SF278 (Rev. 03/2000)

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5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:

OMB	No.	3209-	000
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U.S. Office of Government Ethics		,		Free free Landa Filling
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year (Check Incumbent Covered by Report	New Entrant, Nominee,	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
of Hommaton (Monin, Duy, 1eur)		or Candidate	Filer	file this report and does so more than
				30 days after the date the report is
	Last Name	First Name and Middle Initial		required to be filed, or, if an extension
Reporting Individual's Name	Kanovsky	Helen R.		is granted, more than 30 days after the last day of the filing extension period
	Title of Position	Department or Agency (If App	plicable)	shall be subject to a \$200 fee.
Position for Which Filing	General Counsel	U.S. Department of Hou	sing and Urban Development	Reporting Periods
	Address (Number, Street, City. State, and ZIP Code)	Tele	phone No. (Include Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	2401 Pennsylvania Ave. NW Suite 200 Washington, D	PC 20037 202	2-331-8055	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				you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	None			applicable.
				Termination Filers: The reporting
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qu		period begins at the end of the period covered by your previous filing and ends
Senate Communation	Committee on Banking, Housing & Urban Affairs	Yes	X No	at the date of termination. Part II
Certification	Signature of Reporting Individual	Date	e (Month, Day, Year)	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	Hel Ranally		pril 15, 2009	Nominees, New Entrants and Candidates for President and Vice President:
to the best of my knowledge.				Schedule AThe reporting period for
Other Review Alle	Signature of Other Reviewer	Date	e (Month, Day, Year)	income (BLOCK C) is the preceding calendar year and the current calendar
Other Review (If desired by agency)	(A Lim		APR 17 2009	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 Designated Agency Ethics Official/Reviewing Official	Date	e (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).	Under Currien		4/17/09	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 1	Date	(Month, Day, Year)	within 31 days of the date of filing.
Use Only	ional space is required, use the reverse side of this sheet)		4/20/09	Schedule C. Part II (Agreements or Arrangements) Show any agreements or arrangements as of the date of
Comments of Reviewing Orielais (1) duali			~	filing.
	(Check box if fil	ing extension granted & indica	ite number of days)	
				Schedule DThe reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
				Agency Use Only
		(Check box if comments are	e continued on the reverse side)	APR 1 7 2009

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U.S. Office of Government Ethics

Reporting Individual's Name

Helen R. Kanovsky

SCHEDULE A

Page Number

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Assets and Income				Valı	at	ion clos rting	se o	f					-					e: t ntry											ın \$	20	1)" :	is checked, no	
BLOCK A					В	LOC	КВ	·																BL	.OCF	٢C							
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 report- ing period, or which generated more than \$200 in income during the reporting period, together with such income.	\$1,001)		and the second secon		0	0 Distribution of the second	000	anning for the second secon	0,000	00,000	000,000		ent Fund				Ty	pe		\$201)					Am							Other Income (Specify Type &	Date (Mo., Day, Yr.)
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 acount of any honoraria over \$200 of your spouse).	None (or less than \$1,001)	\$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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	han	\$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*		000'000'56-100'000'16	Over \$5,000,000	Actual Amount)	Only if Honoraria
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6	Dell Inc Stock (IRA)		x										a page a state							x	· 1. 法法律师 "你有些你?"										
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U.S. Office of Government Ethics Reporting Individual's Name Helen R. Kanovsky									,	S	SC]						con eede		nue	ed											Page Number	6	
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ľ	porting Individual's Name elen R. Kanovsky		SCHEDULE	B	-				·			-		Page 1	Numbe		7		
Pa	art I: Transactions			-				None	•									• •• •	
	port any purchase, sale, or exchan dependent children during the rep		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti Fype (x						A	mount	of Tran	saction	(x)				
pro sec	operty, stocks, bonds, commodity i urities when the amount of the tra 000. Include transactions that resu	futures, and other insaction exceeded ulted in a loss. Do not	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	00,001 - 50,000	50,001 - 00,000	\$500,001 - \$1,000,000	er ,000,000*	,000,001 - ,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
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2	Example: Central Airlines Common x 2/1/99 x x 0 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x 0 x																		
3	Example: Central Airlines Common x 2/1/99 x																		
4	Example: Central Airlines Common x 2/1/99 x																		
5	3 1 1 1 1 1 4 1 1 1 1 1 5 1 1 1 1 1																		
* 1	x 2/1/99 x <td></td> <td></td> <td></td>																		
by	he filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate. Int II: Gifts, Reimbursements, and Travel Expenses you, your spouse and dependent children, report the source, a brief descrip- the U.S. Government; given to your agency in connection with official travel;																		
For tio foc (2) that as aut	•	ent children, report the uch as tangible items, tr from one source totaling nents received from one i ti shelpful to indicate val under 5 U.S.C. § 41 gifts and reimbursement	source, a brief descrip- ansportation, lodging, more than \$260; and source totaling more a basis for receipt, such l or other statutory s, include travel itinerary,	rece inde the total	ived f pende lonor' value	rom 1 nt of s resi e fron		eceive ionshi so, for	ed by y ip to y purpe	our s ou; or	pouse prov f aggi	e or d vided regati	epend as per ng gif	ent ch sonal ts to c	ild to hospi letern	tally tality nine th structi	at	-1	1
	Source (Name an	nd Address)		Bı	ief Des	criptio	n			• • • • • • •	-	** [*]			- ,			Value	
L	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francis		Airline ticket, hotel room & meals incident to national conference 6/1 Leather briefcase (personal friend)	5/99 (p	rsonal	activit	y unrelated to	o duty)	• • • • • •									\$500 \$300	
1																			
2																			
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4														_					
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Pric	or Editions Cannot Be Used.																		

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Reporting Individual's Name Helen R. Kanovsky		SCHEDUL	EC		•••	·						Page N	umber	8		
Part I: Liabilities																
Report liabilities over \$10,000 owed to any	,	personal residence unless it is rented out; loans secured		No	ne x			. — .	Categ	ory of A	mount	or Val	ue (x)	-		
any time during the reporting period by yo or dependent children. Check the highest a		by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions.			1	_			<u>-</u>	1						
during the reporting period. Exclude a mo		See instructions for revolving charge accounts.	Date	Interest	Term i	٤		e	- 8	1 8	1 - 000	*000	000	001 - 000,	100'(000'(Over \$50,000,000
			Incurred	Rate	appli- cable	\$10,001 \$15,000	\$15,001 \$50,000	\$50,001 -	00'00	\$250,001 - \$500,000	00'00	Over \$1,000,000	\$1,000,001 \$5,000,000	000's	000°;	er 0.000
Creditors (Name and A		Type of Liability					\$15 \$50		\$10 \$25	\$56 \$50	\$50	Over \$1,00	\$1, \$5,	\$5, \$25	\$25 \$50	\$2C
Examples: First District Bank, Washington,	DC	Mongage on rental property, Delaware	<u>1991</u> 1999	<u> </u>	25 yrs.		-	<u> </u>		- <u>-</u>			<u> </u>			
John Jones, 123 J St., Washington, DC Promissory note 1999 10 % on demand x																
4						_										ļ
5																
* This category applies only if the liability	is solely that of the file	r's spouse or dependent children. If the liability is that of the	filer or a jo	int liabilit	y of the fil	er										
with the spouse or dependent children, ma		gories. as appropriate.								_						
Part II: Agreements or A	Ų.															
Report your agreements or arrangeme.	nts for: continuing p	articipation in an	of absen								egard	ing th	ie repo	orting		
employee benefit plan (e.g. 401k, defe payment by a former employer (include	erred compensation;	(2) continuation ents): (3) leaves	of negoti	ations to	or any or i	nese ar	ranger	nents	or bei	nerits						
											N	lone				
		Agreement or Arrangement						_	Partie	-				·		ate
Example: Pursuant to partnership agreem calculated on service performe		n payment of capital account & partnership share			ľ	loe Jones	& Smit	th, Horr	ietown,	State					. 7/	/85
		pension plan as a result of my years of service as an em	ployee.		ŀ	lelen K	anovs	ky and	I GE p	pensio	n plan	- -			10	/90
will receive \$3,000 per month upo		5 or older. ade while I was an employee. This 401(K) is listed in Sc	hΛ		L	lelen K	20016	a and		101/1/	nion				10	/90
Upon confirmation, employer will n			п. д .		'		11043		1 42 -	+01(N)	pian.				10	/90
3 I am a beneficiary of the AFL-CIO employee. I will receive \$7,000 per		ned benefit pension plan as a result of my years of serv	ice as an		ł	lelen K	anovs	ky and	I AFL	-CIO S	staff R	et. Pla	an		1/	/95
		401(k) plan. This 401(k) is listed in Sch. A.													1/	'95
Upon confirmation, employer will n				_	+	lelen K	anovs	ky and	I AFL	-CIO +	IT 40	1(k).				
5																
6																

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U.S. Office of Government Ethics

Reporting Individual's Name Helen R. Kanovsky

SCHEDULE D

g

None

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.

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Ev	camples: Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
Ex	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	AFL-CIO Housing Investment Trust, Washington, D.C.	Registered Investment Co.	General Counsel	09/2008	Present
2	AFL-CIO Housing Investment Trust, Washington, D.C.	Registered Investment Co.	Chief Operating Officer	01/2002	Present
3	AFL-CIO Investment Trust Corporation, Washington, D.C.	Not-for-profit corp.	Advisor	08/1999	Present
4	National Labor College	College	Trustee	05/2008	Present
5	National Housing Conference, Washington, D.C.	Non-profit	Chair	06/2006	Present
6	Center for Housing Policy, Washington, D.C.	Non-profit	Member of the Board	06/2000	Present
L					

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		
Examples: Doe Jones	& Smith, Hometown, State	Legal services		
Metro Univ	ersity (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction		
1 AFL-CIO Housi	ng Investment Trust, Washington, D.C.	General Counsel and Chief Operating Officer		
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Reporting Individual's Name Helen R. Kanovsky	SCHEDULE D	Page Number
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.

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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	District of Columbia Special Olympics, Washington, D.C.	Non-profit	Member of the Board	12/2003	Present
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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, 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	, ar ann an fair
Examples:	Doe Jones & Smith, Hometown, State	Legal services	
схатрюз.	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	
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