

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) <i>Jan 26, 2009</i>	Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent	Calendar Year Covered by Report <input type="checkbox"/>	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name	Last Name <i>Coven</i>		First Name and Middle Initial <i>Martha B.</i>		
Position for Which Filing	Title of Position <i>Special Assistant to the President</i>		Department or Agency (If Applicable) <i>Domestic Policy Council/Executive Office of the President</i>		
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) <i>461 Eisenhower Executive Office Building</i>		Telephone No. (Include Area Code) <i>456-3246</i>		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held				
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Certification</b>	Signature of Reporting Individual <i>Martha B. Coven</i>		Date (Month, Day, Year) <i>Feb. 24, 2009</i>		
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 Other Reviewer <i>Paenyl</i>		Date (Month, Day, Year) <i>02.25.09</i>		
<b>Other Review</b> (If desired by agency)	Signature of Designated Agency Ethics Official/Reviewing Official <i>Vy - A. CA</i>		Date (Month, Day, Year) <i>3/11/09</i>		
<b>Agency Ethics Official's Opinion</b>	Signature <i>Vy - A. CA</i>		Date (Month, Day, Year) <i>3/11/09</i>		
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).	Office of Government Ethics Use Only				

**Fee for Late Filing**  
Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period shall be subject to a \$200 fee.

**Reporting Periods**  
**Incumbents:** The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.

**Termination Filers:** The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable.

**Nominees, New Entrants and Candidates for President and Vice President:**

**Schedule A--**The reporting period for income (BLOCK C) is the preceding 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.

**Schedule B--**Not applicable.

**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 within 31 days of the date of filing.

**Schedule C, Part II (Agreements or Arrangements)--**Show any agreements or arrangements as of the date of filing.

**Schedule D--**The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.

Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)

(Check box if filing extension granted & indicate number of days \_\_\_\_\_)

(Check box if comments are continued on the reverse side)

**Agency Use Only**  
*02-24-09*

**OGE Use Only**

Reporting Individual's Name  
 Martha Coven

**SCHEDULE A**

BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
												Type													Amount									
												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*						
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 spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).  None <input type="checkbox"/>	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*	\$1,000,001 - \$5,000,000	Over \$5,000,000				
Examples				x												x						x										Law Partnership Income \$110,000		
1		x																		x														
2			x																	x														
3				x																x														
4				x																x														
5							x																										partnership income	
6				x									x							x														

\* This category applies only if the asset/income 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 with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name  Martha Coven	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number  3 of 6
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Assets and Income  BLOCK A	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.																															
None <input type="checkbox"/>	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	Type				BLOCK C Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria											
																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*	\$1,000,001 - \$5,000,000	Over \$5,000,000								
1					x												x																							
2		x																																						
3																																					\$129,904 salary			
4		x																																						
5		x																																						
6			x																																					
7		x																																						
8			x																																					
9			x																																					

\* This category applies only if the asset/income 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 with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name  
 Martha Cover

**SCHEDULE A continued**

(Use only if needed)

BLOCK A  Assets and Income	BLOCK B Valuation of Assets at close of reporting period									BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Date (Mo., Day, Yr.)  Only if Honoraria					
	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*	Excluded Investment Fund	Excepted Trust	Qualified Trust	Type										Other Income (Specify Type & Actual Amount)			
												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
1 American Washington Mutual Inv Class B (held in SEP IRA) (S)			X						X						X										
2 Powershares Exchange Traded FD TR FTSE RAFI FINLS Sector Port (held in SEP IRA) (S)		X							X						X										
3 Powershares Exchange Traded FD TR Wilder Hill Clean Energy Portfolio (held in SEP IRA) (S)		X							X						X										
4 Sector SPDR TR SHS BEN INT Technology (held in SEP IRA) (S)			X						X						X										
5 Ariel Appreciation (held in SEP IRA) (S)		X							X						X										
6 Kensington Intl Real Estate FD CL A (held in SEP IRA) (S)		X							X						X										
7 Washington Mutual Investors Fund Class 529C (held in 529 account) (DC)		X							X						X										
8 Washington Mutual Investors Fund Class 529C (held in 529 account) (DC)		X							X						X										
9																									

\* This category applies only if the asset/income 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 with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Reporting Individual's Name <b>Martha Coven</b>	SCHEDULE C	Page Number <b>5 of 6</b>
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**Part I: Liabilities**

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. **Exclude** a mortgage on your

personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Category of Amount or Value (x)

Examples:	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)																
						\$10,001 - \$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						
	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10 %	25 yrs. on demand																	
1	Countrywide Home Loans, Dallas, TX (S)	Mortgage on rental property, Washington, DC	1998	7.125%	30 yrs					x												
2	Bank of Georgetown, Washington, DC (S)	Home equity loan on rental property Washington, DC	2008	4%	indefinite					x												
3	Bank of Georgetown, Washington, DC (S)	Business loan to Home Front Communications	2007	7.75%	7 yrs								x									
4	Bank of Georgetown, Washington, DC (S)	Line of credit for Home Front Communications	2009	5%	2 yrs								x									
5																						

\* 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**

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

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits

None

	Status and Terms of any Agreement or Arrangement	Parties	Date
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	7/85
1	Continued participation in Center on Budget and Policy Priorities retirement plan (TIAA CREF). No further contributions by employer.	Center on Budget and Policy Priorities	10/01
2			
3			
4			
5			
6			

Reporting Individual's Name <b>Martha Coven</b>	SCHEDULE D	Page Number 6 of 6
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**Part I: Positions Held Outside U.S. Government**

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. **Exclude** positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Center on Budget and Policy Priorities, Washington, DC	Non-profit organization	Senior Legislative Associate	10/01	1/09
2					
3					
4					
5					
6					

**Part II: Compensation In Excess Of \$5,000 Paid by One Source**

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate

None

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	Center on Budget and Policy Priorities, Washington, DC	Government affairs
2		
3		
4		
5		
6		