Reporting Periods
	Address (Number, S	treet, City, State, and	ZIP Code)			Tel	ephone No. (Inc.	ude Area Çode)	Incumbents: The reporting period is
ocation of Present Office forwarding address)	298 Elsenhowe	r Executive Office	Building, Wasif	7NG 7	m, DC 20502	20	2-456-9501		the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also
sition(s) Held with the Federal	Title of Position(s)	and Date(s) Held							include the filing year up to the date
vernment During the Preceding	Danuty Staff Di	ractor & Chief Co	uncal Sanata Comi	mittaa	on Foreign Relations	thre	viahout 2008	to January 4, 2009)	you file. Part II of Schedule D is not
Months (If Not Same as Above)	Deputy Start Di	rector & Ciner Co	unser, Senate Com	muee	on roreign relations	, (1111)	rughost 2000	, to bandary 4, 2003)	applicable.
esidential Nominees Subject to	Name of Congressi	onal Committee Cons	idering Nomination		Do You Intend to Create	a Qua	lified Diversified	1 Trust?	Termination Filers: The reporting period begins at the end of the period
nate Confirmation					Yes		No	)	covered by your previous filing and ends at the date of termination. Part II
Certification	Signature of Repor	ting Individual				Da	te (Month, Day,	Year)	of Schedule D is not applicable.
ERTIFY that the statements I have de on this form and all attached edules are true, complete and correct he best of my knowledge.	Pri	P. 1	Mr Ken					7-2009	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer			·	+-	te (Month, Day,	Vage)	Schedule AThe reporting period for
Other Review		,				1 50	ite protein, Duy,	reur j	income (BLOCK C) is the preceding calendar year and the current calendar
(If desired by agency)	5	Selx	200				3/2	0/09	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.
ncy Ethics Official's Opinion he basis of information contained	Signature of Desig	nated Agency Ethics (	official/Reviewing Offici	ial		Ď٤	ite (Month, Day,	Year)	Schedule BNot applicable.
is report, I conclude that the filer is impliance with applicable laws and lations (subject to any comments e box below).	<u>Gy</u>	en					3/20	109	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
Office of Government Ethics	Signature	<u> </u>				Di	te (Month, Day,	Year)	within 31 days of the date of filing.
Use Only									Schedule C. Part II (Aurecments or
ments of Reviewing Officials (If addition	onal space is required, u	se the reverse side of	this sheet)						Arrangements) Show any agreements
									or arrangements as of the date of filing.
			(	Check l	box if filling extension gran	ted &	indicate number	of days )	2
	·								Schedule DThe reporting period is the preceding two calendar years and
									the current calendar year up to the
									Agency Use Only
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					(Check box if c	comme	nts are continued	d on the reverse side)	OGE Use Only
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Form Designed in Microsoft Excel 2000

Part 2634 (Sign of Government Ethics			_												_	_											P	age Number	
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you, your spouse, and dependent children, or each asset held for investment or the fuction of income which had a fair market be exceeding \$1.000 at the close of the report-period, or which generated more than \$200 acome during the reporting period, together a such income.  Yourself, also report the source and actual count of earned income exceeding \$200 (other a from the U.S. Government). For your spouse, out the source but not the amount of earned one of more than \$1,000 (except report the last acount of any honoraria over \$200 of r spouse).		\$1,001 - \$15,000	\$15,841 - \$58,866	\$59,661 - \$180,000		5259,001 - 3500,090	Control of the the	CANDON STORY	\$5,000,001 - \$25,000,000	COMPANIE COMPANIE	Over \$50,000,080	TACETHEO AND ESTABLIST CAME.	Arcepted How	The second secon	Bent and Rogalities		382	None (or less than \$201)	\$201 . ST 800	S1,001 - SZ,500	SS,001 - S15,000	300 P3 7 1 00 513	550,001 - 5100,000	X100, 101-7 X 1,060, 404	Over S1,000,000*	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Over SS,000.000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav Yr.) Only if Honoraria
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Capital One Direct Banking Money Market			×					1			7	$\top$	+			×			×.	+									
This category applies only if the asset/income is s	olelv	that	of th	e file	رو ولم	201186	or de	nend	lent ch	ildre		the a			1	ي ا	4	2016	م جزار		المناه	hald	<b>}</b>	- 61	<u> </u>	h the	4400	see or dense dent obile	dren mark f

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g Individual's Name	and the second	SCHEDUL						<del></del> .							
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I: Liabilities liabilities over \$10,000 owed	to any one creditor at	personal residence unless it is rented out; loans secured	0.704	Non	ne x	100 S	'	Cr	nlegory	of Ame	יוח /מעם	Value (	×)	<del>-</del>	_
ne during the reporting period adent children. Check the his the reporting period. Exclud-	by you, your spouse, ghest amount owed a mortgage on your	by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	\$15,000	\$15,001 -	\$100,000	\$250,000	\$500,000	\$1,000,000	\$1,000,000	\$5,000,000	\$25,000,000 \$26,000,001 -	Over
Creditors (Name		Type of Liability  Mortgage on rental property. Delaware.	1991	8%	25 yrs.	150		x					- +-	_	· -   -
John Jones, 123 J.St., Washi	shington, DC	Promissory note	1999	10 %	on demand			$\dashv$	+	×	+	_		_	
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t II: Agreements or arra ovec benefit plan (e.g. 40) ent by a former employer	lren, mark the other higher  or Arrangement  ngements for: continuin  lk, deferred compensation	S g participation in an on; (2) continuation	of abse	nce; and (	(4) future (i) or any of t	mploy	ment.	See in	nstruct or ber	ions r	egard	ing the	e repo	ting	
ent by a former employer	(including severance pa	(filens), (3) reaves		X to the second	1.5						N	one [	X		_
		any Agreement of Arrangement	维州经济	不慢也。	生活性量	t			Parties						Date
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tor, trustee, general partner	CONTRACTOR OF THE PROPERTY OF		Position Held	From (Mo., Yr.)	To (Mo., Yr.
	Organization (Name and Address)	Type of Organization  Non-profit education	President	6/92	Present
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