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			Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Year)	(Check Incumbent Covered by Report	New Entrant, Nominee,		cable) (Month, Day, Year)	Any individual who is required to
	appropriate boxes)	or Candidate	Filer		file this report and does so more than
	Land Name				30 days after the date the report is
Reporting Individual's Name	Last Name	First Name and Middle I	nitial		required to be filed, or, if an extension
Reporting individual's Name	Wilson	Deuise	D		is granted, more than 30 days after the
	Title of Position	Department or Agency (K Annicable)		last day of the filing extension period shall be subject to a \$200 fee.
Position for Which Filing			(ADDITCADIE)		Shall be subject to a \$200 fee.
	Spec. Asst to Pres	WHO			Reporting Periods
1 - 1 - CD - 1 OCC -	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)					the preceding calendar year except Part II of Schedule C and Part I of
(or forwarding address)	1600 Pennskvania Ave		202 451	6620	Schedule D where you must also
Position(s) Held with the Federal	Prof. Stald Menber - Oversis				include the filing year up to the date
Government During the Preceding	0.00				you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	1 Pot Stalt Warnher - Duessis	H. USHIC			applicable.
	TOTO PELOTOTO				To a di Ella man
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create	a Qualified Diversif	ied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation					covered by your previous filing and ends
		Yes	No		at the date of termination. Part II
					of Schedule D is not applicable.
Certification	Signature of Reporting Individual		Date (Month, Day,	Year)	
I CERTIFY that the statements I have made on this form and all attached					Nominees, New Entrants and Candidates for President and Vice
schedules are true, complete and correct				2 0	President:
to the best of my knowledge.			March	3,12009	
	Signature of Other Reviewer		Date (Month, Day,	Year)	income (BLOCK C) is the preceding
	1 1-1			7	calendar year and the current calendar
Other Review (If desired by	1/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		7 1-	10	year up to the date of filing. Value assets as of any date you choose that is
agency)	Minual / M		9/9/	709	within 31 days of the date of filing.
	Simply of Decimated Assess Fables Official/Provincian Official	1			
On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month. Day.	Year)	Schedule B-Not applicable
in this report, I conclude that the filer is	$1 / \cdot 1 $		21 1		Schedule C. Part I (Liabilities)
in compliance with applicable laws and	1 /u-1. With		3/11/09		The reporting period is the preceding
regulations (subject to any comments in the box below).			/ / '		calendar year and the current calendar year up to any date you choose that is
in the box below).	Signature		Date (Month, Day	Year)	within 31 days of the date of filing.
Office of Government Ethics					
Use Onlv					Arrangements)— Show any agreements
Comments of Reviewing Officials (If addit	ional space is required, use the reverse side of this sheet)				or arrangements as of the date of
					filing.
	(Check box if)	filing extension granted &	indicate number of	days)	
					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				
					OGE Use Only
		(Check box if comme	nts are continued or	the reverse side	

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Reporting mulvidual's Name									S	CF	Ŧ	DI	IJL	E /	A c	on:	tin	ıne	bs											Lage Number		
Donke Wilson									_				only																	1		
Assets and Income	Valuation of Assets at close of reporting period BLOCK B									Assets and Income Valuation of Assets at close of reporting period Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item.				is checked, no																		
None	None (or less than \$1,001)	51,001 - \$15,000	\$15,001 - \$50,000	\$30,001 - \$100,000 \$100,001 - \$250,000		\$500,001 - \$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		Rent and Royalties			None (or less than \$201)	5201 - \$1,000	\$1,001 - \$2,500	52,501 - 55,000			oun	\$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., D Yr.) Only Honora	av. if
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• This category applies only if the asset/incomark the other higher categories of value, as a			of th	e file	r's st	ouse	or	depe	ndc	nt ch	ildr	en.	f the	888	ct/in	com	e is	cithe	er th	at of	the	filer	or j	ointl	y hel	д Бу	the	filer	with	the spouse or dep	endent chile	iren.

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Reporting Individual's Name

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

Page Number

Part I: Transactions	SCHEDULE	B											2	_			
Part I: Transactions						None	;	\sim	1								
Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real		ansacti ype (x				Amount of Transaction (x)											
property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted 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.		Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 \$50,000	.001 -	20,001 -	\$250,001 - \$500,000	30,001 - 000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	- 100,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
	cation of Assets	P _u	Sa	觅		52, 53	\$16	\$50	\$10	\$25	\$50	Ş 2º	\$1, \$5,	\$5, \$2!	\$25 \$56	Over \$50,0	div de
Example: Central Airlines Common		x	\Box		2/1/99	<u> </u>		x		<u> </u>					 		
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* This category applies only if the underlying asset is solely that	at of the filer's spouse or dependent children. If the underlying as	set is ei	ther he	ld													
	dent children, use the other higher categories of value, as appropri			-													
							_										
Part II: Gifts, Reimbursements, and Travel Expenses For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by											at he		_				
Source (Name and Address)		Bri	ef Desc	cripti	on											Value	
Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/ Leather briefcase (personal friend)	15/99 (p	ersonal	activ	vity unrelated	to duty										\$500 \$300	
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	individual's													Page N	lumber						
Der	MSe	Wilson		SCHEDUI	LE C										3						
	Liabili									-											
-	rt liabilities over \$10,000 owed to any one creditor at by automobiles, household furniture or appliances; and Category of Amount or Category or Category of Amount or Category of Amount or Category or C												or Va	or Value (x)							
or depend	lent childre	en. Check the highest	amount owed	liabilities owed to certain relatives listed in instructions.					Т	T				_' 8	- 8 -						
during th	e reporting	period. Exclude a m	ortgage on your	See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term appli- cable	\$10,001 -	- 100	- 100	100,00	\$250,001 -	20,001	ooo,000	\$1,000,001	\$25,000,001 \$50,000,000 Over					
		Creditors (Name and	Address)	Type of Liability	7			\$10	\$15	\$50	\$10	\$25	\$50	\$5,000,001	\$ 25						
Fuemales	First Di	strict Bank, Washington	, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs			х		T		\top							
Examples		nes, 123 J St., Washington		Promissory note	1999	10 %	on dema		T	7	1	_ x_	1	1			1-				
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				filer's spouse or dependent children. If the liability is that of the categories, as appropriate.	filer or a	oint liabili	ity of the	iler													
		eements or A								_		_									
	_		_	g participation in an	of absen	ce; and (4) future	emnlos	ment	See	instru	ctions	regar	ding t	he rei	oortin	or .				
				on; (2) continuation		iations fo								Jille t	ne rep	7016111	,				
				syments); (3) leaves	of negot	iauons ic	or ally or	uiese ai	Tange	meme	S OI D	chents	•								
paymen	, by a toll		ding severance pa	symones, (5) leaves									1	None	L						
			Status and Terms of	any Agreement or Arrangement							Parti	es					Date				
Example		ant to partnership agreer lated on service perform		sum payment of capital account & partnership share				Doe Jones	& Smi	th, Hor	netowi	ı, State					7/85				
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	orting Individual's Name		SCHEDULE D		Page Number 4	
Rep com	rt I: Positions Held Outsi ort any positions held during the ap pensated or not. Positions include ctor, trustee, general partner, propri	plicable reporting period, whether but are not limited to those of an officer,	consultant of any corporation, firm, pa non-profit organization or educational social, fraternal, or political entities an	artnership, or other business enterprise or a institution. Exclude positions with religion those solely of an honorary nature.	any ous. None	
	Organi	zation (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Eva	mples: Nat'l Assn. of Rock Collectors,		Non-profit education	President	6/92	Present
Еха	Doe Jones & Smith, Hometown	, State	Law firm	Partner	7/85	1/00
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Rep busi	ort sources of more than \$5,000 conness affiliation for services provide	xcess Of \$5,000 Paid by One Sompensation received by you or your didirectly by you during any one year of names of clients and customers of any	corporation, firm, partnership, or other organization when you directly provid	r business enterprise, or any other non-product the services generating a fee or payment the U.S. Government as a source.	ofit if you are and the Termination Vice Preside	Filer, or
	Source (Name and Address)			Brief Description of Duties		
Щ	nples: Doe Jones & Smith, Hometown Metro University (client of Doe	e Jones & Smith), Moneytown, State	Legal services Legal services in connection with univer	sity construction		
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