SF278 (Rev. 03/2000)

5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics				_				
Date of Appointment, Candidacy, Election or Nomination (<i>Month, Day, Year</i>)	Reporting Status	Incumbent	Calendar Year Covered by Report	1	New Entrant, Nominee,	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
1/20/09	appropriate boxes)		2007-present		or Candidate	Filer		file this report and does so more than
1/20/09			2007-present					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	Brown				Elizabeth M			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	Staff Secretary	1		<u> </u>	White House			Reporting Periods
	Address (Number,	Street, City, State,	and ZIP Code)	L		Telephone No. (Inc	clude Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	1600 Penn	sylvania	Are nw Washing?	ton	DC	202.45	6.1414	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.
								Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congress	ional Committee Co	onsidering Nomination	1	Do You Intend to Crea	te a Qualified Diversit	fied Trust?	period begins at the end of the period
Senate Confirmation					Yes	No		covered by your previous filing and ends at the date of termination. Part II
Certification	Signature of Report	rting Individual				Date (Month, Day,	Year)	of Schedule D is not applicable.
I 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.	Signature of Repo			_>		1.15.		Nominees. New Entrants and Candidates for President and Vice President:
	Signature of Other	r Réviewer				Date (Month, Day,	Vaca	Schedule AThe reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	1	M	\wedge	•		0 3. 2	· ·	calendar vear 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 Desig	mated Agency Ethic	s Official/Reviewing C	Official		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 regulations (subject to any comments in the box below).	Vij-	A. CA				3/24/		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					Date (Month, Day,	Year)	within 31 days of the date of filing.
Use Only								Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If addin	tional space is requir	ed, use the reverse	side of this sheet)					Arrangements) Show any agreements or arrangements as of the date of
	·		(Chack h	or if fili	ng extension granted &	indicate number of a		filing.
			Check D	,ox ij jiiii		indicate number of a	, <u> </u>	Schedule DThe reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
1								Agency Use Only
					(Chack hay if some	ante are continued an	the reverse side)	OGE Use Only
					Check Dox if comm	ems are commuted on		

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5 C.F.R Part 2634

U.S. Office of Government Ethics

Reporting Individual's Name

SCHEDULE A

Page Number

2

Elizabeth A	/ Brown	_			_										H	SD.	UL	JE.	A														2	
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For you, you	ur spouse, and dependent children,										-							Ť١	pe	_	-				104		lour	nt				_		
report each a production of value exceed ing period, of	asset held for investment or the of income which had a fair market ding \$1,000 at the close of the report- or which generated more than \$200 uring the reporting period, together	S1,001)						8		000	,000	0,600		nt Fund							S201)							B		00			Other Income (Specify Type &	Date (Mo., Dav. Yr)
amount of e than from the report the so income of m		None (or less than 5	S1,001 - S15,000	\$15,001 - \$50,000	S50,001 - \$100,000	S100,001 - \$250,000	S250,001 - S500,000	S500.001 - \$1,000.000	Over \$1,000.000 *	\$1,000,001 · \$ 5,000,000	S5,000,001 - S25,000	\$25,000,001 - \$50,000,000	Over SS0,000,000	Excepted Investment Fund	Excepted Trust	Ounlifted Trust	Dívideads	Rent and Royalties	laterest	Capital Gains	han	S201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	55,001 - S15,000	\$15,001 - \$50,000	S50,001 - S100,000	S100,001 - S1,000,000	Over \$1,000.000*	\$1,000,001 - \$5,000,000	Over \$3 100 000	UVEL 30,000,000	Actual Amount)	Only if Honoraria
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2 Center	for American Progress																												000000000000000000000000000000000000000				Honorarium \$2,500.00	Sept 2008
3 S Univer	sity of MD			*		-														1. A. A.													Salary	
4 DC VCSP	College America																			22X														
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6 b) Cap	World Growth & Income - 529A		x											×				211202			×									1				
	gory applies only if the asset/income is her higher categories of value, as approp		-	at of	the	filer	's sp	0115	C 01	dept	ende	nt cl	nildr	en.	1f th	e as	set/in	ιсоп	ne is	eilly	cr th	at o	ք ւիշ	file	r or j	oint	y he	ld b	y the	file	wit	h th	e spouse or depend	dent children,

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porting Individual's Name izabeth M Brown									5	SC					A c f ne		ue	ed									1	Page	Numbe	3	
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eporung Individual's Name lizabeth M Brown									S	CI						onti ded)		ed											Page	Number	4	
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CocaCola			x											,	ĸ		x					x					E.					

eporting Individual's N	lame									S	CH	(E)	DI	JLE	A	cor	ntir	nue	ed										Pa	ge Number	5
lizabeth M Brown											_	<u>(</u> U	se	only i	fne	eed	ed)		_		_			_							
	and Income BLOCK A					at clo ortin	ose c	of criod		-													C fo	r tha	iter		an \$2	201)	" is	checked, no	
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9 JP Morgan Cha	ise		×												х					x			-			+-			+-		

mark the other higher categories of value, as appropriate.

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Reporting Individual's Name	SCHEDULE A continued	age Number
Elizabeth M Brown	(Use only if needed)	6
Assets and Income	Valuation of Assets at close of reporting period Encome: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item.	checked, no
BLOCK A	BLOCK B BLOCK C	
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³ Atlergen		
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s Bristol Myers Squibb		
6 Davita		
7 Genentech		
8 Intuitive Surgical		
9 Medtroníc		

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izabeth M Brown									S	CF		DU se o						ed										Page	e Number 7	
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eporting Individual's Name										SC	CĦ	(E)	DU	JL	E /	A	201	ntii	nu	ed											Pag	ge Num		0	
lízabeth M Brown																		ed)																	
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S IRA: Brown Advisory Intermediate					×								x												×								_		
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lízabeth M Brown								_			(U:	se (onl	y if	f ne	ede	d)														
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None	Nome (or less than \$1,001)	S1,001 - S15,000	\$15,001 - \$50,000	S50,001 - 5100,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000.000 *	\$1,000,001 - \$ 5,000,000	S5,000,001 - S25,000,000	\$25,000,001 - \$50,000,000	Over S50,000,000	Excepted lavesiment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Cains	None (or less than \$201)	\$201 - \$1,000	S1,001 - S2,500	\$2,501 - \$5,000			S50,001 - S100,000	\$100,001 - \$1,000,000	Over S1,000,000"	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav, Yr.) Only if Bonoraria
Presidential Transition Team																			_											Salary \$33,051,84	
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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

L	eporting Individual's Name		SCHEDULE	В										Page N	lumbei		12		
P	Part I: Transactions					111 kat na 19	i at	Non	e		 			- No. 5 A.		<u></u>			
	eport any purchase, sale, or exchange			ransac			Τ		_	Ar	mount o	of Tran	saction	(x)					
pr se	dependent children during the repo operty, stocks, bonds, commodity fi curities when the amount of the tran 1,000. Include transactions that resu	utures, and other nsaction exceeded	personal residence, or a transaction solely between vou, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Type (ange	Date (Mo., Day, Yr.)	\$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	Certificate of
Г			cation of Assets	, d	Sale	Ě		\$1.0	\$15 \$50	\$50 \$10	\$10 \$25	\$25 \$50	\$50 \$1.(Over \$1,00	\$ 1,(\$5,(\$5,(\$25	\$25 \$50	Over \$50,0	Cert
⊢	Example: Central Airlines Common]		x			2/1/99			x									
1																			
2	2																		\square
3	3																		<u> </u>
4	۱ <u> </u>								<u> </u>			1							<u> </u>
5	5								-								_		<u> </u>
*	This category applies only if the un	nderlying asset is solely	that of the filer's spouse or dependent children. If the underly	ying ass	et is e	ither l	held												<u> </u>
			endent children, use the other higher categories of value, as a	÷															
	Part II: Gifts, Reimbu																		
Fo tio fo (2 th as au	or you, your spouse and depend on, and the value of: (1) gifts (su ood, or entertainment) received f (2) travel-related cash reimbursen tan \$260. For conflicts analysis, s personal friend, agency approv uthority, etc. For travel-related g ates, and the nature of expenses	ent children, report the uch as tangible items, t from one source totalin nents received from on it is helpful to indicate 'al under 5 U.S.C. § 41 itfts and reimbursemen	source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more e a basis for receipt, such 11 or other statutory ts, include travel itinerary,	reco ind the tota	eived epend dono d valu	from lent o r's res le fro	rnment: gi relatives: n of their rela sidence. Al m one sour usions.	receiv tionsk so, fo	ed by hip to y	your s you; o oses c	pouse r prov	e or d vided regati	epend as per ng gif	ent ch sonal ts to c	hosp hosp	tally itality nine t struct	at]
Г	Source (Name and			В	rief De	escripti	ion											Value	;
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francisc		Airline ticket, hotel room & meals incident to national conference Leather briefcase (personal friend)	6/15/99 (person	al acti	vity unrelated	to dut	<u>y)</u>									\$500 \$300	
								-					_						
2	2				_	_										_			
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5	5																-		
<u> </u>								_	_					_	_				

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

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Reporting Individual's Name					continue eded)	ed	<u></u>	A				Page	Numbe	er						
Part I: Transactions																				
			ansact Type (1						Am	ount o	of Trans	saction (x)								
		Purchase	le	Exchange	Date (Mo. , Day, Yr.)	001 - 5,000	,001 - 0,000	0,001 - 00,000	00,001 - 50,000	50,001 - 00,000	\$500,001 - \$1,000,000	er 000,000*	000,001 - 000,000	000,001 - 5,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	tificate of estiture			
	on of Assets		Sale	Ex	2/1/99	\$15 515	\$15 \$50	\$50 \$10	\$10 \$25	\$25 \$50	\$50	\$1, 0 Ve	\$1, \$5,	\$5, \$25	\$25	\$50 \$50	dive dive			
Example: Central Airlines Common 1		x			2/1/99		-	<u>x</u>												
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* This category applies only if the underlying asset is so by the filer or jointly held by the filer with the spouse on							ther h	eld	I	I				l	I		I			

Prior Editions Cannot Be Used.

	F.R Part 2634 Office of Government Ethics																
Reporting Individual's Name Page Nu Elizabeth M Brown SCHEDULE C								umber									
Part I: Liabilities Personal residence unless it is rented out; loans secured None X Category of An any time during the reporting period by you, your spouse, by automobiles, household furniture or appliances; and Category of An								mount	or Valu								
or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your			liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		Interest Rate	Term i appli- cable	\$10,001 - \$15,000	\$15,001 - \$50,000	0,001 - 00,000	00,001 - 50,000	50,001 - 00,000	00,001 - ,000,000	er ,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
Exa 1	Creditors (Name and A amples: First District Bank, Washington, J John Jones, 123 J St., Washington	DC	Type of Liability Mortgage on rental property, Delaware Promissory note	<u>1991</u> 1999	8%	25 yrs. on demai		\$1	× \$2	\$1 \$2	x \$5	5 5 1 81	0 \$				
2																	
4																	_
5 * T	his category applies only if the liability	is solely that of the fi	ler's spouse or dependent children. If the liability is that of t	he filer or a	joint liabi	ility of the	filer										
wi	th the spouse or dependent children, ma	ark the other higher ca														_	
Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation; (2) continuation payment by a former employer (including severance payments); (3) leaves None X																	
			Agreement or Arrangement							Parties	;					Da	
Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.					Doe Jones & Smith, Hometown, State									7/8	15		
2																	
3																	
4										_							
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Reporting Individual's Name				Page Number		
Elizabeth M Brown	14					
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, propr	pplicable reporting period, whether but are not limited to those of an officer.	non-profit organization or education	partnership, or other business enterprise or an nal institution. Exclude positions with religiou and those solely of an honorary nature.	iy is. None		
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	Non-profit education Law firm	President Partner	<u>6/92</u> 7/85	Present	
1 Washington Tennis and Educa	tion Foundaton	non-profit education	Board Member, Secretary	2004	12/2008	
2 Hotchkiss School		non-profit education	Board Member	2005	6/2008	
Obama-Biden Transition Proje	ct	transition	co-Director of agency review & staff secretary-designate	11/2008	1/2009	
5						
6						
Report sources of more than \$5,000 co business affiliation for services provid	Excess Of \$5,000 Paid by One So ompensation received by you or your ed directly by you during any one year of e names of clients and customers of any	corporation, firm, partnership, or oth organization when you directly prov	her business enterprise, or any other non-profi- vided the services generating a fee or payment report the U.S. Government as a source.	t if you are an Termination Vice Preside	ential ial Candidate	
Source (Name and Address)			Brief Description of Duties			
	n, State e Jones & Smith), Moneytown, State	Legal services Legal services in connection with univ	versity construction			
American Constitution Society		salary				
2 Obama-Biden Transition Project	ct	salary				
3						
4						
5						
6						

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