SF 278 (Rev. 03/2000) S C.F.H. Part 2634 U.S. Office of Government Ethics

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Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Data of Appointment Candidacu Destan		Calmadaa Vaa-	LL.	(T.)	Termination Deve (16 all all	
Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Yenr)	Reporting Incumbent Status (Check Appropriate 80xes)	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate	Filer 🏢	Termination Date (If Appll- cable) (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
Reporting Individual's Name	Gomez-		First Name and			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.
Position for Which Filing	Title of Position Assistant Secretary Legislation en			tof Education		Reporting Periods Incumbents: The reporting period is
Location of Present Office (or lonwarding address)	Address (Number, Street, City, St B-540(Rayhum-d.Q.B.;Washingto	ate , and ZIP Code) n. DC.20515			lo. (Include Area Code)	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.
Position(s) Netd with the Federal Government During the Preceding 12 Months (If Not Same as Abova)	Title of Position(s) and Date(s) He Senor Eduzition Policy Advisor	louse of Represental		cation and t	abor, (*10.06 - present)	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
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Committee on mealine Education Labo	TOTAL CONTRACTOR AND TOTAL	ation Do You Intend to		No	Schedule D is not applicable. Nominees, New Entrants and Candidates for President and
Certification	Signature of Reporting Individual			Date (Mor	ith. Day, Year)	Vice President:
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.	Galler A	Jung		4	18109	Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Other Review (If desired by	Signature of Other Reviewer			Date (Mor	ath, Day, Year)	as of any date you choose that is within 31 days of the date of filing.
agency)	Mill (Maren			4/	8/119	Schedule B-Not applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency E	thics Official/Review	ing Official	Date (Mor	th, Day, Year)	Schedule C, Part I (Liabilities)-The reporting period is the preceding calendar
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to say comments in the box below).	HIM.	1		41	17/09	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature			Date (Mor	oth, Day, Year)	Schedule C, Part II (Agreements or Arrangements)-Show any agreements or
Use Only	Mut	f Gun	h	41	2-109	Arrangements as of the date of filing. Schedule D - The reporting period is
Comments of Reviewing Officials (l additional space is required, use	the reverse side of t	his shee()	4	,	the preceding two calendar years and the current calendar year up to the date
		(Check box if fills,	g extension granted & in	dicate number	of days)	of filing.
						Agency Use Only
			heck box If comments a	to postinued or		OGE Use Only
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Supersedes Prior Editions, Which Can	not Be Used.		278-112			NSN 7540-01-070-844

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Reportlag Individual's Name Gomez, Gabriella C.		LE A continued Page Number (a) of 10 (a)
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Reporting Individual's Name	SCHEDI	LEAG	continued	Page Number
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Reporting Individual's Name	SCHEDULE A continued	Page Number
Gomez, Gabriella C.	(Use only if needed)	9' of 10.
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Reporting Individual's Name Gomez, Gabriella C.	SCHEDU (Use	LE A couly if no		d	Page Number	
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Reporting Individual's Name Gomez, Gabriella C.	SCHE	DULE B		Page Number 8 of 10
Brample Central Airlines Common Brample Central Airlines Common S This category applies only if the underlying	property used solely as your personal residence, or a transaction solely between y you, your spouse, or dependent child. Check the "Certificate of divestiture" block ,000. to indicate sales made pursuant to a	(Mo., Day, Yr.) 5 2/1/99 2/1/99 2/1/99 2/1/99	- 0000001 - 10000001 - 10000001 - 100000001 - 100000001 - 100000000 - 10000000 - 10000000 - 100000000 - 100000000 - 10000000 - 10000000 - 100000000 - 100000000000000 - 1000000000 - 1000000000 - 1000000000 - 100000000000000 - 100000000000 - 1000000000000000000 - 1000000000000000000000000000000000000	Lunarction (x) 1000,0001 - 100,0001 - 100,000
For you, your spouse and dependent cl tion, and the value of: (1) gifts (such as food, or entertainment) received from (2) travel-related cash reimbursements than S260. For conflicts analysis, it is h as personal friend, agency approval un authority, etc. For travel-related gifts a	tangible items, transportation, lodging, rece one source totaling more than \$260, and inde received from one source totaling more the elpful to indicate a basis for receipt, such tota	Ses U.S. Government: given to ye lived from relatives; received spendent of their relationshi donor's residence. Also, for I value from one source, exc other exclusions.	d by your spouse or depen ip to you; or provided as p purposes of aggregating p	dent child totally personal bospitality at difts to determine the
Source (Name and Address)		Brief Description		Value
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE (Use only	B Co	onti eded)	nu	ed					Page Num	of 10	
Part I: Transactions												
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Reporting Gomez, G	individual's Name abriella C.	SC	CHED	ULE C	2	*			Page Number	of
Report H	I: Liabilities abilities over \$10,000 owed ne creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	None 🕅				Category	of Amount	or Value (x)	
during the your spo Check the check the the check the check theck theck theck the	ne reporting period by you, use, or dependent children. e highest amount owed he reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	50,000 \$15,001 - \$50,000	\$250,000 \$100,001	\$500,000 \$500,000 \$1,000,000	- 100,000, - 100,000,	100000
	Creditors (Name and Address)	Type of Liablity	Incurred	Rate	applicable	55 55	510 525	SS IS	35	
Examples	First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC	Mortgage on rental property, Delaware	1991 1999	896	25 yrs. on demand					
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Report y employe	e benefit plan (e.g. pension, 40	C Arrangements ts for: (1) continuing participation in an 1k, deferred compensation); (2) continua- including severance payments); (3) leaves	of abser ing of n	nce; and (egotiation	4) future as for any	employment. of these arra:	See instru ngements	ctions re or benefi	garding the ts.	rep
	Status and T	erms of any Agreement or Arrangement	-				Parties			
Example	Pursuant to partnership agreement calculated on service performed th	, will receive lump sum payment of capital account & pa rough 1/00.	rtnership sh	are	Doe Jones	& Smith, Homeu	own, State			
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	g Individual's Name Gabriella C.									
Report sated of trustee,	any positions held during the ap r not. Positions include but are r general partner, proprietor, rep	Outside U.S. Gover oplicable reporting period, whethe not limited to those of an officer, d presentative, employee, or consulta other business enterprise or any po	r compen- lirector, ant of		institution. Exclude positions entities and those solely of an	honorary	one 🗽			
	Organization (Name	and Address)		Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)			
Nat'l Assn. of Rock Collectors, NY, NY					President	6/92	Present			
Examples	Doe Jones & Smith, Hometown, State		Law firm		Partner	7/85	1700			
	ressional Hispanic Gaucus Institutes	Alunni Associ (Washington, DC)	Non-crofit - Al	umnassociation	Board Secretary	10/2007	10,2068			
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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, parmership, or other business enterprise, or any other

Do not complete this part if you are an Incumbent, Termination Flier, or Vice non-profit organization when you directly provided the Presidential or Presidential Candidate. services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

	Source (Name and Address)	Brief Description of Dutles
EN	amples Doe Jones & Smith, Hometown, State	
	Metro University (client of Doc jones & Smith), Moneytown, State	Legal services in connection with university construction
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None 🐹