5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

C S. OMICC OF GOVERNMENT PARTES								
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
1/20/2009	appropriate boxes)		2008	X	or Candidate	Filer		file this report and does so more than 30 days after the date the report is
	Last Name			<u> </u>	First Name and Middle	Initial		required to be filed, or, if an extension
Reporting Individual's Name	Gaspard				Patrick, H			is granted, more than 30 days after the last day of the filing extension period
	Title of Position				Department or Agency	(If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing	Assistant to the	e President			Executive Office of	the President		Reporting Periods
	Address (Number	Street. City. State.	and ZIP Code)			Telephone No. (Inc	clude Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	1600 Pennsylv	rania Avenue				201- 456	1414	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)		,						you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to	IName of Congres	sional Committee Co	onsidering Nomination		Do You Intend to Creat	e a Qualified Diversit	fied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	Ivanic of congres	Sional Committee Co	onsidering Ivonimation			C u Qualified Diversi	Hod Frant.	covered by your previous filing and ends
					Yes	No		at the date of termination. Part II
Certification	101	2' - 7 - 1' - 1 - 1				Date (Month, Day,	Tear	of Schedule D is not applicable.
I CERTIFY that the statements I have	Signature of Repo	orting Individual				Date (Monar, Day,	rea)	Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	July 1	M cos	Pard			3/24/	o\$	Candidates for President and Vice President:
	Signature of Othe		9			Date (Month, Day,	Year)	income (BLOCK C) is the preceding
Other Review (If desired by agency)	hum	DRM				3/24/09		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.
Agency Ethics Official's Opinion	Signature of Desi	gnated Agency Ethic	cs Official/Reviewing C	Official		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).	ly-	1. Cu	+			3/25/09		Schedule C. Part I (I inhilities) The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is
0.07	Signature					Date (Month Day	Year)	within 31 days of the date of filing.
Office of Government Ethics Use Onlv								Schedule C Part II (Agreements of Arrangements) Show any agreements
Comments of Reviewing Officials (If addit	tional space is reau	ired, use the reverse	side of this sheet)					or arrangements as of the date of
				ox if fil	ling extension granted &	indicate number of a	days)	filing.
								Schedule D.—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
								Agency Use Only
					(Charles of		the navence aid-1	OGE Use Only
					(Check box ij comm	enis are continued or	the reverse side)	

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Reporting Individual's Name													_				_														Lage Kulibei	
Patrick Gaspard												S	CI	HE	DU	J L	E	A													215	-
Assets and Income					repo	clo rtin	se o g pe	of riod								Inc								(C	for t	hat			n \$2	201)	" is checked. no	
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 spous report the source but not the amount of earned income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse).	than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	S50,001 - S100,000			000'000'15 - 100'0055		91,000,061 - \$ 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		Capital Gains	None (or fess than \$201)	\$201 - \$1,000	51,001 - \$2,500	\$2,501 - \$5,000	S\$,001 - S15,000	OC A 000°055 - 100°515	0	990	Over S1,000,000*	\$5,000,0001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Examples Central Airlines Common Doe Jones & Smith, Homelown, State Kempstone Equity Fund 1RA: Heartland 500 Index Fund		_	184.1		X			 		111						<u>×</u>	_	-				_x_		_ _ _ x	- - -						Lew Personship Income \$130,00	
1 1199 SEIU United Healthcare Workers I	≣aŧ			X																											Income 100,000	
SEIU International Union			×																												Income \$20,000	
Obama for America				x			0.000								3 A														X	3/45	income \$53,000	
Obama-Biden Presidential Transition Pr	oje		×												W. 6. 17.				2											N. C. C. COL	Income \$25,000	
(S) NYC Dept of Education							200								,K//															Access of the Control	Salary	
(S) Pfizer Dividends	×															x														oreneror - Six		
 This category applies only if the asset/income mark the other higher categories of value, as appr 	is sole opriati	ly th	al of	the	filers	s spc	ouse	or d	eper	nden	t chi	dre	ı. If	the a	sset	Jinco	ome	is ei	ther	that	of i	he t	ler o	ır jo	intly	field	by	nc f	iler v	vith	the spouse or depend	tent children,

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

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Reporting Individual's Name	1		_									1	Page N	iumber				
Patrick Gaspard		SCHEDULE	В					··· ··· · ·	<u>.</u>				3	15	··· =··			
Part I: Transactions							None	;										
Report any purchase, sale, or exchar	nge by you, your spouse.	report a transaction involving property used solely as your	Tı	ansact	tion	T	T			Ал	nount o	f Trans	saction	(x)				
or dependent children during the rep	porting period of any real	personal residence, or a transaction solely between you,		Type (x)													
property, stocks, bonds, commodity securities when the amount of the tr	futures, and other	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a			<u>.</u>	Date (Mo. Day, Yr.)	'				, _	. 8	ģ	- 8	- 8	8 8	8	jo a
\$1,000. Include transactions that res		certificate of divestiture from OGE.	Purchase		hang	,,,	÷ 8	8 8	000	8,8	9,00	9,00	0.0	8 8	0,00	8 8	Over \$50,000,000	ficat
	Identiti	cation of Assets	⊢ ₽	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*	\$1,000,001	\$5,000,001 \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,0	Certificate of divestiture
Example: Central Airlines Comm	on	Callon of Fibreio	х			2/1/99	0.07		x									
1 NOT REQUIRED FOR	NOMINEES				1													
				-	-	-	+				$\vdash \vdash$	\vdash	\vdash		┼	 		├
2																		
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5			-		+-	_					 			_	+-	 		\vdash
* This category applies only if the t	inderlying asset is solely that	at of the filer's spouse or dependent children. If the underlying a	sset is e	ither l	neld													
by the filer or jointly held by the fil	er with the spouse or depen	dent children, use the other higher categories of value, as approp	riate.															
Part II: Gifts, Reimb	ursements, and	Travel Expenses																
For you, your spouse and depen	dent children, report the	source, a brief descrip-	the	U.S.	Gove	rnment: gi	ven to	your	agenc	y in c	onnec	ction y	vith o	fficia	ıl trav	el;		
tion, and the value of: (1) gifts	(such as tangible items, t	transportation, lodging,	rece	ived	from	relatives; of their rela	receive	ed by	your s	pous	e or de	epend	ent ch	hose	otally	at		
food, or entertainment) received (2) travel-related cash reimburs			the	dono	r's res	sidence. A	lso, for	. purp	oses o	of agg	regati	ing gif	fts to	deten	mine t	the		
than \$260. For conflicts analysi	is, it is helpful to indicate	e a basis for receipt, such	tota	l valu	ie fro	m one sou	rce, ex	clude	items	wort	h \$10	4 or le	ess. S	lee in	struct	ions		
as personal friend, agency apprauthority, etc. For travel-related			for	other	exch	usions.										None	_	3
dates and the nature of expense																		-
Source (Name			В	rief De	escripti	ion										\Box	Value	e
Examples: Nat'l Assn. of Rock Co	ollectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6	/15/99 (person	al acti	vity unrelated	to duty)								1	\$500	
Frank Jones, San Fran	cisco, CA	Leather briefcase (personal friend)								_						 	\$300	
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Prior Editions Cannot Be Used.										_								

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Reporting Individual's Name

Patrick Gaspard

SCHEDULE C

Part I: Liabilities

Page Number
4)5
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None \

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)

			Incurred	Rate	appu- cable	0,00,0	5,00	00'00	\$100,00 \$250,00	90,00	000	, e	00,00	5,000 25,00	50,00	ve. 50,00
1	Creditors (Name and Address)	Type of Liability				\$ 12	\$ 55	\$1	\$2	\$2	\$ 1.8	Ó ₩	₩ ₩	**	8 8	0 🐝
Evar	mples: First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.		L	x			!		L			
	John Jones, 123 J St., Washington, DC	Promissory note	1999	10 %	on demand					х						—
1 ((S) Washington Mutual Card Services, Dallas TX	Revolving Charge Account		17.99%		Х										
2 ((S) U.S. Dept of Education, Atlanta, GA	Student Loan					Х									
3																
4																
5																

Date

Interest

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

1		Tions	
	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	7/85
1			
2			
3			
4			
5			
6			

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^{*} 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.

Rep	orting Individual's Name				Page Number	
Pat	rick Gaspard		SCHEDULE D		5/5	
Rep	rt I: Positions Held Outs port any positions held during the ap pensated or not. Positions include ector, trustee, general partner, propr	pplicable reporting period, whether but are not limited to those of an officer,		rtnership, or other business enterprise or an institution Exclude nositions with religion d those solely of an honorary nature.	-	
	Organi	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Exa	amples: Nat'l Assn. of Rock Collectors, Doe Jones & Smith, Hometown		Non-profit education Law firm	President Partner	7/85	Present
1	Service Employees Internation		Labor union	Executive officer	9/99	1/09
2	Obama for America		Electoral compaign	Political Director	6/08	11/08
3	Obama / Biden transition project	ct	not for profit	Associate Personnel Director	11/08	1/09
5						
l °						
6						
Rep bus	port sources of more than \$5,000 co siness affiliation for services provide	Excess Of \$5,000 Paid by One Sompensation received by you or your ed directly by you during any one year of enames of clients and customers of any	corporation, firm, partnership, or other	business enterprise, or any other non-profit ed the services generating a fee or payment port the U.S. Government as a source.	it if you are ar Termination Vice Presid	ential tial Candidate
	Source (Name and Address)			Brief Description of Duties		
Exa	Imples: Doe Jones & Smith, Hometow	n, State be Jones & Smith), Moneytown, State	Legal services Legal services in connection with univer	sity construction		
1	Service Employees union, Loca		Served as officer responsible for o			
2	Obama for America, Chicago, I	Illinois	managed political outreach plan fo	r national campaign		
	Obama / Biden Transition Proje	ect, Washington DC	helped to manage the recruitment,	screening and hiring process for incom	ning administratio	n employees
4						
5		·				
6						
Drie	or Editions Connot Be Used					