5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Filing
MB No. 3209-0001
rom ripprovou.

U.S. Office of Government Ethics										
Date of Appointment, Candidacy, Election or Nomination (<i>Month</i> , <i>Day</i> , <i>Year</i>)	Reporting Status (Check	Incumbent	Calendar Year Covered by Report	Г	New Entrant, Nominee,	П	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to	
January 20, 2009	appropriate boxes)			X	or Candidate		Filer		file this report and does so more than	
	Last Name				First Name and Middle	Initia	1	<u> </u>	30 days after the date the report is required to be filed, or, if an extension	
Reporting Individual's Name	Barnes		-		Melody C.	HILIA	<u>. </u>		is granted, more than 30 days after the	
	Title of Position				Department or Agency	(If Ap	plicable)		last day of the filing extension period shall be subject to a \$200 fee.	
Position for Which Filing										
	Address (Number	Street, City, State.	and ZIP Code)	_		Tel	ephone No. (Inc	lude Area Code)	Reporting Periods Incumbents: The reporting period is	
Location of Present Office (or forwarding address)	1600 PG	INSYLVANIA	AVENU, WAS	HING	TON, DC 20512	(2	02)457.	1414	the preceding calendar year except 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)									you file. Part II of Schedule D is not applicable.	
Presidential Nominees Subject to	Name of Congress	sional Committee Co	onsidering Nomination		Do You Intend to Creat	e a Oi	ualified Diversif	ied Trust?	Termination Filers: The reporting period begins at the end of the period	
Senate Confirmation					Yes		X No		covered by your previous filing and ends at the date of termination. Part II	
									of Schedule D is not applicable.	
Certification I CERTIFY that the statements I have	Signature of Repo	rting Individual					e (Month, Day,		Nominees. New Entrants and	
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Mil	ody Cf	Basus			re	bruary 19, 20	109	Candidates for President and Vice President:	
	Signature of Other	Reviewer				Dat	e (Month, Day,	Year)	Schedule A-The reporting period for income (BLOCK C) is the preceding	
Other Review (If desired by agency)	JEV	Jels					3/20	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.	
Agency Ethics Official's Opinion	Signature of Designature	mated Agency Ethic	s Official/Reviewing C	Official		Dat	e (Month, Day,	Year)	Schedule B-Not 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).	/y-	_L Cv	4				3/20/09	9	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					Dat	e (Month, Day,	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	ional space is requir	ed, use the reverse s	ide of this sheet)						or arrangements as of the date of	
			(Check be	ox if fili	ing extension granted &	indica	ate number of do	ays)	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	
					(Check box if comme	nts ar	e continued on t	he reverse side)	OGE Use Only	
Supersedes Prior Editions Which Cannot B.	e Liced			2	79 113		r D.	-i1:- 14: O.F. 10000	11011	

SF278 (Rev 03/2000)
5 C,F.R Part 2634
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Rep	porting Individual's Name																_														Pag	ge Number		
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ı	Assets and Income	1			Val	цati	ion	of A	sse	ts			ı			Ind	om	e: t	ype	and	l am	oun	t. I	f "N	one	(or	less	thar	ı \$ 2	01)"	' is	checked, no		
l		1						se of					ı			oth	er e	ntry	js r	reed	led i	пB	lock	C f	or tl	ıat i	tem							
l		reporting period																																
L	BLOCK A	BLOCK B BLOCK C																																
Fo	or you, your spouse, and dependent children,	Type Amount																																
rep	port each asset held for investment or the						2000					8							*								(2007) (2007)							
pro	oduction of income which had a fair market due exceeding \$1,000 at the close of the report-																		*													,		
line	g period, or which generated more than \$200												-																			Other	D	ate .
in	income during the reporting period, together	=					8			.	. 📜	8	6																					Day.
wit	ith such income.	\$1,061								8		3	3							\$201)									8			(Specify	γ_r	r.)
L.	or yourself, also report the source and actual	16			0	8	\$250,001 - \$500,000	2	Over 51,000,000 "	55 000 000 - 575 000 000 55	COS MIN ON A SSO DIED DON		Excepted Investment Fund				3										\$100,001 - \$1,000,000		S1,000,001 - \$5,000,000			Type & Actual	Onl	ly if
NW LO	nount of earned income exceeding \$200 (other	None for less than	2	\$15,001 - \$50,000	\$100,000	\$100,001 - \$250,000	3		Over \$1,000,000 #			Over \$50,000,000	7	=			Rent and Royalties		***	None (or less than		_		0	8	550,001 - \$100,000		ò	Œ	9		Amount)		огаліа
tha	an from the U.S. Government). For your spouse		ξ,		3		250		3 🛭		· 🏻	g	á],⊇						2	-	8		9		8		Š		ĕ	:			
	port the source but not the amount of earned	8	S1,001 - S15,000		5		3		કે 🎆	3 15		3	9	Excepted Trust	Qualified Frust	qş	1		Capital Gains	필	\$201 - \$1,000	S1,001 - S2,500	\$2,501 - \$5,000	55,001 - \$15,000	\$15,001 - \$50,000	\$		Over \$1,000,000*	-	Over \$5,000,000				
mo	come of more than \$1,000 (except report the tual acount of any honoraria over \$200 of	9	1	#	0	8	8		5 🎆			S	D.	늄		len		S		ق		-	_	-	=	5		SI,		53,	,			
	our spouse).	9	Ιĕ	10	\$50,001 -		3	Ē	7 6	3 5		Ve.	ğ	X		Dividends		Interest	8	one	В	8	\tilde{r}_i	8	3	왕		ver		767				
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ı	None						*																											
Н	Central Airlines Common				x						****	8			*****	x	*****	\dashv				х			***	\dashv				-	+			
p,	examples Doe Jones & Smith, Hometown, State	-	<u> </u>	***	-^-			-	- 🗑	₩	-188		m	 -	***	<u> </u>			*					-							L	Partnership Income \$130,000	~-	·
"	Kempstone Equity Fund		-					∭-	- 🌃	# -	1					-															† -			
	IRA: Heartland 500 Index Fund		<u> </u>					-	- 🌃	# -	7		T.			-			*		*			×							┿-			
1	Mass Mutual Variable Annuity:				\vdash							*				Н				_								_			+			
'	MML Babson Managed Bond		х										×							x														i
	MMŁ T.RowePrice Equity Income		X										X																					
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1	MML T.RowerPrice Blue Chip Growth		×										X							x														
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3			X		\vdash						-	-	恢		****	_	***		***************************************	X	***	\neg				\neg		_		-	+			
	Oppenheimer Global Securities		X									8	X							x														
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1	CB&T CUST IRA/SEP:										3000					М								-							+			
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5	CB&T CUST IRA/ROLLOVER:							8												\neg								_			\top			
	The Growth Fund of America - A			Х									×			х					Х													
	New Perspective Fund - A		х									8	×								Ð	CG												
6			<u> </u>	X									×			X				\dashv	w.										+			
۱	Washington Mutual Investors Fund - A			W									×			`					X DE C													
	American Balanced Fund - A			×									Х								Ĉ.	Ы												
*	This category applies only if the asset/income i	s sole	ly th	200	the	filers	STOC	use (or de	pend	ent o	hildr	en.	if the	e ass	et/in	com	e is	eithe	er th			filer	or ic	intly	/ hel	d bv	the t	filer	with	the	spouse or depen	dent chi	ildren.
1	ark the other higher categories of value, as appro		-	•			- 6															-		,		.,	- 3			•		- F		,
1							_																										_	

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5 C	F.R. Pan 2634 Office of Government Ethics																															
Rej	porting Individual's Name									:	SC						con		ıu	ed								_		Pa	age Number 3	
	Assets and Income			_		at epoi	clo rtin	of A se of g per	•	ets						Inc	com er er	e: t	ype is n	and need	ame led in	ouri	i. If ock	C fo	ne (d r tha	l ite	ss tha	ın \$	201)" is	checked, no	
	None	None (or less than \$1,001)		\$15,001 - \$50,000	\$50,001 - \$100,000			100	Over \$1,000,000	S1,000,001 - S.5,000,000 \$5,000,001 - \$25,000,000	\$28,000,001 - 850,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Reyalties	Interest	Capital Cains	None (or tess than \$20t)	\$201 - \$1.000	\$1,001 - \$2,500	\$2,501 - 85,000	A	m01		Over Ct and onthe	ST CHILD IN STREET	O To non wan	Over 55,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
٦	Community Voices Freedom's Voice Conference																				×										\$1,000	4/11/08
	Presidential Transition Team																														\$13,525.80	
3	The Raben Group LLC (consulting fee)																									100					\$30,000	
4	Obama Transition Project												77.00						Z.												\$18,850	
5	Obema for America																														\$24,230.75	
6													2																			
7																									3				200			
8						Sign													972											T		
9			_															7												1		

This category applies only if the assertineome is solely that of the filer's spouse or dependent children. If the assertineome 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.

N.S. Office of Government Educs Reporting Individual's Name	SCHEDULE A continued	Page Number
MELODY C. BARNES	(Use only if needed)	4
Assets and Income	Valuation of Assets at close of reporting period BLOCK B Income: type and amount. If "None (or less than \$201 other entry is needed in Block C for that item. BLOCK C)" is checked, no
None	Type Amount Type A	Other Income (Mo. Date (Mo. Dav. Yr.) Type & Actual Amount) OOO Honoraria
1 U.S. Senate Federal Credit Union	X X X	
2		
3		
4		
5		
6		
7		
8		
9		
 This category applies only if the asset/incommerk the other higher categories of value, as a 	ome 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 appropriate.	with the spouse or dependent children

SF 278 (Rev. 03/2000) 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 MELDDY C. BARNES	В										Page	Numbe		5			
Part I: Transactions		<u></u>		-		Non	2]		· , **•						-
Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti Type (x						Aı	mount (of Tran	saction	(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.	Purchase		Exchange	Date (Mo., Day, Yr.)	- 100	\$15,001 - \$50,000	\$50,001 -	00,001	\$250,001 - \$500,000	000,000	Over \$1,000,000*	000,000	\$5,000,001 -	\$25,000,001	Over \$50,000,000	Certificate of
	eation of Assets	Pu	Sale	Ĕ		\$15	\$15	\$50	\$10 \$25	\$25 \$50	\$50,1	0,1 %	\$5.0	\$5,0 \$25	\$25 \$50	Over \$50,0	Cert
Example: Central Airlines Common		X			2/1/99	_		х	_				_				\sqsubseteq
NOT REQUIRED FOR NOMINEES				ł					[1	ĺ	1		!
2									-	-	-	-			-		_
3																	
4																	
5																	
* This category applies only if the underlying asset is solely t	hat of the filer's spouse or dependent children. If the underlyi	ng asse	t is eit	ther h	eld												
by the filer or jointly held by the filer with the spouse or depe	endent children, use the other higher categories of value, as ap	propria	te.														
Part II: Gifts, Reimbursements, and T	ravel Expenses																
For you, your spouse and dependent children, report the tion, and the value of: (1) gifts (such as tangible items, tr food, or entertainment) received from one source totaling (2) travel-related cash reimbursements received from one than \$260. For conflicts analysis, it is helpful to indicate as personal friend, agency approval under 5 U.S.C. § 41 authority, etc. For travel-related gifts and reimbursement dates, and the nature of expenses provided. Exclude any	source, a brief descrip- ansportation, lodging, a more than \$260: and e source totaling more a basis for receipt, such 11 or other statutory s, include travel itinerary.	receinde the c total	ived fi pende lonor'	rom in the street of the stree	nment; gir relatives; r their relar idence. Al n one sour sions.	eceive tionsh so, for	d by to y	your s	spouse or prov	e or de vided regati	epend as per ng gif	ent ch sonal	nild to hosp	otally itality nine ti struct	at he		1
Source (Name and Address)		Br	ef Des	criptic	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	ersona	l activ	ity unrelated	to duty	2									\$500 \$300	
2																	
3																	
4																	
5																	
Prior Editions Cannot Be Used.																	

5 C.F.R P	ev. 03/2000) art 2634 e of Government Ethics																
Reportin	g Individual's Name C. Barnes		SCHEDUI	LE C									Page 1	Number	6		
Report l	: Liabilities iabilities over \$10,000 owed to a		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne x				Categ	ory of A	Amount	or Val	ue (x)	-		
or deper	ndent children. Check the highes the reporting period. Exclude a n	t amount owed nortgage on your	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if appli- cable	\$10,001 -	\$15,001 -	50,001 -	100,001 -	\$250,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over
Example 1	Creditors (Name and First District Bank, Washington John Jones, 123 J St., Washington	, DC	Type of Liability Mortgage on rental property, Delaware Promissory note	1991 1999	8%	25 yrs. on demand			- X		X		0 69		26 kg		
2							-										
4																	
* This c	ategory applies only if the liabili	ty is solely that of the f	iler's spouse or dependent children. If the liability is that of ategories, as appropriate.	he filer or a	joint liabí	lity of the	filer										
Part Report	II: Agreements or A your agreements or arrangem we benefit plan (e.g. 401k, dent by a former employer (included)	Arrangements tents for: continuing parted compensation;	participation in an (2) continuation			1) future e r any of th							ling tl	ne rep	ortin	g	
			Agreement or Arrangement							Partie						_	ate
Examp	ple: Pursuant to partnership agree calculated on service perform		m payment of capital account & partnership share			Do	e Jones	& Smit	h, Hom	etown,	State					7/	/85
The	(k) funds are still in my former ose funds will be rolled into a r		rogram – though no contributions have been made sinc egin my new, permanent job.	e I terminat	ed.	C	enter f	or Ame	erican	Prog	ress					12	2/08
2																	
3																	
4																	
5																	
6																	

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Reporting Individual's Name Melody C. Barnes		SCHEDULE D		Page Number	7
Part I: Positions Held Outsi Report any positions held during the ap compensated or not. Positions include director, trustee, general partner, propri	plicable reporting period, whether but are not limited to those of an officer,	non-profit organization or education	partnership, or other business enterprise or a all institution. Exclude positions with religious and those solely of an honorary nature.		
Organiz	zation (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors, Doe Jones & Smith, Hometown	NY, NY	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
The Raben Group LLC		Legislative Consulting Firm	Consultant	6/08	11/08
2 Obama Transition Project		government transition	Senior Advisor	7/08	11/08
3 Presidential Transition Team		government transition	Senior Advisor	11/08	1/09
4					
5					
6	**				
Report sources of more than \$5,000 cor	d directly by you during any one year of	corporation, firm, partnership, or oth organization when you directly provi	ner business enterprise, or any other non-proided the services generating a fee or paymen report the U.S. Government as a source.	fit if you are an t Termination Vice Preside	Filer, or ential ial <u>Can</u> didate
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown Metro University (client of Doe	Jones & Smith), Moneytown, State	Legal services Legal services in connection with univ	ersity construction		
1 The Raben Group LLC		consulting services (no lobbying			
2 Obama For America		Advisory services			
3 Obama Transition Project		Advisory services			
4 Presidential Transition Team		Advisory services			
5					
6					

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