5 C.F.R Port 2634

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics							
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status	Incumbent	Calendar Year Covered by Report	New Entrant, Nominee,	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
	appropriate boxes)		Covered by Report	X or Candidate	Filer		file this report and does so more than
1/20/09							30 days after the date the report is
Reporting Individual's Name	Last Name			Jonathan E	e Initial		required to be filed, or, if an extension is granted, more than 30 days after the
Reporting marviduars runne	Favreau			last day of the filing extension period			
Desixing Constraints Dilling	Title of Position			Department or Agency	(If Applicable)	shall be subject to a \$200 fee.	
Position for Which Filing	Director of Spe	echwriting		Communications			Reporting Periods
	Address (Number,	Street, City, State,	and ZIP Code )		Telephone No. (In	clude Area Code )	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	1600 Pennsylv	ania Ave NW	Washington DC		202-456-2549		the preceding calendar year except Part II of Schedule C and Part I of 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 12 Months (If Not Same as Above)	n/a						you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to	Name of Congress	ional Committee Co	onsidering Nomination	Do You Intend to Crea	te a Qualified Diversi	fied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation				Yes	X <sub>N0</sub>		covered by your previous filing and ends at the date of termination. Part II
Certification					Lible (Month 1)m	Loga I	of Schedule D is not applicable.
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.	Signature of Repor		<b>`</b>		$\frac{Date (Month, Day,}{\partial 1 q 0}$	P	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer					Schedule A-The reporting period for
					Date (Month, Dav,	rear }	income (BLOCK C) is the preceding calendar year and the current calendar
Other Review (If desired by agency)	An	mS		-	02.19	1.09	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.
Agency Ethics Official's Opinion	Signature of Desig	nated Agency Ethic	s Official/Reviewing O	fficial	Date (Month, Day,	Year)	Schedule BNot applicable.
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).	14-	- K. C	4		2/20/0	19	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				Date (Month, Day,	Year)	within 31 days of the date of filing.
Use Only							Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If additi	onal space is requir	ed, use the reverse ;	side of this sheet)				Arrangements) Show any agreements or arrangements as of the date of
	······			w if filing enternion evented (			filing.
			(Check bo	ix if filing extension granted $\delta$	c indicate number of a	idys)	Schedule DThe reporting period is
							the preceding two calendar years and the current calendar year up to the date of filing.
							$\frac{\text{Agency Use Only}}{02 - 19 - 09}$
				(Check box if comm	ents are continued on	the reverse side)	OGE Use Only
Supersedes Prior Editions, Which Cannot B	e Used.			278-112	Form D	Designed in Microsoft Excel 200	0 NSN 7540-01-070-8444

SF278 Rev. 03/2000)

5 C.F.R. Par 2634

	Government Ethics			_	_		_										_		_	_			_			_							
Reporting Inc	Ividual's Name												6				TT	F														Page Number	
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					а герс	tion nt clo ortin	ose c ig pe	of eriod																C f	or tl	hat i			n \$20	01)"	' is checked, no		
	BLOCK A		-	0000000	_	225300	BLO	CK E	9	1000000		0000035		20050302	_		-		-	_					_	OCK							
report each production value exceed ing period, in income d with such in For yoursel amount of e than from th report the su	f, also report the source and actual armed income exceeding \$200 (other he U.S. Government). For your spou- burce but not the amount of earned	than \$1,001)	S1,001 - S15,000	S15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	S250,001 - S500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	S1,000,001 - \$ 5,000,000	S5,000,001 - S25,000,000	\$25,000,001 - \$50,000,000	Over SS0,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties	pe	Capital Gains	None (or less than \$201)	\$201 - \$1,000	S1,001 - S2,500	\$2,501 - \$5,000	SS,001 - S15,000	S15,001 - S50,000	SS0,001 - S100,000	S100,001 - S1,000,000	Over \$1,000,000*	S1,000,001 - S5.000,000	SS,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	nore than \$1,000 (except report the nt of any honoraria over \$200 of	(0)	1	10	5	8	3	100	SI,	0.0	0,0	60,	SS	pte	bfe	Ë	enc	and	est	Tet	ē	3	1	2	-	-	- 10	100	115	0.00	8	1	{
your spouse	-	one	13	S,0	0.0	00	S.	00	ver	90,	<u>,0</u>	5,0	ver	aax	XCel		Dividends	ent	Interest	apit	ä	5	8	20	8	5,01	0,0	00,	'CT	00	Over	}	ļ
None		Z.	5	S	3	S	S	-	0	S	Š	S	0	Э	E	0	9	¥	-	Υ	z	52	2	8	S	SI	\$5	SI	6	15	Ó		
None																																ſ	
	Central Aurlines Common				x												x						x				-		-				
Examples	Doe Jones & Smith, Hometown, State			<b>x</b>	[ ]																											Law Yannenship Secone \$110,000	
	Kempstone Equity Fund					x			Ε.															x									
	IRA: Heartland 500 Index Fund							x						x											x								
1 Obam	a for America		and the second second																													\$72,664.00	
2 Wach	ovia Securities Brokerage Fund		X		-		-		-		-			15									-		-		-	-			$\vdash$		
F -P	avis New York Venture Fint													X							X												
* Ban	evis New York Venhere Fint k of America - Checking + Savings		X	-				-												y-11-	X			- W - W									
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This cate	gory applies only if the asset/income	is sole	y th	at of	the	filer	's spo	ouse	or d	eper	iden	t chi	Idre	n. If	the	asse	/inco	ome	is e	ither	that	of th	ne fi		r joi	ntiv	held	by t	he fi	er w	ith t	he spouse or depend	ent children
rk the of	her higher categories of value as ann	onríota	-																				• •					~, `				spease of depend	en enderen,

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

_	Office of Government Ethics									_							_		
Rep	porting Individual's Name													Page 1	Vumbe				
			SCHEDULE I	5											_	3			
P	art I: Transactions							Non	e										
	port any purchase, sale, or exchange		report a transaction involving property used solely as your		ransact			[			A	mount o	of Tran	saction	(x)				
pro sec	dependent children during the repo operty, stocks, bonds, commodity f urities when the amount of the tra	futures, and other nsaction exceeded	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.	Purchase	Type (:		Date (Mo., Day, Yr.)		- 0	- 8	01 - 00	- 10	\$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	Certificate of
					Sale	Exchange		\$15,000	\$15,001 \$50,000	\$100,000	\$100,001 \$250,000	\$250,001	0,00,1	Over \$1,000	000	5,000	25,00	Over \$50,00	ertific
Identification of Assets           Example:         Central Airlines Common						<u>ш</u>	2/1/99	6 6	6 6	iế ér x	રું છે	<u> </u>	\$ \$	0 in	64 64	<b>6</b> 6	19 19 19 19	0 🐝	Ŭ ë
1	Example. Central Annues Common			<u>x</u>	1-	1	21,177			-	-							_	
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2						1				l I									
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1																			
5																			
			that of the filer's spouse or dependent children. If the underlyin			ther h	neld												
			endent children, use the other higher categories of value, as app	ropria	ite.														_
	art II: Gifts, Reimbu																		
tio foo	r you, your spouse and depend n, and the value of: (1) gifts (s od, or entertainment) received i	uch as tangible items, t from one source totalin	ransportation, lodging, g more than \$260; and	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															
(2) tha	) travel-related cash reimburser an \$260. For conflicts analysis,	it is helpful to indicate	a basis for receipt, such					lso, for purposes of aggregating gifts to determine the arce, exclude items worth \$104 or less. See instructions											
	personal friend, agency approv thority, etc. For travel-related of			for o	other	exclu	isions.									ſ	None		T
	tes, and the nature of expenses															-			1
	Source (Name an	nd Address)		Br	ief De	scripti	on											Value	;
	Examples: Nat'l Assn. of Rock Coll Frank Jones, San Francis		Airline ticket, hotel room & meals incident to national conference 6// Leather briefcase (personal friend)	<u>5/99 (</u>	ersona	al activ	ity unrelated	to duty	0									\$500 \$300	
1																			
2																	<u> </u>		
3				_								<u> </u>							
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	overnment Ethics																
Reporting Indi	vidual's Name		SCHEDUI	LEC									Page N	lumber	+		
Part I: L	iabilities	<u> </u>															
	ities over \$10,000 owed to ar ring the reporting period by y	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	one x				Categ	ory of A	Amount	or Val	ue (x)				
or dependent children. Check the highest amount owed during the reporting period. <b>Exclude</b> a mortgage on your			liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term appli- cable	if - 100,001 - \$10,001	\$15,000 \$15,001 - \$50.000	,001 - 0.000	00,001 -	0,001 -	0,001 - 000,000	er 000,000*	000,001 - 000,000	\$5,000,001 - \$25,000,000	,000,001 - ,000,000	Over \$50,000,000
	Creditors (Name and	Address)	Type of Liability				\$10	\$15 \$15 \$15	\$50	\$10	\$25	\$1,0	\$1,0	\$5,0	\$5,( \$25	\$25	0ve \$50
Examples:	First District Bank, Washington	, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs	s		<u> </u>					L			
1	John Jones, 123 J St., Washingt	on, DC	Promissory note	1999	10 %	on dem	and		┥		x	<u> </u>	<b> </b>				
[ '																	
2																	
3				1			-+-	1	-	1				†			
4		· · · · · · · · · · · · · · · · · · ·							+	+							
5										+							
	ory applies only if the liability ouse or dependent children, m		iler's spouse or dependent children. If the liability is that of the ategories, as appropriate.	e filer or a jo	oint liabili	ity of the	filer										
Part II:	Agreements or A	rrangements															
Report you employee b	r agreements or arrangem penefit plan (e.g. 401k, de v a former employer (inclu	ents for: continuing ferred compensatior	(2) continuation	of absen of negot									Ũ			g	
		Status and Tarma of an	y Agreement or Arrangement							<b>D</b>		л 	None	ĻΧ	<u> </u>		
Example:	Pursuant to partnership agree		um payment of capital account & partnership share				Doe Jone	s & Smi	th Hor	Parti						_	ate /85
	calculated on service perform	ed through 1/00.															
2																	
3																	
4																	
5																	
6															<u></u>		
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U.S. Office of Government Ethics	
Reporting Individual's Name	
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Part I: Positions Held	Outside U.S. Government

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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	X							
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	6/92	Present							
Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00							
1 Presidential Transition Team	Quesis-governmental	Speechwrita-	11/08	Present							
2											
3											
4											
5											
6											
Part II: Compensation In Excess Of \$5,000 Paid by One Source											

**SCHEDULE D** 

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 par if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate

None

Page Number

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_	Source (Name and Address)	Brief Description of Duties							
Ex	mples: Doe Jones & Smith, Hometown, State								
-	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction							
1 *	Presidential Transition Team	Speechwiting							
2									
3									
4									
5									
6									

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