SF278 (Rev. 03/2000)

Form Approved:

5 C.F.R Part 2634

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

U.S. Office of Government Ethics													
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						
January 21, 2009	appropriate boxes)		2008-2009	X or Candidate	Filer		file this report and does so more than						
54/14diy 21, 2005			2005-2009	[P. 17]	Y 127 1	1	30 days after the date the report is						
Reporting Individual's Name	Last Name			First Name and Middle	Initial		required to be filed, or, if an extension is granted, more than 30 days after the						
reporting marvadars reams	Nathan Alison J.												
	Title of Position			Department or Agency	(If Applicable)		shall be subject to a \$200 fee.						
Position for Which Filing	Associate Cou	insel to the Pre	sident	WHO/EOP/WH Co	ounsel's Office		Reporting Periods						
	Address (Number,	Street, City, State,	and ZIP Code )		Telephone No. (In	clude Area Code )	Incumbents: The reporting period is						
Location of Present Office	11.10	Dinner	Dian.	د منا ۸ م	456-	שר אווון א	the preceding calendar year except						
(or forwarding address)	1600	(511112)	Ilvania A	10.	100-	1717	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)	none						you file. Part II of Schedule D is not applicable.						
12 Months (If Not Same as Above)													
	Mama of Congress	sianal Cammittae (	Considering Nomination	Do You Intend to Crea	to a Qualified Diversi	ified Trust?	Termination Filers: The reporting period begins at the end of the period						
Presidential Nominees Subject to Senate Confirmation	Name of Congress	Sionai Committee C	considering Nomination	Do 1 ou filteria to Crea	ic a Qualified Diversi	incu iiust!	covered by your previous filing and ends						
Scarce Countries				Yes	No	)	at the date of termination. Part II						
							of Schedule D is not applicable.						
Certification  I CERTIFY that the statements I have	Signature of Repo	rting Individual			Date (Month, Day	, Year)	Nominees, New Entrants and						
made on this form and all attached	1 11	- () J	7		1.01	/	Candidates for President and Vice						
schedules are true, complete and correct to the best of my knowledge.	1 04 1:	11/1/11	tN		2/18/	U 9	President:						
	Signature of Othe	1/ F /VWU			'	•	Schedule AThe reporting period for						
	Signature of Other	i Keyjewei	, <i>f</i>		Date (Month, Day	(Year)	income (BLOCK C) is the preceding calendar year and the current calendar						
Other Review	11111	1-11	l	•	- /	c/lu c	year up to the date of filing. Value						
(If desired by agency)	1 6660	dal	12 our	$\sim$		7/07	assets as of any date you choose that is within 31 days of the date of filing.						
Agency Ethics Official's Opinion	Signature of Designature	gnated Agency Eth	ics Official/Reviewing C	Official	Date (Month, Day	Year)	Schedule BNot applicable.						
On the basis of information contained	/		/		1	, 200. )							
in this report, I conclude that the filer is in compliance with applicable laws and	1/ ·	λ ('	A		2/18/0	a	Schedule C. Part I (Liabilities)— The reporting period is the preceding						
regulations (subject to any comments	114-	- M. M	/ \		Z//0/0	7	calendar year and the current calendar						
in the box below).	Signature				Date (Month, Dav	Voor	year up to any date you choose that is within 31 days of the date of filing.						
Office of Government Ethics	Signature :				Date (Monin. Dav	, rear j	within 31 days of the date of fining.						
Use Only							Schedule C. Part II (Agreements or Arrangements)— Show any agreements						
Comments of Reviewing Officials (If additi	ional space is requi	red, use the reverse	side of this sheet)				or arrangements as of the date of						
			(Check h	ox if filing extension granted &	b indicate number of	days )	filing.						
			(Check bi	ox ly filling extension grained o	e maicale mamber by	uuys	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 comm	ents are continued or	n the reverse side)							

Reporting Individual's Name		Page Number
Alison J. Nathan	SCHEDULE A	_
Assets and Income	Valuation of Assets at close of other entry is needed in Block C for that item.  Income: type and amount. If "None (or less than \$201)" other entry is needed in Block C for that item.	is checked, no
BŁOCK A_	BLOCK C BLOCK 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.		Other Date Income (Mo., Day, (Specify Yr.)
For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spourceport 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	25,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1,000 1	Actual Only if
Central Airlines Common  Examples Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA. Heartland 500 Index Fund		Law Perturbasia Insente 3130,000
Loomis Sayles Global BD		
2 Dodge & Cox Balanced Fund		
3 CRM Mid Cap Fund		
4 Astisan Mid Cap Fund		
s Bridgewater Aggressive Inv 2		
6 Columbia Small Cap		
7 Tweedy Browne Global Value		
<ul> <li>This category applies only if the asset/incommark the other higher categories of value, as a</li> </ul>	e is solely that of the filer's spouse or dependent children. If the asset/income is eather that of the filer or jointly held by the filer with appropriate.	the spouse or dependent children

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Reporting Individual's Name	SCHEDULE A continued	
Alison J. Nathan	(Use only if needed)	
Assets and Income	Valuation of Assets at close of reporting period  Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	
BLOCK A	BLOCK B BLOCK C	
	Type Amount	
None	Soint for fees than \$1,001    S1,001 - \$15,000    S1,001 - \$15,000    S20,001 - \$100,000    S20,001 - \$100,000    S20,001 - \$20,001 - \$20,000    S20,001 - \$20,000    S20,001 - \$20,000    S20,000,001 - \$25,000,000    S20,001 - \$25,000    S20,001 - \$25,000    S20,001 - \$25,000    S20,001 - \$20,000    S20,001 - \$	Date (Mo., Dov. Yr.) Only if Honoraria
Causeway International Value		
2 ING International Value		
3 IVY Global Natural Resources	X X X X X X X X X X X X X X X X X X X	
4 Acadian Emerging Markets	X X X X X X X X X X X X X X X X X X X	
5 FID Balanced	X X X X X X X X X X X X X X X X X X X	
6 FID Contrafund	X X X X X X X X X X X X X X X X X X X	
7 FID Diversified International	X X X X X X X X X X X X X X X X X X X	
8 FID Independence		
9 FIO International Small Cap	X X X X X X X X X X X X X X X X X X X	
<ul> <li>This category applies only if the asset/incomark the other higher categories of value, as a</li> </ul>	come 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 do appropriate.	ependent childr

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Яер	son J. Nathan									S	CI			UL:					1116	ed					_					Page Number	
	Assets and Income	$\overline{\top}$	(Use only if needed)  Valuation of Assets at close of reporting period  (Use only if needed)  Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item.										is checked, no																		
	BLOCK A	BLOCK B BLOCK C Type Amount																													
		Name (or less than \$1,001)	51,001 - 515,000	515,001 - \$50,000	550,001 - \$100,000	S100,001 - \$250,000	5250,001 - \$500,000	SS00,001 - S1,000,000	1,000,001 - S 5,000,000	55,000,001 - \$25,000,000	000'000'053 - 100'000'525	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$701)	000'15 - 1075	51,001 - 52,500	55.001 - 55,000	55,001 - 513,000	SS0,001 - S100,000	000'000'15 - 100'0015	Over S1,000,000*	51,000,0001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Arnount)	Date (Mo., Day, Yr.) Only if Honoraria
L	None	Z		S	Š	S	١	3 0	3	3	S			G	O.C.	Ω	X S	-	٥		Z	2	Z Z	8 5	SS	LS .	Ó	S	δ		
1	FID Large Cap Value	が最	×	(A)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	はない		the second			100000		X				Sec. Pro-		经上级	X			74	77,7530		だは後					
2	FID Latin America	×			- Shipping				2000				Х		020		STATE OF			X				2001202		THE SECOND		<b>海</b>			
3	FID Leveraged CO STK		X				The Control		Tall and the same of the same	DOM: NO.			X		がはな		調機			×	能能					200000		· · · · · · · · · · · · · · · · · · ·			
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6	FID Sel Natural Gas	X				1000000	Separation of		307				X	П			The same			×		· Spirite Committee		27		15/25		STATE OF			
6	FID Sel Natural Res	X					0004000			Distribution			X		器器	$\prod$	編誌			X	5	- Children				100000		100			
7	FID Small Cap Stock		Х		700000	No.	NOAPT LAND	1	(Mar. 1)	SP EAST-TH	1000		X		活趣	П	かない			X	の記念	decidences									
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₽	50 sh AAPL	100 100	Х		12.00	業を	249700	2		The Market			24.63		教養	Х	SERVICE STREET			X		Dangle		E				福星			
	This category applies only if the asset/incurk the other higher categories of value, as			hat o	f the	filer	's spo	ouse	or de	pend	lent o	child	ren.	. 1f d	ne as	ssel/	inco	me i	s eit	her	that o	f the	file	r or je	indy	held	by th	he si	er wi	ith the spouse or d	ependent childr

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Reporting Individual's Name	SCH	EDIII E	A continued	Page Number										
Alison J. Nathan														
_		(Use only i	f needed)											
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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 Black C for that item												
		other entry is needed in Block C for that item.												
BLOCK A	BLOCK B													
		Type Amount												
None	None (or firs than \$1,001)  \$1,001 - \$15,000  \$15,000  \$15,000  \$15,000  \$15,000  \$250,001 - \$100,000  \$250,001 - \$250,000  \$500,001 - \$500,000  \$500,001 - \$500,000  \$500,001 - \$500,000  \$500,001 - \$500,000  \$500,001 - \$500,000  \$500,001 - \$500,000  \$500,001 - \$500,000  \$500,001 - \$500,000  \$500,001 - \$500,000	Over 350,000,000 Excepted Investment Fund Excepted Trust Qualified Trust	Dividends   Rent and Rosalites	Other Income (Mo., Date (Mo., Dav. Yr.) Type & Actual Amount) Only if Honoraria										
75 sh PHO	*		X											
2 252 sh CGMFX	X		X X											
3 40 sh MINI			X											
4 41 sh PPDI	X		X											
5 12 sh QQQQ			X X											
6 Cash & CD's		×	×											
7 Fordham University Law School				w teaching income \$135,000										
8 NYU School of Law				w research fellowship \$40,00										
9														
* This category applies only if the asset/inco	come is solely that of the filer's spouse or dependent of	ildren. If the	asset/income is either that of the filer or jointly held by the	filer with the spouse or dependent childre										

mark the other higher categories of value, as appropriate.

nting Individual's Name					SCF		UL.				ued										age Number	
Assets and Income		a	tion of	Σſ	·		Com		Incor	ne: 13	те али							han S	\$201	)" is	checked, no	
BLOCK A	reporting period BLOCK B BLOCK C Type Amount												_									
	None (or less than \$1,001) \$1,601 - \$15,000	\$50,001 - \$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 \$ \$,000,000	\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	Over 550,000,000	Excepted Trust	Qualified Trust	Dividends Resigned Revallies	S.	Capital Cains None (or less than \$201)	\$201\$1,000	\$1,001 - \$2,500 \$1,501 - \$1,000	\$5,001 - \$15,000	-		<b>a</b>	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Don Yr.) Only if Honorari
None							4_4						9			S		_		4		
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## Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate

Reporting Individual's Name													Page 1	Number	r —			
Alison J. Nathan		SCHEDULE	В										, ago ,					
Part I: Transactions							Non	e	Х									
Report any purchase, sale, or excha- or dependent children during the re		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti Γγρε (x						Ar	mount o	of Tran	saction	(x)				
property, stocks, bonds, commodity securities when the amount of the t \$1,000. Include transactions that re	y futures, and other transaction 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.)	001 -	\$15,001 -	\$50,001 -	\$100,001 - \$250,000	\$250,001 -	\$500,001 -	Over \$1,000,000*	000,000	\$5,000,001 -	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of
		cation of Assets	Pu	Sale	Ä		S 2	\$15 \$50	\$50	\$10	\$25	\$50 \$1,	Ş <del>1,</del>	\$5,	\$5,	\$25	Over \$50,(	C. C.
Example: Central Airlines Comm	non		х			2/1/99			х								igwdown	
1 NOT REQUIRED FOR	RNOMINEES																	
2								ļ <u>.</u>								-		
3															$\vdash$			
4																		
5																		
		that of the filer's spouse or dependent children. If the underly			ther h	held												
by the filer or jointly held by the f	filer with the spouse or depo	endent children, use the other higher categories of value, as ap	propria	te.														
Part II: Gifts, Reimb	ursements, and	Travel Expenses																
For you, your spouse and depertion, and the value of: (1) gifts food, or entertainment) receives (2) travel-related cash reimbursthan \$260. For conflicts analys as personal friend, agency apprauthority, etc. For travel-related dates, and the nature of expense	ndent children, report the (such as tangible items, t d from one source totalin sements received from on is, it is helpful to indicate oval under 5 U.S.C. § 41 d gifts and reimbursemen	source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more e a basis for receipt, such 11 or other statutory ts, include travel itinerary.	rece inde the tota	ived for the second of the sec	from ent o 's res e fro	rnment; gi relatives; f their rela sidence. A m one sou usions.	receiv tionsh lso, fo	ed by lip to v r purp	your s you; o oses o	pouse r prov of agg	e or de vided regati	epend as per ing gi	dent cl rsonal fts to	hild to l hosp deterr	otally oitality mine t istruct	at the		
Source (Name	and Address)		Bı	ief Des	scripti	ion											Value	
Examples: Nat'l Assn. of Rock Co Frank Jones, San Fran	·	Airline ticket, hotel room & meals incident to national conference 6  Leather briefcase (personal friend)	/15/ <u>99</u> ( <u>J</u>	ersona	al activ	vity unrelated	to dut	2								<u> </u>	\$500 \$300	
1	,		·															
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 Alison J. Nathan Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at None personal residence unless it is rented out; loans secured Category of Amount or Value (x) by automobiles, household furniture or appliances; and any 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. \$25,000,000 \$25,000,001 -\$50,000,000 Over \$1,000,000 \$5,000,000 \$5,000,000 \$50,001 -\$100,000 \$100,001 -\$250,001 -\$500,001 -\$500,001 -\$1,000,000 See instructions for revolving charge accounts. Date Interest Term if during the reporting period. Exclude a mortgage on your \$15,000 \$15,001 Incurred Rate applicable Creditors (Name and Address) Type of Liability 1991 1999 First District Bank, Washington, DC 8% Mortgage on rental property, Delaware 25 yrs. х Examples: John Jones, 123 J St., Washington, DC Promissory note 10 % on demand х 2003 3.5 Sallie Mae consolidated student loans NA 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 of absence; and (4) future employment. See instructions regarding the reporting Report your agreements or arrangements for: continuing participation in an 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 X 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 7/85 Example: Doe Jones & Smith, Hometown, State calculated on service performed through 1/00.

Reporting Individual's Name	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, partn non-profit organization or educational ins social, fraternal, or political entities and t	stitution. Exclude positions with religious		
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	$-\frac{6/92}{7/85}$	<u>Present</u>
1 Fordham University School of Law	University	Visiting Assistant Professor	7/06	6/08
2 New York University School of Law	University	Research Fellow	7/08	1/09
3				
4 Obama-Biden Transition	Transition Project	Advisor to DOJ Agency Review	11/08	1\09
5				
6				
Part II: Compensation In Excess Of \$5,000 Paid by One Sou 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 by organization when you directly provided of more than \$5,000. You need not repo	the services generating a fee or payment	t if you are an Termination Vice Preside	Filer, or ential ial Candidate
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  Legal services in connection with university	y construction		
Fordham University School of Law	teaching			
2 New York University School of Law	legal scholarship/research			
3				
4				
5				
6				

Prior Editions Cannot Be Used.