SF278 (Rev. 03/2000)
5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:

OMB No	. 3209-0001
--------	-------------

U.S. Office of Government Ethics						
Date of Appointment, Candidacy, Election	Reporting Status	Calendar Year		Transformedia	Termination Date (If Appli - cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month. Day, Year)	(Check appropriate boxes)	t Covered by Report	New Entrant, Nominee, or Candidate	Termination Filer		Any individual who is required to file this report and does so more than
01/20/2009						30 days after the date the report is
Reporting Individual's Name	required to be filed, or, if an extension					
Reporting individual's Name	Sweeney		Sean Fi	Χ,		is granted, more than 30 days after the last day of the filing extension period
	Title of Position		Department or Agency			shall be subject to a \$200 fee.
Position for Which Filing	Senior Advisor to -	the Chief of Sta	FEOP			Reporting Periods
	Address (Number, Street, City, Stat	e, and ZIP Code)		Telephone No. (Inc	clude Area Code)	Incumbents: The reporting period is
Location of Present Office	Man Paul			6.20100	-1010	the preceding calendar year except
(or forwarding address)	1600 Pennsylvan Title of Position(s) and Date(s) Hel	nia Ave., Vasl	hington, V.C. 20500	(202)456	-1/6	Part II of Schedule C and Part I of Schedule D where you must also
Position(s) Held with the Federal						include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)	Executive Direc-	tor, Hoyse Dem.	ocratic Caycu	15 1/3/2	1007-1/3/2009	you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to	Name of Congressional Committee		Do You Intend to Create			Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	in the or congression committee					covered by your previous filing and ends
			Yes	No		at the date of termination. Part II
Certification	Signature of Reporting Individual			Date (Month, Day,	Year)	of Schedule D is not applicable.
I CERTIFY that the statements I have	/ /			1	1	Nominees, New Entrants and Candidates for President and Vice
made on this form and all attached schedules are true, complete and correct	Gen S.	renz-		02/23	12009	President:
to the best of my knowledge.	feel fo	auto				Schedule A-The reporting period for
	Signature of Other Reviewer			Date (Month, Day,	Year)	income (BLOCK C) is the preceding calendar year and the current calendar
Other Review	1 1 1 -	11/10-	-	7 /2	1.0	year up to the date of filing. Value
(If desired by	712202	Kon	N	CL	4/04	assets as of any date you choose that is within 31 days of the date of filing.
agency)				Pata (Marth Der	Vara)	Schedule BNot applicable.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Et	A A A A A A A A A A A A A A A A A A A		Date (Month, Day,	Teur)	
in this report, I conclude that the filer is		/		3/11/09		Schedule C. Part I (Liabilities) The reporting period is the preceding
in compliance with applicable laws and regulations (subject to any comments	19-R. W	N N		5/11/1		calendar year and the current calendar
in the box below).	Signature			Date (Month, Day,	Year	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature			_Dute (month, Duy,		
Use Only						Schedule C. Part II (Agreements or Arrangements) Show any agreements
Comments of Reviewing Officials (If addition	ional space is required, use the rever.	se side of this sheet)				or arrangements as of the date of filing.
		(Check box į	if filing extension granted &	indicate number of d	ays)	
						Schedule DThe reporting period is the preceding two calendar years and
						the current calendar year up to the
1						date of filing. Agency Use Only
						OGE Use Only
			(Check box if comme	nts are continued on	the reverse side)	
			270 112	2 2	esigned in Microsoft Evgel 2000	NSN 7540-01-070-8444

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics																																		
Reporting Individual's Name	_	-			_					_						-									_	_					P	age Number		
													5C]	H	ED	UL	Æ	A														2		
	-												-			_				_														
Assets and Income					2	t clo	of a se o g per	f					Income: type and amount. If "None (or less than \$201)" other entry is needed in Block C for that item.)" is	s checked, 1	10								
BLOCK A							CKB																	BL	OCI	кс		_						
For you, your spouse, and dependent children,																	Ту	pe							Am	<u>6u</u>	11							
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- ing period, or which generated more than \$200 in income during the reporting period, together with such income. For vourself, 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).	None (or less than \$1,001)		\$15,001 - \$50,000	S50,001 - \$100,000	\$100,001 - \$250,000	S250,001 - S500,000	S500,001 - \$1,000,000	Over \$1,000.000 *	51,000,001 - 5 5,000,000	S5,000,001 - S25,000,000	\$25,000,001 - \$50,000,000	Over 550,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gina	None (or less than \$201)	\$201-\$1,000	S1,001 - S2,500	\$2,501 - \$5,000	S5,001 - S15,000	S15,001 - S50,000	. \$50,001 - \$100,000	S100,001 - S1,001,010	Over S1.000.000*	000 000 255 100 000 LS		UVET SAUNU, UUU	Other Income (Specify Type & Actual Arnount)		Date (Mo., Day, Yr.) Onlv if Honoraria
Central Airlines Common		-		x						-		-				x				-		x		-						1	+	_		
Examples Dee Jones & Smith, Hometown, State Kempstone Equity Fund	F	1	<u> </u>						_							-				• •	1 1			~		•			•			Pertambap Income :	11,52,070	
1 United States Federal Credit Via Savings Account	h	x					X	_					x							×	4	-		x						-				
2									and the second												A March													
3									e X		- A																							
4																													and a second					
5																					7													
6																																		
 This category applies only if the asset/income is mark the other higher categories of value, as approp 	sole	ly th 2.	at of	ւրե	filer	s spc	use	or d	eper	nden	t ch	ildre	n, I	f tho	ass	el/in	com	e is	cith	er tha	at of	the f	iler	ory	ointi	y hei	d by	the	filer	Wit	h the	e spouse or c	lepend	lent children,

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634

U.S. Office of Government Ethics

Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate

Reporting Individual's Name Page Number **SCHEDULE B** Part I: Transactions None Report any purchase, sale, or exchange by you, your spouse, report a transaction involving property used solely as your Transaction Amount of Transaction (x) or dependent children during the reporting period of any real personal residence, or a transaction solely between you. Type (x) property, stocks, bonds, commodity futures, and other your spouse, or dependent child. Check the "Certificate of Date (Mo. Over \$1,000,000 \$1,000,001 -\$5,000,000 \$25,000,001 \$50,000,000 \$50,000,000 Certificate of securities when the amount of the transaction exceeded \$1,001 -\$15,000 \$15,000 \$15,001 -\$50,000 \$100,000 \$100,000 \$250,000 \$200,000 \$200,000 \$200,000 \$2000 \$25,000,000 divestiture" block to indicate sales made pursuant to a Exchange Day, Yr.) \$5,000,001 Purchase livestiture \$1,000. Include transactions that resulted in a loss. Do not certificate of divestiture from OGE. Sale Over Identification of Assets Example: Central Airlines Common 2/1/99 х x 2 3 4 5 * This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate. Part II: Gifts, Reimbursements, and Travel Expenses For you, your spouse and dependent children, report the source, a brief descripthe U.S. Government; given to your agency in connection with official travel: tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, received from relatives; received by your spouse or dependent child totally food, or entertainment) received from one source totaling more than \$260; and independent of their relationship to you; or provided as personal hospitality at (2) travel-related cash reimbursements received from one source totaling more the donor's residence. Also, for purposes of aggregating gifts to determine the than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such total value from one source, exclude items worth \$104 or less. See instructions as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory for other exclusions. None authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by Source (Name and Address) Brief Description Value Examples: Nat'l Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) \$500 Frank Jones, San Francisco, CA \$300 Leather briefcase (personal friend) 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		SCHEDU	LE C									Page 1	Number	1		
Part I: Liabilities Report liabilities over \$10,000 owed to any one c	reditor at	personal residence unless it is rented out; loans secured		No	ne											
any time during the reporting period by you, your or dependent children. Check the highest amount	r spouse,	by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions.							t or Value (x)							
during the reporting period. Exclude a mortgage	on your	See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term in appli- cable	\$10,001 - \$15,000	\$15,001 - \$50,000	0,000 -	30,001 - 50,000	\$250,001 - \$500,000	00,001 - 000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	000,001 5,000,000	5,000,000 0,000,000	Over
Creditors (Name and Address) First District Bank, Washington, DC		Type of Liability Mortgage on rental property, Delaware	1991	8%	25 yrs.	\$15	\$15	x \$50	\$10	\$2;	\$5(\$1,	<u>ې کې</u>	\$1, \$5,	\$5, \$2!	\$2; \$5(٥ å
Examples: John Jones, 123 J St., Washington, DC		Promissory note	1999	10%	on demai	nd	+	- <u>^</u>		- ĩ-						
Discover Card						X										
2																
3																
4				_												
5					_											
		iler's spouse or dependent children. If the liability is that of the	he filer or a	joint liabi	ility of the	filer										
with the spouse or dependent children, mark the Part II: Agreements or Arran		aregories, as appropriate.					_		_							_
Report your agreements or arrangements for	: continuing		of absend								egard	ing tł	ne rep	orting	•	
employee benefit plan (e.g. 401k, deferred c payment by a former employer (including se	ompensation: verance payn	(2) continuation pents): (3) leaves	of negoti	ations fo	or any of t	hese an	anger	nents	or bei	nefits						
											N	one				_
		Agreement or Arrangement m payment of capital account & partnership share				oe Jones	& Smith		Parties etown.				_		Da 7/3	ate 85
calculated on service performed through	h 1/00.		_													
1																
2																
3																
4																
5																
6																

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

SCHEDULE D

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, partnership, or other business enterprise or any non-profit organization or educational institution. **Exclude** positions with religious, social, fraternal, or political entities 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	Non-profit education	President	6/92	Present
Estumptes.	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1					
2					
3					
4					
5					
6					

Part II: Compensation In Excess Of \$5,000 Paid by One Source

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 business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate None

None 🔽

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State	Legal services
Examples.	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		

Prior Editions Cannot Be Used.