## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

ILS Office of Government Ethics

Date of Appointment, Candidacy, Election	Reporting Status		Calendar Year	Nam En	ntrant, Nominee,	Termination	Termination Date (If Appli-cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to							
or Nomination (Month, Day, Year)	(Check appropriate boxes)	Incumbent	Covered by Report	or Cand	, ,	Filer		file this report and does so more than							
01/20/2009	арргоргіане вохез)	<u> </u>		<u></u>				30 days after the date the report is							
	Last Name			First N	ame and Middle	Initial		required to be filed, or, if an extension is granted, more than 30 days after the							
Reporting Individual's Name	McDonough			Denis	R R			last day of the filing extension period							
	Title of Position			Departr	ment or Agency (	If Applicable \		shall be subject to a \$200 fee.							
Position for Which Filing	Deputy Assista	ant to the Presid	dent	NSC				Reporting Periods							
	Address (Number.	Street, City, State,	and ZIP Code			Telephone No. (Inc	lude Area Code	Incumbents: The reporting period is							
Location of Present Office	/		,	1		, We, 1	4111	the preceding calendar year except							
(or forwarding address)	1000	Teans!	n/van/a x	gre.	4	024561	/ / -/	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 applicable.							
12 Months (If Not Same as Above)								аррисаве.							
			-					Termination Filers: The reporting							
Presidential Nominees Subject to	Name of Congress	sional Committee C	onsidering Nomination	Do You	u Intend to Create	e a Qualified Diversi	fied Trust?	period begins at the end of the period							
Senate Confirmation	na				Yes	XX No		covered by your previous filing and ends at the date of termination. Part II							
			-					of Schedule D is not applicable.							
Certification	Signature of Repo	rting Individual				Date (Month, Day,	Year)	Nominees, New Entrants and							
I CERTIFY that the statements I have made on this form and all attached		$\angle Y'$				2122 /-	. @	Candidates for President and Vice							
schedules are true, complete and correct to the best of my knowledge.	+6 /(-	1 X				17010	<b>\</b>	President:							
to the best of my knowledge.						/		Schedule A. The reporting period for income (BLOCK C) is the preceding							
	Signature of Othe	Reviewer		·	V	Date (Month. Dav.	Year \	calendar year and the current calendar							
Other Review	1/1	, ,	r L /	_		7/7/	/	year up to the date of filing. Value							
(If desired by	$\perp$ $1/11$	11/1	ITKO	IWL		3/3//	09	assets as of any date you choose that is within 31 days of the date of filing.							
agency)	1000	0000		VOT-1-1			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>								
Agency Ethics Official's Opinion On the basis of information contained	Signature of Design	gnated Agency Ethic	cs Offi¢ial/Reviewing C	)[TICIAI		Date (Month, Dav.	Year \	Schedule B-Not applicable							
in this report, I conclude that the filer is	;/. :	1				2/2/		Schedule C. Part I (Liabilities)-							
in compliance with applicable laws and regulations (subject to any comments	1/4-	$-\Lambda$ . $\iota$	7 T			3/31/09		The reporting period is the preceding calendar year and the current calendar							
in the box below).						' ' /		year up to any date you choose that is							
Office of Government Ethics	Signaturė	-				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 addit	ional space is requi	red use the reverse	side of this sheet)					Arrangements)— Show any agreements or arrangements as of the date of							
,				or if filing ort	ansian arantad d	& indicate number oj	(days	filing.							
			Check	ox if filling exti	ension grunten o	x intiicate number by	titiys/	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														
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	OGE Use Only														
				(Che	eck box if comme	ents are continued of	n the reverse side	OGE OSE OTHY							
				(Check box if comments are continued on the reverse side											

Rep	Reporting Individual's Name											'age Number																							
	,		SCHEDULE A																																
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		Assets and Income	1			Va		tion t clo			sets	1		1									am ed i								n \$2	2011	)" i	s checked, no	
		DI GOV.	1				-	ortin			d			- [																					
BLOCK A BLOCK B For you, your spouse, and dependent children,										Type Amount																									
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.								0	(4)		3,000	0000	000,000		ent Fund							\$201)							Œ		THE			Other Income (Specify Type &	Date (Mo., Dav. 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).			one (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	SS00,001 - S1,000,000	Over \$1,000.000 *	\$1,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	25,000,001 - 850,0		Excepted investme	Excepted Trust	Qualified Frust	Dividends	Rent and Royalties	Interest	Capital Gains	than	\$261 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	S15,001 - \$50,000	550,001 - \$100,000	S100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	0,100 65 000 000	ver 35,000,000	Actual Amount)	Only if Honoraria
,	None		~	S	S	3	S	3	Š	0	S	35	S	°	3	3	0	Ω	R	II.	J	Ž	\$2	\$1	S	85	S	88	3	0	15				
Ex	xamples	Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund				_x_				-	 				  		_	×		1 1		1 1		×	- -	x								Law Permerahap Income \$130,000	
1		essional Federal Credit Union			x															×		×	170			Î									
2	Center	For American Progress																	į															\$28,008.12	
3	Obama	a For America																																\$84,175.00	
4	Obama	a Biden Transition																																\$14,615.43	
5	1	cratic National Committee	4																								à							\$24,916.58	
6	Vangu	ard European Stock Index		×							2				x								×		2										
	This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, nark the other higher categories of value, as appropriate.																																		

	Deporting Individual's Name																																		
I CC	porting indiviousi's retine	SCHEDULE A continued											IP:	Page Number																					
L		(Use only if needed)																																	
													_			_	_	_												_					
	Assets and Income	Valuation of Assets at close of other entry is needed in Block C for that item.											n \$2	(10.	" is	s checked. no																			
1	BLOCK A	reporting period BLOCK B BLOCK C																																	
厂													$\neg$				-	Ту	pė								оил	ıt		_	_	_		$\overline{}$	
		None (or less than \$1,001)	51,001 - 515,000	\$15,001 - \$50,000	550,001 - 5100,000	\$100,001 - \$250,000	5250,001 - 5500,000	SS00,001 - \$1,000,000	Over S1,000,000 *	\$1,000,001 - \$ 5,000,000	55,000,001 - 525,000,000	040,000,032 - 100,000,252	Over \$50,000,000	Excepted investment bund	Excepted Trust	Onalified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	S201 - S1,000	\$1,001 - \$2,500	\$2.501 - \$5.000	55,001 - 515,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	S1,000,0001 - \$5,000,000	Over \$5,000,000	VEL 35,000,000	Other Income (Specify Type & Actual Amount)	(Mo	Date b. Dav. Yr.) mly if moraria
	None		S	Sen.	3	×	S	5	٥	v	5		٥		3	٥	Q	×	-	Ç	Z	S.	SI	S	35	S	33	S	٥	S	ć	3			
Ī	Vanguard Total Intl Stock Index		x											x							x											<b>†</b>			
2	Vanguard Emerging Mkts Stk Index		x											Š <b>x</b>								×													
3	Vanguard Mid Cap Index Fd	c. A.K.	x											×							х														
4	Vanguard Small Cap Growth Index		x											×							x							ė.							
5	John Hancock Retirement Account cash value			×																	×														
δ	Accenture 401(k): Fidelity Freedeom 2030		x																		×														
7	Fidelity US Equity Index Pool Fd Fidelity Contra Fund		x	Х																	×														
8																																			
9																																			
	This category applies only if the asset/income is			that o	) ि एक	e file	er's s	pous	e o.r	den	ende	ent c	hild	ren.	161	re z	ssel/	inco	me	is ci	ther	that	of t	he fi	er o	ir jo	ntly	held	by I	he f	iler v	with	n the spouse or de	pende	nt childr

SF 278 (Rev. 03/2000)	
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## Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate

	porting Individual's Name		COMPANIA											Page N	lumber	r			
L			SCHEDULE	В					":										
P	art I: Transactions							None	;										
	port any purchase, sale, or exchang dependent children during the report		report a transaction involving property used solely as your personal residence, or a transaction solely between you.		ansact						An	nount o	f Tran	saction (x)					
pro sec	operty, stocks, bonds, commodity ficurities when the amount of the transactions that resul	utures, and other asaction exceeded	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 -	,000,	\$50,001 - \$100,000	0,001 -	0,001 -	0,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 - \$50,000,000	,000,000	Certificate of divestiture
		Pu	Sale	άX		\$1.0	\$15	\$50 \$10	\$10 \$25	\$25 \$50	\$50	Over \$1,00	\$1,0 \$5,0	\$5,0 \$25	\$25 \$50	Over \$50,0	Cert		
L	Example: Central Airlines Common	х		<u> </u>	2/1/99	-		х											
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2				+							_								
3				+-		-		1		-						-			$\vdash$
4				+-		-		<del> </del>			_								
5				+-	_			1			-								-
*-	This category applies only if the ur	iderlying asset is solely t	hat of the filer's spouse or dependent children. If the underlyi	ng asse	t is ei	ther b	held												
			endent children, use the other higher categories of value, as ap	_		uici i	icia												
_																			
For tic for (2) that as	Part II: Gifts, Reimbursements, and Travel Expenses  For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging. food, or entertainment) received from one source totaling more than \$260: and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, the U.S. Government; given to your agency in connection with official traveleved from relatives; received from re											otally itality nine th structi	at ne		]				
r	Source (Name and	d Address)		Br	ief De	scripti	on											Value	;
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francisco		Airline ticket, hotel room & meals incident to national conference 6.  Leather briefcase (personal friend)	15/99 (p	ersona	al activ	vity unrelated	to duty										\$500 \$300	
1																			
2	2																		
3																			
4																			
5																			

Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE C** Part I: Liabilities None x Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured Category of Amount or Value (x) by automobiles, household furniture or appliances; and anv time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. Over \$1,000,000\* \$50,001 - \$50,000 - \$50,000 - \$100,000 - \$100,000 - \$250,000 - \$250,000 - \$250,000 - \$250,000 - \$250,000 - \$1,000,000 - \$1 See instructions for revolving charge accounts. during the reporting period. Exclude a mortgage on your Date Interest Term if \$10,001 Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 25 yrs. Examples: John Jones, 123 J St., Washington, DC 1999 10 % Promissory note on demand х \* 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. Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing participation in an of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State 7/85 Example: calculated on service performed through 1/00. John Hancock 4/06 John Hancock Retirement Account 9/94 Accenture 401(k) Accenture

Reporting Individual's Name	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	non-profit organization or educations	partnership, or other business enterprise or an all institution. Exclude positions with religious and those solely of an honorary nature.					
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)			
Examples: Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	- <u>6/92</u>	Present 1/00			
Obama Biden Transition	Transition	Senior Foreign Policy Advisor	11/08	1/09			
Center For American Progress	Poicy	Senior Fellow	11/05	6/08			
3							
4							
5							
6							
Part II: Compensation In Excess Of \$5,000 Paid by One So 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 oth organization when you directly provi	er business enterprise, or any other non-profided the services generating a fee or payment report the U.S. Government as a source.	Do not complete this part offit if you are an Incumben Termination Filer, or Vice Presidential or Presidential Candida None				
Source (Name and Address)		Brief Description of Duties					
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with universely	ersity construction					
Obama Biden Transition	Senior Foreign Policy advisor						
Obama For America	Senior Foreign Policy Advisor						
Democratic National Committee	Senior Foreign Policy Advisor						
Center for American Progress	Senior Fellow						
5							
6							
Prince Editions Comment De Hand							

Prior Editions Cannot Be Used.