Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

U.S. Office of Government Ethics							
Date of Appointment, Candidacy, Election	Reporting Status	f1	Calendar Year	New February Manager	T	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	New Entrant, Nominer for Candidate	Termination Filer	, , , , , , , , , , , , , , , , , , , ,	file this report and does so more than
1/2019	appropriate voxes/	Ш		or Candidate			30 days after the date the report is
B	Last Marne			First Name and Midd	lle Initial		required to be filed, or, if an extension
Reporting Individual's Name	1/1/055	INA		JAMO	?c /\.		is granted, more than 30 days after the
	Title of Position			Department or Agence	<u> </u>		last day of the filing extension period shall be subject to a \$200 fee.
Position for Which Filing	1)00 1	7/26 -16	CILL	11 +10			
	1/4214	SICT OT	<u> </u>			-1 -1 - 1 C - 1 - \	Reporting Periods
Location of Present Office	Address (Number, S	ireel. City. Sigle.	ana ZIP Coae		Telebrone No. 118	aclude Area Code	Incumbents: The reporting period is the preceding calendar year except
(or forwarding address)	west	+ Un	' S		1207-4	156 1414	Part II of Schedule C and Part I of
Position(s) Held with the Federal	Title of Position(s) a	and Date(s) Held				10 0.11 q	Schedule D where you must also include the filing year up to the date
Government During the Preceding	0.1		00 11 5	6 1	Tex Ro		you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	Chief &	of 5t4	G.U.S.	Senater	(1)0	. 4 (4)	applicable.
		,					Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congression	onal Committee C	onsidering Nominatior	Do You Intend to Cro	eate a Qualified Divers	ified Trust?	period begins at the end of the period
Senate Confirmation				Yes	No	1	covered by your previous filing and ends at the date of termination. Part II
							of Schedule D is not applicable.
Certification	Signature of Reporti	ing Individual			Date (Month, Day	, Year)	
I CERTIFY that the statements I have made on this form and all attached	/		1/2		1, ,		Nominees, New Entrants and Candidates for President and Vice
schedules are true, complete and correct	//	// // //			11/70	1/7/29	President:
to the best of my knowledge.					1 7 /0/		Schedule A. The reporting period for
	Signature of Other I	Reviewer			Date (Month. Day	Year)	income (BLOCK C) is the preceding calendar year and the current calendar
Other Review	,	$\sim \Lambda$					year up to the date of filing. Value
(If desired by	/_) Br	_		2/27/69	7	assets as of any date you choose that is within 31 days of the date of filing.
agency)	/	/ V	-	0.00			
Agency Ethics Official's Opinion On the basis of information contained	Signature of Design	ated Agency Ethi	es Official/Reviewing	Official	Date (Month, Date	Year)	Schedule B-Not applicable
in this report, I conclude that the filer is	1/	1	Λ			_	Schedule C. Part I (Liabilities)-
in compliance with applicable laws and regulations (subject to any comments	1/1/-	Λ . ω	7		3/13/0	9	The reporting period is the preceding calendar year and the current calendar
in the box below).	1 9	<u> </u>			/		year up to any date you choose that is
Office of Government Ethics	Signature			-	Date (Month Da	y Year)	within 31 days of the date of filing.
Use Only							Schedule C Part II (Agreements or
Comments of Reviewing Officials (If addit	tional space is require	d use the reverse	side of this sheet)				Arrangements) Show any agreements or arrangements as of the date of
	NOTICE SECURITION OF SECURITION			1 10011	1.0.2	C.L.	filing.
			(Check	box if filing extension grante	d & indicate number o	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
							OGE Use Only
				(Check box if con	nments are continued	on the reverse side	

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5 C F R Part 2634
U.S. Office of Government Ethics

Reporting Individual's Name	SCHEDULE A	Page Number
Assets and Income		nount. If "None (or less than \$201)" is checked no in Block C for that item,
BŁOCK A	ВLОСК В	BI.OCK C
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	1900 000 0000,000 0,000,000 0,000,000 0 ment Fond n 5201)	Other Income (Mo., Day, Specify Yr.) Type & Actual Amount) Only if Honoraria
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	\$1,001 - \$15,000 \$15,001 - \$15,000 \$550,001 - \$100,000 \$250,001 - \$590,000 \$250,001 - \$590,000 \$250,001 - \$590,000 \$250,001 - \$5,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,000	Oulv if Honoraria Vernal Vernal Vernal Vernal Vernal Vernal Vernal
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA, Heartland 500 Index Fund		Law Partnership Incomp § 1 % [A].
· American Infl Grant	\mathcal{A}	
2 Citade Broodersinger.		
Disney Walt Co.		
FAUNIC Mar Mto.		
5 Johnson & Johnson		
· Microsofy		
* This category applies only if the asset/income is mark the other higher categories of value, as appro	y 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,

U.S. Office of Government Ethics Reporting Individual's Name age Number **SCHEDULE A continued** 4. Mossins (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Type Amount Other Date Income (Mo., Dav 55,000,001 - \$25,000,000 Yr.J\$1,000,001 - \$ 5,000,000 (Specify \$1,000,001 - \$3,000,000 \$25,000,001 - \$50,000. Type & \$250,001 - \$500,000 \$500,001 - \$1,000,00 \$100,001 - \$250,000 550,001 - \$100,000 Rent and Royalties Actua. Only if Over \$1,000.000 * \$100,001 - \$1,000. DOUTHOUS - FUOTOSS Over \$50,000,000 None (or less than Over \$1,000,000* 000'055 - 100'115 Honoraria 51,001 - 515,000 Over \$5,000,000 Αποιιπ) Excepted Trust Ounliked Trust 55,001 - \$15,000 Capital Gams S261 - S1,000 Dividends None-\$191561. 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 field by the filer with the spouse or dependent children. mark the other higher categories of value, as appropriate.

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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	· · · · · · · · · · · · · · · · · · ·											Page 1	Numbe	1			
JAncs A. Mossins	SCHEDULE I	B											-	4			
Part I: Transactions						None	2	$\overline{\mathbb{Z}}$	ĺ	· .	14			,			
Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you.	Transaction Type (x)					Amount of Tra					(x)					
property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted 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.			Exchange	Date (Mo. Day, Yr.)	\$1,001 -	\$15,001 - \$50,000	\$50,001 -	\$100,001 - \$250,000	,000,000	\$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	Certificate of
Identifi	ication of Assets	Purchase	Sale	Exc		\$1,001	\$15, \$50,	\$50, \$100	\$100	\$250	\$500	0ver	\$1,0	\$5,0 \$25,	\$25. \$50,	Over \$50,	Certi
Example Central Airlines Common		х			2/1/99			х									
1																	
2		+		-		+						-			\vdash		
3																	
4				-			├—	-	-			_	-	├—	\vdash	-	
5		1															
* This category applies only if the underlying asset is solely	that of the filer's spouse or dependent children. If the underlyin		• ::	41 1-			<u> </u>						<u> </u>		oxdot		
	endent children, use the other higher categories of value, as app			tner n	ieia												
		лорна	iic.														
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 the U.S. Government; given to your agency in connection with received from relatives; received by your spouse or dependent or independent of their relationship to you; or provided as personal total value from one source, exclude items worth \$104 or less. for other exclusions.						lent cl rsonal fts to	hild to hosp detern	tally itality nine tl structi	at he ions	J ha	-/						
authority, etc. For travel-related gifts and reimbursemen dates, and the nature of expenses provided. Exclude an														Г	None		l
Source (Name and Address)										Value							
Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)									\$500 \$300							
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3																	
4																	
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Sames A. Mrssin A	SCHEDULE C															
Part I: Liabilities Report liabilities over \$10,000 owed to an any time during the reporting period by y	•	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	one				Catego	ory of A	mount	or Valu	ıe (x)			
or dependent children. Check the highest during the reporting period. Exclude a m	amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term is appli- cable	\$10,001 -	\$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 \$50,000,000
Examples First District Bank, Washington, John Jones, 123 J St., Washington	DC on, DC	Type of Liability Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs. on demai		₩ ₩ 	<u>x</u> .	₩ —	x		O 69				O #
1 Wells FARE, MA 2 hells FARE, MM 3 BUnited states Sente	<u>/</u>	Missela mt Pental Papeta	7007	7.5	304	-		X	X							
6 Chital States Sente	166	Home lquity L.V.C.	2013	9.9	Druma				K							
		ler's spouse or dependent children. If the liability is that of tegories, as appropriate.	the filer or a	joint liab	ility of the	e filer		<u>.</u>								
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 None																
Example: Pursuant to partnership agreen calculated on service performe	nent, will receive lump sur	Agreement or Arrangement n payment of capital account & partnership share								Da 7/8	ate '85					
2														_		
3															_	
5										_						
6																

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Reporting Individual's Name Sames A. Messian		SCHEDULE D		Page Number	
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, prop	applicable reporting period, whether e but are not limited to those of an officer.		tnership, or other business enterprise or an institution. Exclude positions with religion those solely of an honorary nature.	•	È
Organ	nization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples Nat'l Assn. of Rock Collectors	ş, NY, NY	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometow		Law firm	Partner	7/85	1/00
Obano Biden 7	Transition Project	Transition office	Director of Personnel	11/08	1/09
3				_	
4					
5					
6					
Report sources of more than \$5,000 con business affiliation for services provide	Excess Of \$5,000 Paid by One Someone Someone Someone Someone set on the Someone Someon	corporation, firm, partnership, or other	business enterprise, or any other non-profit d the services generating a fee or payment port the U.S. Government as a source.	if you are an Termination Vice Preside	Filer, or
Source (Name and Address)			Brief Description of Duties		
	vn, State	Legal services Legal services in connection with university	ity construction		
1 Obena Biden	Mencer Project	Transha seman +	#C		
2 Ohoma for A	Menca	Compage **			
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CONFLICTS/278 REVIEW OUTLINE

APPOINTEE: POSITION:	Junes A Messine cuty Cay 15 typ	- DATE OF APPOINTM DATE OF COUNSELIN	ENT: NG SESSION:
(1) <u>Individual Sto</u>	ock Holdings: Schule	A fige 1 pige 2	1-5 41
(2) Publically Tra	aded Mutual Funds:		
(3) Other Pooled	Investments:		
(4) <u>Liabilities</u> :	inortyp restal	popul	
(5) Outside Posit	ions:		
(6) Agreements/A	Arrangements:		
(7) <u>Clients</u> :			

(8) Spousal Employment/Holdings: