5 C.F.R Part 2634 "

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

J.S. Office of Government Ethics								
Pate of Appointment, Candidacy, Election r 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
F Nomination (Month, Day, Tear)	appropriate boxes)	Incumbent	Covered by Report	×	, , , , , , , , , , , , , , , , , , , ,	Filer		file this report and does so more than
	7,7.0,7.1.2.2			<u> </u>				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 individual's Name	Tibbits				Nathan Douglas			last day of the filing extension period
	Title of Position				Department or Agency	(If Applicable )		shall be subject to a \$200 fee.
Position for Which Filing	Special Assista	ant to the Presid	ent		EOP, Presidential I	Personnel Office		Reporting Periods
	Address (Number.	Street, City, State,	and ZIP Code)			Telephone No. (Inc.	lude Area Code)	Incumbents: The reporting period is
Location of Present Office or forwarding address)	EEOB, 1650 P	ennsylvania Ave	enue, NW, Washin	gton,	DC 20502	202-395-1457		the preceding calendar year except Part II of Schedule C and Part I of
Position(s) Held with the Federal	Title of Position(s)	and Date(s) Held						Schedule D where you must also include the filing year up to the date
Sovernment During the Preceding		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						you file. Part II of Schedule D is not
2 Months (If Not Same as Above)	n/a							applicable.
Presidential Nominees Subject to	Name of Congress	ional Committee Co	onsidering Nomination		Do You Intend to Creat	e a Qualified Diversif	fied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	n/a							covered by your previous filing and ends
	11/4				Yes	No		at the date of termination. Part II
Certification	Signature of Repor	rting Individual				Date (Month, Day,	Year)	of Schedule D is not applicable.
CERTIFY that the statements I have nade on this form and all attached chedules are true, complete and correct of the best of my knowledge.	Nat	lo. Till	lito			2/18/20	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer	<del></del>			Date (Month, Day,	Vacre	Schedule A. The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	1/11	a(a(~	11600	-		3/19	109	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.
gency Ethics Official's Opinion	Signature of Desig	mated 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 in compliance with applicable laws and egulations (subject to any comments in the box below).	Vy-	L. Cm	<i>A</i>			3/22/09		Schedule C. Part I (I jabilities)— 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, Day	Year)	within 31 days of the date of filing.
Use Only						1		Schedule C Part II (Agreements or
Comments of Reviewing Officials (If addition	onal space is requir	ed use the reverse	side of this sheet)			1		Arrangements) Show any agreements or arrangements as of the date of
William Willia	CHAIL SPACE IS A CHAIL	CH. MAL THE TELEVISION		:661				filing.
			(Спеск в	ox ij jii	ing extension granted &	indicate number of d	ays	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
								OCE VI- O-I-
					(Check box if comme	ents are continued on	the reverse side)	OGE Use Only
					-			

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Reporting Individual's Name	The state of the s	age Number
Nathan D. Tibbits	SCHEDULE A	2
Assets and Income	Valuation of Assets at close of reporting period BLOCK B  Income: type and amount. If "None (or less than \$201)" is needed in Block C for that item.  BLOCK C	s checked. no
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 amount of earned income exceeding \$200 (other than from the U.S. Government). For your spous 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).	Type Amount  Type	Other Income (Mo., Day, Specify Yr.) Type & Actual Amount)  Only if Honoraria
Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA. Heartland 500 Index Fund  Center for a New American Security		Law Pressurating Income \$130,000 Salary
Smith Barney Legg Mason Partners Aggressive Growth FD CL A Smith Barney Legg Mason Appreciation F DClass A	X X X X	\$176,084.03
Smith Barney Legg Mason Partners Fundemental Value FD CL A Smith Barney		
Legg Mason Partners International ALL CAP Opportunity FD CL A The Harford CNAS 401k Eaton Vance Large Cap Value FD-R his category applies only if the asset/income	x x x x x x x x x x x x x x x x x x x	he spouse or dependent children,
the other higher categories of value, as app		,

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Reporting Individual's Name  Nathan D. Tibbits								S		-		LE only				це	d	_									Page Number	
Assets and Income					close	e of		5		T											None for t				n \$20	01)"	is checked, no	
BLOCK A		-	,	eport BI	LOCI		od -	· ·	Shows in		in the second	10000	-	-		_,				E	LOCI	_						
None	None (or less than \$1,003) \$7,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	S100,001 - \$250,000	5250,001 - 8500,000	Over S1,000,000 *	\$1,000,001 - \$ 5,000,000	55,000,001 - \$25,000,000	835-000-1001 - 550,000,000	Over \$50,000,000	Pura manakan Banbati	Excepted Trust Outliffed Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,400	31,001 - 32,500	55,001 - 515,000		\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over\$1,000,000*	S1,040,001 - \$5,000,000	Cayer \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo Day, Yr.) Only if Honoraria
The Harford CNAS 401k     Columbia MID CAP Value Fd-R	×	(					2						x				×											
2 The Harford CNAS 401k Alger GREEN-A	х												×				×			3								
The Harford CNAS 401k American Funds Growth Fund-R2	×	(											×				×											
The Harford CNAS 401k  Janus Adviser Inter Growth Fund-R	,	(											×		-		x				1		1000000		†••• 			
5 HSBC Savings Account	,														x		x											
6 Chevy Chase Bank Savings Account		x									1				×					×								
7 Chevy Chase Bank Checking Account		×			Ĭ									<b>†</b>	×		×					Ī						
Chevy Chase Bank     Nathan Tibbits Life Insurance Trust	×														*		X					_						
9 Chevy Chase Bank Suzanne George Life Insurance Trust	,														×		x											
This category applies only if the asset/incommark the other higher categories of value, as ap		that	of the	filer	s spe	ouse (	) de	pend	erii c	hildr	911.	If the	asse	Vince	эте	s el	ther	that (	of the	Alci	or jo	muly	helo	by (	he fi	ler w	ith the spouse or de	pendent childr

Reporting Individual's Name	1	_	_	_			_	_			~ F	-		*		_		_	_	_	_		_	_		_		_	Page No	amber	_	
Nathan D. Tibblis	}								3	SC.			UL: only					це	a										}	4	r	
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Assets and Income  BLOCK A					uatio alc eponi	lose	of serio		s						Inco							ck C		that			n \$2	2017	' is chec	cked. no		
Nonc	None (or less than \$1,001)	\$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 *	\$1,600,001 - \$ \$,000,000	S5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted investment band	Excepted Trust	Sualified Trust	Divideads	Rent and Rogalites		Coins	None (or less than \$201)	S261 - S1,000	57 501 SSOH	55001 - \$15,000	-	000,000-100,000	900	Over \$1,000,000°	\$1,000,001 - \$5,000,000	Over \$5,000,000	) (S	Other ncome Specify Fype & Actual Imount)		Date (Mo., Dav. Yr.) Ouly if Honoraria
Smith Barney - WGT     Delphi Corp		×				+			-						×			1	X	_	_	-		-		-		-	-		+	
2 Smith Barney - WGT Intel Corp		×				1			-				-		×	-	-	7	×			-				_		+-	-		+	
3 Smith Barney - WGT Microsoft Corp		×													×				×	7		1									1	
Smith Barney - WGT     Citigroup Preferred Stock		×				T									x				×	*				-		_					T	
5 Smith Barney - AMT Citibank Deposit Program		×															x		*												1	
6 Smith Barney - KMT Intel Corp		×													×				×												1	
7 Smith Barney - KMT Microsoft Corp		×									_				x				×												T	
s Smith Barney - KMT Cltigroup Preferred Stock		×													x				x												+	
9 Smith Barney - 529 Scholars Choice		×													×				×													
* This category applies only if the asset/incomark the other higher categories of value, as			nat o	<b>f</b> the	filer's	spo	use o	,de	penc	ent	Shile	lien.	. If i	he a	sse√i	ncoi	ne is	Cid	her	biai o	f the	filer	or jo	intly	hel	Ву	the i	iler v	with the	spouse or o	leper	ndent child

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Assets and Income    Valuation of Assets at close of reporting period   BLOCK A   BLOCK B   Date Income (Specify Type Arnount   Fig. 20	U.S. Office of Government Ethics		_	_	_	_	_	_	-		_	_	_	_	-	_	_			_			_				_		-			III. 17		
Assets and Income    Valuation of Assets   Income: true 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   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.    BLOCK B   Income: true and amount. If "None & Armount and the second in Block C for that item.    BLOCK B   Income: true and amount. If "None & Armount and the second in Block C for that item.    BLOCK B   Income: true and amount. If "None & Armount and the second in Block C for that item.    BLOCK B   Income: true and amount. If "None & Armount and the second in Block C for that item.    BLOCK B   Income: true and amount. If "None & Armount and the second in Block C for that item.    BLOCK B   Income: true and amount. If "None & Armount and the second in Block C for that item.    BLOCK B   Income: true and amount. If "None & Armount and the second in Block C for that item.    BLOCK B	Reporting Individual's Name											SC	H	FI	)[	I. TI	E.	4 r	กท	tin	116	d										Page Number	_	
Assets and Income   Valuation of Assets at close of reporting period   Block A   Block C for that item.   Block C for that item.   Block A   Block A   Block B   Blo	Nathan D. Tibbits	}										54									H.	u										}	5	
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Citigroup Corp  x  Smith Barney - SAG Microsoft Corp  x  Smith Barney - SAG Time Warner Corp  x  Smith Barney - SAG Legg Mason Partners Aggressive Growth FD CL B  Smith Barney - SAG Legg Mason Partners Social Awareness FD CL B  Smith Barney - SAG Legg Mason Partners Capital and Income Fund FD CL B				×														×				*										}		
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This category applies only if the asset/income is solely that of the star's spouse or dependent children. If the asset/income is at ther than of the tiler or jointly held by the that with the spouse or dependent children, the other higher categories of value, as appropriate.					hat c	of Ui	e file	<b>1,2</b> 8	pous	e or o	depe	nder	II G	rildr	em.	II G	ie a	ssev	inco	me i	Seit	her d	ran a)	<b>ine</b>	tiler	or jo	intly	he ld	by t	in fish	ier w	ith the spouse of	depe	ndent child

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01)		To a second			V 0	Posses		000000		-0000		1		_						BL	оск	С						
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Total	None (or less than	None (or less than S1,001 - S15,090 × × × × × \$15,301 - S15,090	None (or less than Store)	80jely - 100,000 - 100,000   100,000	Solely that of the file's standard on a stan	Neare (or less than   S1,001 - S15,000	Neare (or less than   S1,001 - S15,090	X X X X X X X X X X X X X X X X X X X																				x x x x x x x x x x x x x x x x x x x

orting Individual's Name													Page 1	Vumber				
		SCHEDULE	В													7		
art I: Transactions							None				- 10							LOCK .
port any purchase, sale, or exchang dependent children during the repo		report a transaction involving property used solely as your personal residence, or a transaction solely between you.		ansacti Type (x						Ar	nount (	of Tran	action	(x)				_
operty, stocks, bonds, commodity fivurities when the amount of the transpool. Include transactions that result	atures, and other esaction exceeded lted 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.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 - \$50,000	\$50,001 -	100,001 -	250,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 - \$25,000,000	25,000,001 -	Over \$50,000,000	Certificate of
Example: Central Airlines Common		ation of Assets	X	S		2/1/99	69 69	69 69	is is	69 69	₩ ₩	14 th	0 69	in in	14 KA	63 64	0 %	ن
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his catagony applies only if the w	derlying asset is solely th	at of the filer's spouse or dependent children. If the underlyi	1	t is si	than h	ald.												-
	, ,	ident children, use the other higher categories of value, as ap	_		tiici ii	iciu												
art II: Gifts, Reimbu			лории															_
r you, your spouse and dependen, and the value of: (1) gifts (subd, or entertainment) received for travel-related cash reimbursen \$260. For conflicts analysis, personal friend, agency approvitionity, etc. For travel-related gites, and the nature of expenses	ent children, report the such as tangible items, transments received from one it is helpful to indicate all under 5 U.S.C. § 411 ifts and reimbursements	source, a brief descrip- ansportation, lodging, more than \$260; and source totaling more a basis for receipt, such 1 or other statutory is, include travel itinerary.	rece inde the o total	ived f pende lonor value	from ent of 's res e from	rnment; giv relatives; r f their relat idence. Als m one sour isions.	eceive ionsh so, for	d by in to y	your s ou; o	pous r prov of agg	e or d vided regati	epend as per ng gif	ent che sonal ts to o	hosp detern	tally itality nine t struct	at he		
Source (Name and			Br	ief Des	scription	on											Value	
Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francisco	co, CA	Airline ticket, hotel room & meals incident to national conference 6.  Leather briefcase (personal friend)	15/99 (p	ersona	l activ	vity unrelated	to duty										\$500 \$300	_
NOT REQUIRED FOR	NOMINEES																	
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Report II: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by vou, your snouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your  Creditors (Name and Address)  Creditors (Name and Address)  Creditors (Name and Address)  The Consul USB as Trustee (863529)  This category applies only if the liability is solely that of the filler's spouse or dependent children. If the liability is that of the filler or a joint liability of the filler with the spouse or dependent children. mark the other higher categories, as appropriate.  Part II: Agreements or Arrangements (2) continuation ammologe benefit plan (e.g. 401k, deferred compensation; (2) continuation ammologe benefit plan (e.g. 401k, deferred compensation; (2) continuation ammologe to penefit) plans (e.g. 401k, deferred compensation; (2) continuation ammologe to penefit plan (e.g. 401k, deferred compensation; (2) continuation and property); (2) continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property continuation of negotiations for any of these arrangements or benefits and the property can be a successful to the property can be a successful	5 C.F.R Part 2634 U.S. Office of Government Ethics																
Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by vou, your spouse, of dependent children. The reporting period by vou. Your spouse of dependent children. The reporting period by automobiles, household furniture or appliances; and of absence; and (4) future employment. See instructions regarding the reporting period. Exclude a morteage on your See instructions for revolving charge accounts.    Date   Interest   Term if   1,000,000,000,000,000,000,000,000,000,0			SCHEDUI	LE C									Page N	lumber			
or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts.    Date   Interest   Rate	Report liabilities over \$10,000 owed to a		*		No	one	<u> </u>			Catego	ory of A	Amount	or Val	ue (x)			
Examples: First District Bank, Washington, DC Mortgage on rental property. Delaware 1991 8% 25 yrs. x  1 T.H.E Consul USB as Trustee (863529) Education Loan 1999 10% on demand x  2	or dependent children. Check the highes during the reporting period. <b>Exclude</b> a n	t amount owed nortgage on your	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		1	appli-	5,000	5,001 -	5,001 -	50,000	50,001 -	20,001 -	er 000,000	- 100,000	- 000,001 -	5,000,0001	er 000 000
1 T.H.E Consul USB as Trustee (863529) Education Loan 1999 x  2	Examples: First District Bank, Washington	, DC	Mortgage on rental property, Delaware					\$5		\$ 22		\$5	§ €	55.	\$25	\$5	Over
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  Leport your agreements or arrangements for: continuing participation in an mployee benefit plan (e.g. 401k, deferred compensation; (2) continuation  of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits	1 T.H.E Consul USB as Trustee (8)			1999				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  Leport your agreements or arrangements for: continuing participation in an mployee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits				ļ			_				-						_
*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  teport 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							+	-		-				-	-		-
with the spouse or dependent children, mark the other higher categories, as appropriate.  Part II: Agreements or Arrangements  teport your agreements or arrangements for: continuing participation in an mployee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits	5		<del> </del>	1		<del> </del>	$\dagger$		-		-	-	-	-			-
teport 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				he filer or a	joint liab	ility of the	filer										
None None	teport your agreements or arrangem mployee benefit plan (e.g. 401k, de	ents for: continuing p	(2) continuation	of absen of negot	ce; and ( iations fo	4) future e or any of th	employ nese ar	ment. rangei	See ir ments	nstruc or be	tions nefits			ne rep	oorting	; /	
Status and Terms of any Agreement or Arrangement  Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.  Date of the partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.		ment, will receive lump sur				Do	e Jones	& Smit	h, Hom								ate /85
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Reporting Individual's Name				Page Number	
Nathan D. Tibbits		SCHEDULE D			9
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, propri	pplicable reporting period, whether but are not limited to those of an officer,	non-profit organization or educations	partnership, or other business enterprise or ar al institution. Exclude positions with religion and those solely of an honorary nature.	-	
Organ	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors Doe Jones & Smith, Hometow	, NY, NY n, State	Non-profit education  Law firm	President Partner	6/92 7/85	Present 1/00
Obama - Biden Transition Proje	ect, Washington, DC	Non-profit	Volunteer	11/08	1/09
2 Center for a New American Se	curity, Washington, DC	Non-profit Think Tank	Chief Operating Officer	2/07	1/09
3 McKinsey & Co, Washington, D	OC .	Consulting Firm	Outside Consultant (Part-time)	4/07	6/07
4 Discovery Communications, Si	Iver Spring, MD	Media Corporation	Vice President, International Education	5/05	2/07
6					
Report sources of more than \$5,000 cobusiness affiliation for services provid	Excess Of \$5,000 Paid by One Sompensation received by you or your ed directly by you during any one year of enames of clients and customers of any	corporation, firm, partnership, or oth organization when you directly provide	ner business enterprise, or any other non-profided the services generating a fee or payment report the U.S. Government as a source.	if you are an Termination Vice Presid	ential itial Candidate
Source (Name and Address)			Brief Description of Duties		
xamples: Doe Jones & Smith, Hometow	m, State pe Jones & Smith), Moneytown, State	Legal services  Legal services in connection with univ	versity construction		
Center for a New American Se		Chief Operating Officer	essly construction		
McKinsey & Co, Washington, E	OC .	Outside Consulting Services	**************************************		
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