Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

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

Date of Associational Condition Planting	JD am autim a Ctatura		21	1								
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check	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				
Jan. 20, 2008	appropriate hoxes)	! <u> </u>		X	or Candidate	Filer		file this report and does so more than				
	Last Name				First Name and Middle	laritia)		30 days after the date the report is				
Reporting Individual's Name	Papa Jr.		required to be filed, or, if an extension is granted, more than 30 days after the									
		·	last day of the filing extension period									
Position for Which Filing	Title of Position		shall be subject to a \$200 fee.									
rosition for which rining	1 '		lent for Leg. Affairs	S	White House Legis	slative Affairs		Reporting Periods				
	Address (Number,	Street, City, State,	and ZIP Code)			Telephone No. (Inc	HSG-1414	Incumbents: The reporting period is				
Location of Present Office (or forwarding address)	1600 P	ensylod	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	Director of Mo	mhor Sondone	House Democration	Cau	IOUR.			you file. Part II of Schedule D is not				
12 Months (If Not Same as Above)	Director or Me	imper services,	nouse Democratic	. Cau	cus			applicable.				
								Termination Filers: The reporting				
Presidential Nominees Subject to Senate Confirmation	Name of Congress	sional Committee Co	onsidering Nomination		Do You Intend to Creat	e a Qualified Diversit	fied Trust?	period begins at the end of the period				
Studie Could mation	<u> </u>				Yes	No		covered by your previous filing and ends at the date of termination. Part II				
Certification	Signature of Repo	Year')	of Schedule D is not applicable.									
I CERTIFY that the statements I have	Signature of Repo	/ / /	/ // -			, , , , , , , , , , , , , , , , , , , ,	,	Nominees, New Entrants and				
made on this form and all attached schedules are true, complete and correct	//	Shap.	9-//			1-16-	09	Candidates for President and Vice President:				
to the best of my knowledge.	/	//	٠,									
	Signature of Othe	r Reviewer				Date (Month, Day,	Year)	Schedule A—The reporting period for income (BLOCK C) is the preceding				
	1		(1 /			/		calendar year and the current calendar				
Other Review (If desired by	1/1/11	1/00/	11/100	a /na	year up to the date of filing. Value assets as of any date you choose that is							
agency)	1000	a lvill	IWN			1011	1 1 0 7	within 31 days of the date of filing.				
Agency Ethics Official's Opinion	Signature of Designature	gnated Agency Ethic	s Official/Reviewing C	fficial		Date (Month, Day,	Year)	Schedule BNot applicable.				
On the basis of information contained in this report. I conclude that the filer is			Λ			, ,		Schedule C. Part I (Liabilities)-				
in compliance with applicable laws and	1/11	_ 1. (r	/-			2/19/0	4	The reporting period is the preceding				
regulations (subject to any comments in the box below).	14-	10.	V			1 7.11	1	calendar year and the current calendar year up to any date you choose that is				
in the box below).	Signature		Year)	within 31 days of the date of filing.								
Office of Government Ethics								Schedule C. Part II (Agreements or				
Use Onlv								Arrangements) Show any agreements				
Comments of Reviewing Officials (If addit	ional space is requi	red, use the reverse	side of this sheet)					or arrangements as of the date of filing.				
1			(Check b	ox ıf fi	ling extension granted &	indicate number of a	days)	ming.				
								Schedule D-The reporting period is				
I								the preceding two calendar years and the current calendar year up to the				
								date of filing.				
[Agency Use Only											
					(Charle ban if		the reverse side	OGE Use Only				
ľ					(Cneck box ij comm	ems are continued on	the reverse side)					

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U.S. Office of Government Ethics Reporting Individual's Name			_	_		_	_	_	_	_	_		_		_		_	_	_	_			_	_	_		_	_			П	Barre M	(mber			
Gregory James Papa Jr.		S								S	SCHEDULE A														Page Number 2 of 5											
Assets and I	Valuation of Assets at close of reporting period BLOCK B													Income: type and amount. If "None (or less than \$20) other entry is needed in Block C for that item. BLOCK C													3)"	is che	cked, r	10						
For you, your spouse, and d		70		15.00		61	1		Ta	2078	1	can		POLICE		SAU.	Туре				Amount									_	_					
ror you, your spouse, and or report each asset held for improduction of income which value exceeding \$1,000 at the ing period, or which general in income during the report with such income. For yourself, also report the amount of earned income exthan from the U.S. Government of the income of the income of the income of more than \$1,000 actual acount of any honoral your spouse).	vestment or the had a fair market he close of the reported more than \$200 mg period, together source and actual sceeding \$200 (other nent). For your spouse, amount of earned (except report the	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	550,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	5500,001 - 51,000,000	Over \$1,000,000 *	100	\$5,000,001 - \$25,000,000	525,000,001 - 550,000,000	Over \$50,000,000	Excepted Investment Find	Excepted Trust	Qualified Trust	04000000000000000000000000000000000000	Royaltics	And the state of t	1500	None (or fless than \$20!!)	\$201 - \$1,000	51,001 = 52,500	000000-100775	1		A 10 10 10 10 10 10 10 10 10 10 10 10 10	\$100,001 - \$11,000,000	Over \$1,010,000*	S1,000,001 - S5,000,000	Over \$5,000,000	(Other Income Specify Type & Actual Amount)		(Mo.)	Date <i>Day</i> , /r.) nly if noraria
Central Airlines	Соттоп		Н	20	x	135	-				\dashv	28	7				x					43	× 0		- 8			3.5		}	_					
Examples Doc Iones & Smi Kempstone Equi IRA: Heartland S	rih, Hometown, State			i xi		×								X			_							X	ACECUMATION AND AND AND AND AND AND AND AND AND AN							L- 1'm	er) p browne	\$13: 120	 	
5 GlaxoSmithKline Per		d		x				•						を できる	1		x		100				X .		STATE OF THE PERSON NAMED IN		Contraction of the Contraction o			はなり						
2 5 GSK Stock Fund (se	of-directed)		×													100	x	1	100000000000000000000000000000000000000		x		SCOTO SECTION		STORY OF STREET	なる	Zook Amphilite even									
3		10 CA 10 CA						STATE OF				100		100		1.	7 . 100 0.00						Section Sectio	2000	SAN SECTION		Company Common or									
4	_	100								· · · · · · · · · · · · · · · · · · ·		A PROPERTY.											1		- Anna Carlotte	8	100									
5				10 Table		1000年		STATE OF THE PARTY				100		SECTION AND ADDRESS OF THE PERSON AND ADDRES		A STATE OF		11.4		107		100	10 miles		2000 CO. C.	į,										
6		1000				をはなる				100 A		10000				1		The state of					A CANADA CONTRACTOR		12 C 70 C C C C C C											
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, mark the other higher categories of value, as appropriate.																																				

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 3 of 5 Gregory James Papa Jr. Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None 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. \$10,001 \$15,000 \$15,001 \$50,001 \$100,000 \$100,001 \$250,000 \$250,000 \$250,000 \$250,000 \$1,000,000 \$1,000,000 \$1,000,000 during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Term if Interest Rate Incurred applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC 25 yrs. Mortgage on rental property, Delaware 1991 8% x Examples: John Jones, 123 J St., Washington, DC 1999 10% Promissory note on demand 1 Great Lakes Education Loan Srcvs., Milwaukee, WI Student loan 2005 3% 30 yrs. 3 4 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 of negotiations for any of these arrangements or benefits employee benefit plan (e.g. 401k, deferred compensation; (2) continuation payment by a former employer (including severance payments); (3) leaves Х None Status and Terms of any Agreement or Arrangement Parties Date 7/85 Doe Jones & Smith, Hometown, State Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Example: calculated on service performed through 1/00. 2 3

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4

Reporting Individual's Name				Page Number		
Gregory James Papa Jr.			4 of 5			
Report any positions held during compensated or not. Positions in	Outside U.S. Government the applicable reporting period, whether clude but are not limited to those of an officer. proprietor, representative, employee, or	non-profit organization or educationa	partnership, or other business enterprise or a all institution. Exclude positions with religiound those solely of an honorary nature.	ny ius. None		
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)	
Examples: Nat'l Assn. of Rock Colle Doe Jones & Smith, Hom	ectors, NY, NY	Non-profit education Law firm	President Partner	6/92	Present 1/00	
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Report sources of more than \$5,0 business affiliation for services pr	In Excess Of \$5,000 Paid by One So 00 compensation received by you or your rovided directly by you during any one year of es 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-proided the services generating a fee or paymen report the U.S. Government as a source.	fit if you are and the Termination Vice Presid	ential tia <u>l Ca</u> ndidate	
Source (Name and Addre			Brief Description of Duties			
Examples: Doe Jones & Smith, Hon Metro University (client	netown, State of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university	ersity construction			
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