Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check Inc.)	Calendar Year umbent 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
	appropriate boxes)	dinositi estato o insperi	or Candidate	Filer		file this report and does so more than
1/20/2009	Last Name		First Name and Middle	Initial		30 days after the date the report is
Reporting Individual's Name			PETER			required to be filed, or, if an extension is granted, more than 30 days after the
	RUNDLET		' ' -	F.		last day of the filing extension period
Position for Which Filing	Title of Position	+1 H David	Department or Agency			shall be subject to a \$200 fee.
1 OSHON TOT WHICH I HAIS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ant to the President	+ White H			Reporting Periods
Location of Present Office	Address (Number, Street, Ci			Telephone No. (Inc	clude Area Code)	Incumbents: The reporting period is the preceding calendar year except
(or forwarding address)	Write Llook	, Washington (DC 20502	(202)456	6-3307	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)	Nove					you file. Part II of Schedule D is not applicable.
				· · · · · · · · · · · · · · · · · · ·		Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Com	mittee Considering Nomination	Do You Intend to Creat	e a Qualified Diversif	fied Trust?	period begins at the end of the period
Senate Confirmation			Yes	No		covered by your previous filing and ends at the date of termination. Part II
						of Schedule D is not applicable.
Certification	Signature of Reporting Indiv	idual		Date (Month, Day,	Year')	Naminaa Nam Entanata and
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	With all	4		1/31/	2009	Nominees. New Entrants and Candidates for President and Vice President:
	Signature of Other Reviewer			Date (Month, Day,	Year)	Schedule A—The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	Muss	rHkom	·	2/2	7/19	calendar year and the current calendar 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 Age	ency Ethics Official/Reviewing C	Official	Date (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).	Vy-1.	CA		3/11/09	V	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			Date (Month. Dav.	Year)	within 31 days of the date of filing.
Use Only						Schedule C. Part II (Agreements or Arrangements)—Show any agreements
Comments of Reviewing Officials (If additi	onal space is required, use the	e reverse side of this sheet)				or arrangements as of the date of
		(Check b	ox if filing extension granted &	indicate number of de	lays)	filing.
						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
			(Charle have if a	unto que continued	the removes side	OGE Use Only
			(Спеск вох іј сотте	ents are continued on	ine reverse side)	

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U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE A** PETER RUNDLET Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income at close of other entry is needed in Blook C for that item. reporting period BLOCK B BLOCK A BLOCK C Amount 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-Other Date ing period, or which generated more than \$200 \$2,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 in income during the reporting period, together Income Mo., Day, \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 Yr.) (Specify with such income. Турс & Over \$50,000,000

Excepted Investme
Excepted Trust S1,000,001 - S5,000 S50,001 - S100,000 SS0,001 - S100,000 Actual Only if For yourself also report the source and actual \$100,001 - \$1,000, Over \$1,000,000* Over \$1,000,000 \$1,001 - \$15,000 S5,001 - S15,000 amount of carned income exceeding \$200 (other Amount) Honomia 51,001 - 52,500 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 Control Airlines Common Examples Doc Jones & Smith, Homotown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund Ourdyan Network

Humanity United

Fidelity Cash Reserves X

St? Depository Receipt (SPY)

Fidelity Divided Growth

Fidelity Divided Growth

Wordsty Poliverent Workst Salary 108,669 Salary 153,923 * 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.

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued PETER RUNDLET (Use only if needed) Valuation of Assets Assets and Income 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 B BLOCK A BLOCK C Amount Type Other Date \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Income Mo., Dav. None (or less than \$201) Over \$50,000,000

Excepted Investment F \$1,000,001 - \$5,000,000 (Specify Yr.) None (or less than \$1, \$250,001 - \$500,000 \$500,001 - \$1,000,000 Over \$1,000,000 * \$100,001 - \$250,000 \$100,001 - \$1,000,00 Type & S50,001 - S100,000 Actual Only if \$15,061 - \$50,000 Qualified Trust Dividends Over \$1,000,000 SS,001 - STS,000 Over \$5,000,000 Excepted Trust Amount) \$1,001 - \$2,500 Honoraria Capital Gains Nanc 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.

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U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE** A continued PETER RUNDLET (Use only if needed) Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income Valuation of Assets at close of other entry is needed in Block C for that item. reporting period BLOCK B BLOCK A BLOCK C Amount Other Date Income Mo. Day \$1,000,001 - \$5,000,000 $Y_{T.}$ (Specify \$500,001 - \$1,000,000 Type & Over \$1,000,000 * \$100,001 - \$1,000,0 S50,001 - S100,000 Excepted Investm Only if None (or less than \$201 - \$1,000 Actual Over \$1,000,000* Qualified Trust \$1,001 - \$2,500 \$2,501 - \$5,000 Over \$5,060,000 Amount) Honoraria Templeton lustit foreigntfailty

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S) 9 State Department Federal
Cred. + Union - Woney My of Feder Credit Union - Wovey Mg at text 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.

Reporting Individual's Name								S	CI	Æ	DĮ	U I L.	E	A c	on	tin	ıue	ed											Page Number	
Peter Rundlet										π	Jse	onl	y if	ne	ede	d)							_	_	_				9	
Assets and Income	Valuation of Assets at close of reporting period BLOCK B							at close of other entry is needed in Block C for that item.								is checked, no														
None	None (or less than \$1,001)	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000			\$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		Rent and Royalties		Capital Gains	None (or less than \$201)	5201 - 51,000	St,001 - S2,500	\$2,501 - \$5,000	The state of the s		ount	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date Mo., Dav. Yr.) Only if Honoraria
1 State Dept FCU Checking Account		(TOTAL PROPERTY.		The state of the s				200			0.000		X		N									100			
1 State Dept FCU Checking Account 2 World Bark FCU Wovey Management Account 3 DC College Sourings Plan (529) DC College Ford Myso-5		X			200000000		100000000000000000000000000000000000000						Service of the last of the las			X			X											
3 DC College Sourings Plan (529) DC college Ford May 0-5					000000000000000000000000000000000000000						X		· · · · · · · · · · · · · · · · · · ·	TWO COLUMN TO SERVICE AND ADDRESS OF THE PERSON ADDRES		200000000000000000000000000000000000000		X												
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This category applies only if the asset/income children, mark the other higher categories of value	s solely	that prop	of th	e fil	er s s	pouse	or d	open	dent	chil	dren	i. II	the a	1350	inc	ome	is e	ithe	r tha	t of	the	iler	or je	ointly	hel	а Бу	the	iler v	with the spouse or	dependent

		SCHEDULE	В										Page 1	Number	5			
Part I: Transactions							None	;										
		report a transaction involving property used solely as your		ansacti Type (x						Aı	nount	of Trans	saction	(x)	-			_
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other your spouse, or dependent child. Check	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Sale	lange	Date (Mo., Day, Yr.)	\$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	Certificate of	
			х			2/1/99			х									
2		/																
3																		
4																		
5																		
Part II: Gifts, Reimber For you, your spouse and depetion, and the value of: (1) gifts food, or entertainment) receive (2) travel-related cash reimburs than \$260. For conflicts analysias personal friend, agency approauthority, etc. For travel-related	Dursements, and Indent children, report the (such as tangible items, tred from one source totaling sements received from one sig, it is helpful to indicate to val under 5 U.S.C. § 41 digits and reimbursement.	ent children, use the other higher categories of value, as appropriate the control of the categories of value, as appropriate	the Ureceinde the cotal	J.S. Cived for pende lonor value	Fover from ent of	rnment; giv relatives; re f their relat idence. Als m one sour sions.	eccive ionshi o, for	d by y p to ye purpe	our stou; or ses of	ouse provi aggr	or de ded a	pende s pers g gift	nt chi onal l s to d	ild tot 10spit eterm	ally ality a ine th truction	t e		
				ief Des	<u> </u>												Value \$500	
			799 (pers	onai ac	uvity	unirelated to di	му)								· - ·		\$300	
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Pete	v Rundlet		SCHEDUI	LE C		_							Page N	Lumber	,				
	Liabilities																		
	abilities over \$10,000 owed to a during the reporting period by		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne				Catego	Amount	ount or Value (x)							
or depend	dent children. Check the highest e reporting period. Exclude a n	t amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term i	\$10,001 - \$15,000	,001	.,001 -	\$100,001 -	\$250,001 -	\$500,001 -	Over \$1,000,000*	000,001 - 000,000	\$5,000,001 - \$25,000,000	- 100,000,	Over \$50,000,000		
	Creditors (Name and	Address)	Type of Liability					\$5 \$5	\$50	\$25	\$ \$	इंड	ठ ह	8	<u> </u>	\$ \$	8		
Examples	First District Bank, Washington, John Jones, 123 J St., Washingt		Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10 %	25 yrs on dema			<u> </u>		x								
1	None																		
2																			
3																			
4																			
5																			
* This ca	tegory applies only if the liability spouse or dependent children, n	ty is solely that of the fil	er's spouse or dependent children. If the liability is that of the tegories, as appropriate.	e filer or a	joint liabil	ity of the	filer												
	II: Agreements or A																		
employe	our agreements or arrangeme be benefit plan (e.g. 401k, de by a former employer (incli	eferred compensation	(2) continuation		ice; and (ding t	he rep	portin	g			
1												1	Vone						
			Agreement or Arrangement							Partie							ate		
Example	Pursuant to partnership agreed calculated on service perform	ment, will receive lump sun ed through 1/00.	n payment of capital account & partnership share				Doe Jones	& Smi	th, Hon	netown,	State					7/	85		
1	NONE.			4												<u> </u>			
2																$ldsymbol{ld}}}}}}$			
3																			
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Reporting Individual's Name Peter Rundlet	-	SCHEDULE D		Page Number	
compensated or not. Positions inclu	tside U.S. Government e applicable reporting period, whether de but are not limited to those of an officer, oprietor, representative, employee, or	consultant of any corporation, firm, partner non-profit organization or educational instructional, fraternal, or political entities and t	titution. Exclude positions with religio		_
Org	anization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (
Examples: Nat'l Assn. of Rock Collector Doe Jones & Smith, Hometov		Non-profit education Law firm	President	6/92 7/85	Pres
1 Humarity Uni	Libration to	Non-profit humanituman	Partner Diverter of Policy	10/2007	1/00
2		grentwaters organization			
3 Center For Am	erican Progress washington	Non-profit Three Tent	UP tou National Security	9/2004	17200
4					
5					
6					
Report sources of more than \$5,000 business affiliation for services prov	Excess Of \$5,000 Paid by One Sou compensation received by you or your yided directly by you during any one year of the names of clients and customers of any	corporation, firm, partnership, or other bu organization when you directly provided to of more than \$5,000. You need not report	he services generating a fee or paymer		Incum Filer, c ntial
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometov Metro University (client of D	wn, State oe Jones & Smith), Moneytown, State	Legal services in connection with university co	nstruction		
1 Howarity Uni	ted, workington, DC	Employed as Director of	Policy		
2 Center Fer Mores	ted, Washington, Oc vican Progress, washington	Eurployed as UPT Won	aging Director of Na	fioval Secu	rit
3	9		Rul	rcy Tenur	
4					
5					
6					
Prior Editions Cannot Be Used.					