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

Form Approved: OMB No. 3209-0001

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

	The state of the s				
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year (Check Incumbent 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
		or Candidate	Filer		file this report and does so more than
	Last Name	First Name and Middle	Initial		30 days after the date the report is
Reporting Individual's Name			milia		required to be filed, or, if an extension is granted, more than 30 days after the
	Tompkins	Hilary C.			last day of the filing extension period
Position for Which Filing	Title of Position	Department or Agency			shall be subject to a \$200 fee.
rosition for winor rining	Solicitor General	Department of the			Reporting Periods
Location of Present Office	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Inc.	lude Area Code)	Incumbents: The reporting period is the preceding calendar year except
or forwarding address)	1849 C Street, NW, Washington DC 20240		202 208 3111		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 Worths (11 Not Same as Above)	None				аррисаоте.
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Creat	e a Oualified Diversif	ied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	Senate Energy and Natural Resources		X <sub>No</sub>		covered by your previous filing and ends
	Schale Estergy and Waldran Nesdurees	Yes			at the date of termination. Part II
Certification	Signature of Reporting Individual		Date (Month, Day,	rear)	of Schedule D is not applicable.
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.	Milanathrakin		3/31/	09	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					calendar year and the current calendar year up to the date of filing. Value
(If desired by			:		assets as of any date you choose that is
agency)					within 31 days of the date of filing.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing Officia		Date (Month. Dav.	Year)	Schedule BNot applicable
in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Melinch of Logh		4/11	09	Schedule C. Part I /I ishilities. 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_Dov	Year)	within 31 days of the date of filing.
Use Only	1/4/1		4/9/	09	Schodule C Part II (Agreements or Arrangements) Show any agreements
Comments of Reviewing Officials (If addit.	tional space is required, use the reverse side of this sheet)				or arrangements as of the date of
	(Check box if f	Tling extension granted &	indicate number of de	avs )	filing.
	-	-	_		Schedule D-The renorting period is
					the preceding two calendar years and the current calendar year up to the
					date of filing.  Agency Use Only
					Agency Use Unity
		(Check box if comme	ents are continued on	the reverse side)	APR = 1 2009

Reportin	Individual's Name																															Page Number	· · · · · · · · · · · · · · · · · · ·
Hilary (	2. Tompkins												S	CE	E)	DĮ	JL	E A	A													2	
	Assets and Income	T			Val	luat	tion	of	A 66	ote			T			]	Ina		a					T.C	II's I		/	1000	41	. do	0131	is checked, no	
	Assets and Income						t clo	se o	of													amo ed in								1 32	011	is checked, no	
	BLOCK A					-		CK B																	BLC	OCK	C						
report ex productivalue ex ing perion in incon	your spouse, and dependent children, ach asset held for investment or the on of income which had a fair market ceeding \$1,000 at the close of the reported, or which generated more than \$200 he during the reporting period, together in income.	\$1,001)				0	0	00		0,000	0,000	000,000		nt Fund				Tyj			5201)					Ame	oun			949		Other Income (Specify Type &	Date (Mo., Day, Yr.)
amount than fro report the income actual actual actual actual	rself, also report the source and actual of earned income exceeding \$200 (other in the U.S. Government). For your spous e source but not the amount of earned of more than \$1,000 (except report the count of any honoraria over \$200 of buse).	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than §	\$201 - \$1,000	\$1,001 - \$2,500	82,501 - 85,000	55,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,010	Over \$5,000,000	Actual Amount)	Only if Honoraría
Examp	Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund			<u>x</u>	x -	x								x x			×		_				×	x			_					Law Pertnership Income \$130,000	
	arles Schwab Contributory IRA Money Market Funds (Sweep)			х				*						X								X			^								
10	arles Schwab Contributory IRA Schwab 1000 Index Fund		×											x							Х												
	arles Schwab One Account Schwab S&P 500 Index Fund		×											X								х				į							
	A Retirement Fund Large-Cap Value Equity Fund		X											x							Х			D Targetta									
	A Retirement Fund Large-Cap Growth Equity Fund		X											x							Х							N.					
	sonal Savings Acct - Wells Fargo		X																		x				1016								
	category applies only if the asset/income		-	at of	the f	îler's	spo	use	or de	epend	lent	child	ren	. If t	he a	sset	inco	me	is ei	her	that	of th	e file	er or	join	tly l	reld	by t	he fil	er w	ith th	e spouse or depende	ent children,

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Reporting Individual's Name										S	[C]	HE	DI	UL	$\mathbf{E}$	A	coı	nti	nu	ed											Page Number	
Hilary C. Tompkins															ly i												_					
Assets and Income				Va	a repo	t clo	ose o	of erio		5														k C		that			n \$2	01)"	is checked. no	
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None	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,006,000	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
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Personal Checking Acct - Wells Fargo		X														_				X												
Condominium in Santa Fe, NM Rental Property					x												×						x									
3 State of New Mexico Salary																															Salary \$49431.46	
University of New Mexico School of Law Adjunct professor Spring 2009																															Salary \$1,328.00	
5 Phase Forward (Spouse) Waltham, MA Integrated data management systems																															Salary	
6 Schwab IRA (Spouse) NB Partners Fund INV (NPRTX)		x											Х							×												
7 Phase Forward (Spouse) 401K Opp Global Fnd Cls A			Х										×							×												
Phase Forward (Spouse) 401K T Rowe Pr Mid Cap Valu Fd R			Х										×							×												
9 Phase Forward (Spouse) 401K Allianz NFJ Dividend Val A			X										×							×												
* This category applies only if the asset/income mark the other higher categories of value, as appr			at o	f the	file	r's si	pous	e or	dep	ende	ent c	hildi	en.	If th	he as	set/i	nco	me is	eith	ner t	hat c	of the	file	er or	join	tly h	eld b	y the	filer	with	the spouse or depe	ndent children

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Reporting Individual's Name										C			ומי	rrr	Ė	A	^^1	- ti	211	~y					2000						Page Number	
Hilary C. Tompkins										S	CI					if no			ци	eu											4	
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Assets and Income					a repo	t clo	ose (	of erio	sets	3											l am				or tl	hat i			n \$2	01)"	is checked. no	
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None	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	5201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000		\$15,001 - \$50,000	\$50,001 - \$120,200	\$100,001 - 32,200,200	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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Wells Fargo Checking (Spouse)	+	X	$\vdash$	-	-	-	-			_	_	-	-		_	-	-	-	_	Х	$\vdash$		4	-		-	_		-	-		
Wells Fargo Savings (Spouse)		X																		Х				-								
Morgan Stanley IRA (Spouse) Columbia Large Cap Grw A	x												Х			Г				X												
Morgan Stanley IRA (Spouse) Van Kampen Capital Growth A		X											X							X												
Etrade (Spouse) Phase Forward Stock Options		X											×							х				The same of the sa								
Etrade (Spouse) Phase Forward Stock		X																		Х												
7 TheEducationPlan (529 for Daughter) Oppenheimer Funds Newborn-to-age-5 Portfolio			X										X							X												
Morgan Stanley (Spouse)     MS Charter Graham LP (trading of future contracts)				X																											partnership Income \$17,891	
Morgan Stanley (Spouse) E V Large Cap Value A				x									х									X		The second second								
* This category applies only if the asset/income mark the other higher categories of value, as app			at o	fthe	filer	's sp	ous	e or	depe	nde	nt ch	ildr	en.	lf th	e ass	set/ii	ncon	ie is	eith	er th	at of	the :	îler	or jo	intl	y hel	d by	the	filer	with	the spouse or depen	ident children,

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Reporting Individual's Name										S	CI	ΙE	DI	UL	E.	A	cor	ıtir	ıu	ed											Page Number		
Hilary C. Tompkins												J)	Jse	onl	ly i	f ne	ed	ed)										-					
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None	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	550,001 - \$100,000	5100,001 - \$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., Do Yr.) Only i Honora	oay, if
1	╀	├	-	┝	-	_							_						_			-		-		_	-	-	-	-	-		
Morgan Stanley (Spouse) Oppenheimer LTD Term MUNI A				x									Х										Х	Ì									
Morgan Stanley (Spouse) Delaware TX-FR USA Intermed A				X									Х									x											
Morgan Stanley (Spouse) Oppenheimer Rochstr Nati Mun A		x											X									х											
4   Morgan Stanley (Spouse)   Highland Floating RT ADV A			x										X											х									
Morgan Stanley (Spouse) E V Emerging Markets A		×											x									×											
Morgan Stanley (Spouse) American Funds Growth Fd of America			х										Х							Х													
7 Morgan Stanley (Spouse) Thornburg Intl Value A			X										х							Х													
Morgan Stanley (Spouse)     Federated Kaufmann Small Cap A		х						i					Х							Х													
Morgan Stanley (Spouse) Putnam Vista A		х											Х							х													
* This category applies only if the asset/income is	sole	ly th	at of	f the	file	r's sp	ouse	e or	depe	nder	nt ch	ildre	en.	If the	ass	et/in	com	ne is	eith	er th	at of	the	filer	or j	ointl	ly he	ld by	/ the	filer	with	the spouse or depo	endent child	Iren,

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Reporting Individual's Name								2		c	CI	<b>TT</b>	ות	TT	T	A	201	ıtiı	4 11							101-011					Page Number	
Hilary C. Tompkins										S	C.					f ne			ıu	cu											6	
Assets and Income  BLOCK A					a repo	t clo	ose on poor	of erio	s <b>ets</b> d									ie: t						C f		hat i			\$20	01)"	is checked. no	
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None	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001~\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,080,001 - \$5,008,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav, Yr.) Only if Honoraria
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Charles Schwab (Spouse) Applied Materials Inc AMAT		Х																		X												
Charles Schwab (Spouse) Baxter International Inc BAX		x																		Х							Ì					
Charles Schwab (Spouse) Exxon Mobil Corp XOM		Х																		X												
Charles Schwab (Spouse) Hewlett-Packard Company HPQ		X											:							X												
Charles Schwab (Spouse) Procter & Gamble PG		X														X					х						100					
Charles Schwab (Spouse) American Inflation Adj Bond Inv CL		Х											х								X									est.		
7 Charles Schwab (Spouse) Columbia Value & Restruc UMBIX		X											х							Х												
Charles Schwab (Spouse) Gabelli Asset Fund AAA GABAX		х											х							Х												
Charles Schwab (Spouse) Gabelli Small Cap Growth GABSX			X										Х									X										
<ul> <li>This category applies only if the asset/income is mark the other higher categ</li> </ul>	sole	ly th	at of	the	filer	's sp	ous	e or	depe	nder	nt ch	ildre	en. I	lf the	e ass	et/ir	con	ne is	eith	er th	at o	fthe	filer	огј	ointl	y he	ld by	the	filer	with	the spouse or deper	ndent children,

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Reporting Individual's Name										^	ΔY	YY	72.7	77	*	,									`						Page Number	
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	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	annings - Tanicre	850,001 - \$100,000	\$100,001 - \$1,060,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria
None	None (or less tha S1,001 - S15,000 or S15,001 - S15,000 or S15,001 - S20,000 or S100,001 - S250,001 - S250,001 - S250,001 - S250,001 - S250,001 - S250,001 - S25,000,001 or S25,000,001 or S25,000 or S25,000 or S25,000 or S25,000 or S25,001 - S25,000 or S25,000,000 or S25,000,000 or S25,000,000 or S25,000,000 or S25,000 or S25,000,000 or S25,000,000																															
Charles Schwab (Spouse)     Harbor International Fund Inv Cl     Hiinx		х											Х								х								MI I		1	
Charles Schwab (Spouse) Janus Research Fund JAMRX			x										Х							х												
Charles Schwab (Spouse)     Landus International MarketMasters     SWMIX			x										X									х					Į.					
Charles Schwab (Spouse) Loomis Sayles Bond Fund LSBRX		X											×								х											
Charles Schwab (Spouse) Pimco Total Return Fund PTTDX			x										Х									x										
Charles Schwab (Spouse) Royce Value Fund Svc CL RYVFX		X											X							х	1											
Charles Schwab (Spouse) Schwab Health Care Fund SWHFX	:	X											x							X												
Charles Schwab (Spouse) Schwab 1000 Index Fund SNXSX				X									Х									x										
9 Charles Schwab (Spouse) UMB Scout Inti Fund UMBWX		x											х									x										
This category applies only if the asset/incor mark the other higher categ	ne is sole	ly th	at o	f the	filer	's sp	ouse	OF	depe	nder	nt ch	ildre	en.	lf the	e ass	et/in	com	ie is	eithe	er th	at of	the f	iler	ог јо	ntly	helo	i by	the	filer	with	the spouse or depe	ndent children,

U.S.	Office of Governme	nt Ethics

Reporting Individual's Name	ĺ											**	~	77	77.7			. •		,											Page Number	
Hilary C. Tompkins										3	Ci			U <b>L</b> onl					luc	ea											8	
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Assets and Income					luat at	t clo	ose (	of																		(or hat i			\$20	01)"	is checked, no	
BLOCK A	- 1				•		CK E																	BL	OCK	C						
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None	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royaltics	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	55,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$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., Day, Yr.) Only if Honoraria
Charles Schwab (Spouse)     Wasatch 1st Source Inc EQ Fund     FMIEX			×										Х							x												
Charles Schwab (Spouse)		×											Х								х											
Charles Schwab (Spouse) Ishares Tr Barclays Fund AGG			x										Х								Х											
Charles Schwab (Spouse) Sector Spdr Fincl Select XLF		x											x								Х									İ		
Charles Schwab (Spouse) Schwab Cash Reserves SWSXX		X											х									X										
6   Charles Schwab (Spouse)   Schwab Value Advantage			X										х								х											
Charles Schwab (Spouse) Schwab Yield Plus Select	×												х							Х												
Charles Schwab (Spouse) Excelsior Value & Restructuring UMB	ıx x												Х							Х		i										
Charles Schwab (Spouse) Janus Growth and Income Fund	X												Х							Х												
* This category applies only if the asset/incomark the other higher categ	me is sole	ly th	at o	the	filer	's sp	ous	e or	depe	nder	nt ch	ildre	en.	lfthe	ass	et/ir	com	ne is	eith	er th	at of	the	filer	orj	oint	ly he	ld by	the .	filer	with	the spouse or depe	ndent children,

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Re	porting Individual's Name		_			_																		_		_	-		-	-		Page Number	
	lary C. Tompkins										S	CF								ıue	ed											9	
													(U	se	onl	y i	fne	ede	ed)														
	Assets and Income	Valuation of Assets at close of reporting period BLOCK B  Income: type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item.  BLOCK C  Type Amount																															
	None	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 *	\$1,000,001 - \$ 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	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	5201 - 51,000	\$1,001 - \$2,500	\$2,501 - \$5,000	26672			\$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., Day, Yr.) Only if Honoraria
1	Charles Schwab (Spouse) Wasatch 1st Source Income Equity Fund FMIEX	×	Ī.							П				Х							x												
2	Charles Schwab (Spouse) Accessor Small to Mid Cap A	×												x							x				- Department								
3																																	
4																																	
5																															Petitic		
6		T																															
7																									1								
8																																	
9																																	
	This category applies only if the asset/income ark the other higher categ	is sole	ly th	nat o	fthe	filer	's st	COUSE	e or	depe	ende	nt ch	iildre	en.	lf th	ė ass	set/ir	con	ne is	eith	er th	at o	the	filer	or j	ointi	y he	ld by	the '	filer	with	the spouse or depe	ndent children,

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5 C.F.R Part 2634	

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

Reporting Individual's Name			•										Page 1	lumbe	ſ			
Hilary C. Tompkins		SCHEDULE	В												1	0		
Part I: Transactions							None	;										
Report any purchase, sale, or exchang or dependent children during the report	ge by you, your spouse,	report a transaction involving property used solely as your personal residence, or a transaction solely between you,	1	ansacti Type (x						An	nount o	of Trans	saction	ction (x)				
property, stocks, bonds, commodity for securities when the amount of the tran \$1,000. Include transactions that result	utures, and other	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 -	\$50,001 -	\$100,001 - \$250,000	50,001 -	\$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 divestiture
		ation of Assets	_	Sa	யி		22 23	\$3	\$ 52	\$1(	\$25	\$ 52	ें क	£5.	\$2,55	\$2,5	550,0	S 4
Example: Central Airlines Common	1		X			2/1/99	ļ		X							<u> </u>		
1																		J
2																		
3	-																	_
4																		
5																		
* This gatagory applies only if the une	derlying accet is solary that	of the filer's spouse or dependent children. If the underlying as	cat is si	ther he	old.		_			-	_							
		of the filet's spouse of dependent children. If the inderlying as		riici II	cia													
Part II: Gifts, Reimbu			nute.								***							
For you, your spouse and depended tion, and the value of: (1) gifts (so food, or entertainment) received for (2) travel-related cash reimbursen than \$260. For conflicts analysis, as personal friend, agency approvauthority, etc. For travel-related g	ent children, report the such as tangible items, transform one source totaling ments received from one it is helpful to indicate and under 5 U.S.C. § 411 tifts and reimbursements	source, a brief descrip- ensportation, lodging, more than \$260; and source totaling more a basis for receipt, such 1 or other statutory s, include travel itinerary,	the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.															
dates and the nature of expenses		thing given to voli by			1												17.1	
Source (Name and Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francis	ectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6  Leather briefcase (personal friend)		ersona			to duty	)									\$500 \$300	
1																		
2				****						<del>, , , , , , , , , , , , , , , , , , , </del>								
3			***			<del>-</del>												
4						·												
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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 11 Hilary C. Tompkins Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at None X 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. \$25,000,001 -\$50,000,000 \$500,001 -\$1,000,000 \$5,000,001 See instructions for revolving charge accounts. Date Term if during the reporting period. Exclude a mortgage on your Interest \$250,001 \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 \$250,000 Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. x Examples: John Jones, 123 J St., Washington, DC 1999 10 % Promissory note on demand 1 | Chase Home Finance Phoenix, AZ 85062 Mortgage on rental property, Santa FE NM 2003 5.875% 30 yrs Х 2 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 of absence; and (4) future employment. See instructions regarding the reporting Report your agreements or arrangements for: continuing participation in an 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 None Status and Terms of any Agreement or Arrangement Parties Date 7/85 Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State calculated on service performed through 1/00. Sonosky, Chamber ABA Pension Plan 7/2002 will retain my ABA retirement Fund; however, neither I nor the firm will make any further contributions to this account. 2 3

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Reporting Individual's Name				Page Number	
Hilary C. Tompkins		SCHEDULE D	h.	1	12
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, propri	oplicable reporting period, whether but are not limited to those of an officer,	non-profit organization or education	partnership, or other business enterprise or any all institution. Exclude positions with religious and those solely of an honorary nature.		
				None	
	ization (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
Doe Jones & Smith, Hometow	n, State	Law firm	Partner	7/85	1/00
State of New Mexico Governor	s Office, Santa Fe, NM	Government	Chief Counsel	1/2003	1/2008
UNM School of Law, Albuquero	ue, NM	Education	Adjunct Professor	1/2009	Present
Southwestern Association of In Organizer of the Santa Fe India	an Art Market	Non-Profit	Board of Director	1/2004	Present
4 New Mexico Women's Associa					
	ssistance to impoverished women	Non-Profit	Board of Director	8/2005	Present
5 WINGS aka Earth circle founds	ition, Santa FE NM				
Indian Youth running group		Non-Profit	Board of Director	3/2005	1/2007
6 New Mexico Women in the Arts	s, Santa FE NM				
Support for Women Artists		Non-Profit	Legal Advisor	2005	2008
Report sources of more than \$5,000 cc business affiliation for services provide	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 prov of more than \$5,000. You need not			
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometow	n, State	Legal services			
Metro University (client of Do	e Jones & Smith), Moneytown, State	Legal services in connection with univ	ersity construction		
State of New Mexico Governor	s Office, Santa Fe NM	Legal Services			
2					
3					
4					
5					
6			Manager	M	
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Reporting Individual's Name				Page Number	- I - I - I - I - I - I - I - I - I - I
Hilary C. Tompkins		SCHEDULE D		1	3
Part I: Positions Held Outsid Report any positions held during the appl compensated or not. Positions include be director, trustee, general partner, propriet	licable reporting period, whether at are not limited to those of an officer,	non-profit organization or education	partnership, or other business enterprise of all institution. Exclude positions with reliand those solely of an honorary nature.		
Organiza	tion (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.
Mot!! Agen of Dook Collectors M		Non-profit education	President	6/92	Present
Examples: Doe Jones & Smith, Hometown, S		Law firm	Partner	$$ $-\frac{3792}{7/85}$ $$	1/00
1 The Prindle Foundation, New Yor					
Affiliated foundation with UJA - Fe	ederation of New York	Non-Profit	Donor Trustee	5/2000	9/2007
2					
3					
4					
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6					1
Part II: Compensation In Ex- Report sources of more than \$5,000 comp business affiliation for services provided the reporting period. This includes the na	pensation received by you or your directly by you during any one year of	corporation, firm, partnership, or oth organization when you directly prov	her business enterprise, or any other non-poided the services generating a fee or payn report the U.S. Government as a source.	profit if you are and Termination Vice Presid	ential tia <u>l Ca</u> ndidate
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown,		Legal services			
Metro University (client of Doe J	ones & Smith), Moneytown, State	Legal services in connection with unit	versity construction		
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