Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

J.S. Office of Government Ethics					
Date of Appointment, Candidacy, Election	Reporting Status (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 Nomination (Month, Day, Year)		or Candidate	Filer		file this report and does so more than
January 20, 2009		<u>-</u>	<u> </u>		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	Craig	Gregory B.			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	White House Counsel	White Hous	se		Reporting Periods
	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)	725 12th Street, NW Washington	DC 20005	202 434-5	506	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 2 Months (If Not Same as Above)					you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Creat	te a Oualified Diversif	ied Trust?	Termination Filers: The reporting 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
					of Schedule D is not applicable.
Certification	Signature of Reporting Individual	,	Date (Month, Day,	Year)	
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 of the best of my knowledge.	(ingo-). (in	of CRC		15, 20008 12 Si 2009	President: Schedule A—The reporting period for
	Signature of Other Reviewer		Date (Month, Day,		income (BLOCK C) is the preceding
Other Review (If desired by	Band 1.		03.23.	09	calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is
agency)			D : (14 d D		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	11	Date (Month, Day,	Year)	Schedule B-Not applicable.
n this report, I conclude that the filer is n compliance with applicable laws and regulations (subject to any comments n the box below).	Ky-L. GA		3/23/0	q	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
	Signature		Date (Month, Day,	Year)	within 31 days of the date of filing.
Office of Government Ethics Use Only					Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If additional addition	ional space is required, use the reverse side of this sheet)				Arrangements) Show any agreements or arrangements as of the date of
	(Check box if fi	iling extension granted &	indicate number of de	205	filing.
	(Citeta box 1) ja	and carension grunica ce	mateure number of at	,,,,,	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
		(Charle base)		the manner of the large	OGE Use Only
		(Cneck box ij comme	ents are continued on	ine reverse siae)	

5.(C.F.R. Part	03/2000) 2634 Government Ethics		_																													_		
Γ	Reportin	g Individual's Name												C	CI	15	D	T T 1	. E														Pa	ge Number	
	raig, Gre	gory B.								_				٠٥'	<u></u>	11		<u> </u>			<u> </u>				_		_			_				2 of	12
		Assets and Income			at	Va clo	lua se	ati Of r	on rep	o f ort	As ing	s e pe	ts rio	d					I	n c	o m cke	e: t d, n	ype 0 0	e ar the	nd a r ei	mc ntry	un ⁄ is	t. If	"N ede	lon ed i	e (d	or l	ess k C	than \$201 for that it	l)" is em.
L		BLOCK A		L				BL	OCK	B						L		_	L							BL	OCK	С							Ţ
F	or you, j	your spouse, and dependent child ch asset held for investment or on of income which had a fair ma	dren, the				-												L	Ty	pe	:	L		_				۱m	ou	nt	_			
F a the residual of the residu	alue exc ng perion n income vith such or yours mount o han from eport the ncome o	eding \$1,000 at the close of the rej d, or which generated more than \$20 during the reporting period, toget income. self, also report the source and act fearned income exceeding \$200 (of the U.S. Government). For your spect e source but not the amount of eat f more than \$1,000 (except reports and act of any honoraria over \$20	ctual other ouse, rned	None (or less than \$1,001)	\$1,001 - \$15,000	1 ()			:	\$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			\$5,001 - \$15,000	ı ، ا	\$50,001 - \$100,000	\$100,001 - \$1,000,000	اجَا	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day Yr.) Only if Honoraria
Γ		Central Airlines Common					х												х	Ĺ	\prod				х										
E	xamples	Doe Jones & Smith, Hometown, State		[]		x													Γ															Law Partnership Income \$130,000	T
ı		Kempstone Equity Fund						×								x			${\sf C}$		Γ					х									I =
		IRA: Heartland 500 Index Fund								х						х											x								
1		lason Partners Managed Municipals I SMMYX)	I			×										×									×										
2	NFJ Di	v. Interest & Strategy Fund (NFJ)				×										×							×												
3		Drange County Calif CCD Coupon 0% 08/01/22	ó					×													×		×												
4	Alpine	Tax Optimized Income Fund (ATOIX))			×										×							×												
5	Oppen	neimer AMT-free Muni. Fund (OPTAX	()													U			Γ	T	Γ		V												

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^{*} 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.

ı	Reporting Individual's Name raig, Gregory B.								-	S C			e c							1e	d 										Pa	ge Nu	3 of	12
	Assets and Income	T	í	V at c	alu	at of	ior rep	o f	As ing	s e g pe	ts rio	d					I1 cl	nec	kec	e: t	ype o of	ar	nd a	mo	un / is	t. I ne	f "ì ede	Nor ed i	ne (in E	or l	less k C	than for	n \$20 that i	1)" is tem.
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		1		1													L	Ту	рe							Α	mo	uı	nt	_				
		None (or less than \$1 001)	1 - \$15.000	1	1.	\$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		\$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	lα	Inc (Spe Typ Ac Amo	her ome ecify oe & tual ount)	Date (Mo., Day, Yr.) Only if Honoraria
1	Parnassus Equity Income Fund (PRBLX)	T			×									×							×													
2	Calamos Convertible Fund (CICVX)		T			×								×							×													
3	Royce Value Trust Inc. (RVT)	T	×											×							×													
4	Legg Mason Partners Short Duration Muni Fun (SMDYX)	d		×										×							×													
5	Citigroup Orion Futures Fund	T				×								×									×											
6	Allianz NFJ Dividend Fund (PNEAX)	1		×										×							×													
7	Blackrock Global Allocation Fund (MALOX)	T				×								×							×												-	
8	Ivy Asset Strategy Fund (WASAX)	T				×								×							×													
9	Janus High Yield Fund (JAHYX)	7		×			_							×	_		-				×													
	* This category applies only if the asset/incom by the filer with the spouse or dependent ch	ie is s	solel	y tha	at of the	the othe	filer r hig	's sp gher	ous	e or	dep ies c	end of va	ent (chile as a	dren	ı. If opri	the ate.	asse	et/in	com	e is	eith	er t	hat (of tł	ne fi	ler (or jo	intl	y he	ld			

Reporting Individual's Name Craig, Gregory B.								5	SC	HI					A c				ıe	d										Pag	e Number	12
Assets and Income		a	V at cl		ati					ts	_					Ir	100	me	e: t	ype o ot	an her	d a	mo	uni ' is	i. If	"N	lone d ii	e (d	or loca	ess k C	than \$20 for that)1)" is
BLOCK A					,	BLO	CK B												_	_	_		BLC	OCK	<u> </u>							
		\$1,001 - \$15,000	1 .	1 1	\$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	.\$50,000	\$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
Bank Deposit Program (cash)					×											×				×												
Powershares DB US Dollar Index (UUP)			×										×										×	7								
Dreyfus Money Market (DGS)							×									×				×												
Eaton Vance Large Cap Value (EHSTX)			×										×							×												
Eaton Vance Strategic Income (ETSIX)			×										×							×												
FPA New Income Fund (FPNIX)					×								×								×											
Highbridge Statistical Market Neutral Fund (HSKSX)		1			×	-							×							×												
Mutual Series Fund (MQIFX)	\neg		×										×							×	\exists			\neg								
Pimco Total Return Fund (PTTAX)	\dashv	+	†		×								×					Н		×	7	7	\forall	\forall	\dashv	7		\neg	_			

	raig, Gregory B.									S C	HI							nti .ed		iec	1	_									Pag	ge Number 5 of	12
	Assets and Income		a	V:	alu ose	ati of:	on rep	of ort	As ing	s e i	ts rio	d					Ir cl	i co iecl	m e	e: ty	/pe	an	d a	mo	un 'is	t. If	"N ede	lon ed i	e (d	or le	ess k C	than \$20 for that	01)" is item.
	BLOCK A		_	_	, ,	I	BLOC	CK B												_				BLO	OCK	_					_		
		None (or less than \$1.001)		1 –	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$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		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	- \$50,000		\$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
1	Parnassus Fixed Income Fund (PRFIX)				×									×							×												
2	Powershares ETF (PGX)			×										×							×												
3	Templeton Global Bond Fund (TGBAX)				×									×							×												
4	WisdomTree Dividend Top 100 ETF (DTN)			×										×							×												
5	(LINE INTENTIONALLY LEFT BLANK)																																
6	Rydex Inverse 2X S&P 500 ETF (RSW)	×												×												×							
7	American Campus CMNTYS Inc. (ACC)	×																		×			×										
8	Freeport McMoran Copper & Gold (FCX)	×																		×			×										
9	Arch Coal Inc.	×																		×		×											
	* This category applies only if the asset/inc by the filer with the spouse or dependent	ome is s	olely	tha ark t	t of the c	the l	filer hig	s sp her	ouse cate	e or	dep ies o	end f va	ent lue,	chil as a	dren appr	. If opri	the ate.	asse	t/in	com	e is	eith	er t	hat o	of th	ne fil	er c	or jo	intly	/ hel	d		

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	Assets and Income		a	V: t cl	alu ose	ati of	rep	of ort	ing	set pe	ts rio	đ			_		In Cl	nec	m kec	e: t	ype o o	an the	id a	itry	oun is	nee	"N ede	lon d i	e (d n B	or le	ess k C	than \$20 for that	1)" is tem.
	book?	十	Π			Ť												Ту	pe								mo	un	ıt				
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000		\$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		\$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
1	Barr Pharmaceuticals	×																		×		×											
2	Chesapeake Energy Corp.	×																		×		×											
3	Global Payments Inc.	×																		×		×											
4	Varian Medical Systems Inc.	×																		×		×											
5	Southwestern Energy	×																		×		×											
6	Ohio National Variable Annuity (see Attachment A)									×							×		×			×											
7	Calamos Convertible Fund (CCVIX)		×											×							×												
8	Capital Income Builder Fund (CAIBX)		×											×							×												
9	Income Fund of America (AMECX)		×											×							×												

^{*} 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								5	SC	HI	ΞD	IJ	LF	E /	\ (01	nti	inı	1e	d										Pag	ge Number	
Cr	raig, Gregory B.															ne																8 of	12
	Assets and Income		a			of						d					Ir cł	iec iec	kec	e: t i, n	ype o o	e an	id a r ei	ntry	oun / is	t. I ne	f "N ede	on d i	e (e n B	or I loc	ess k C	than \$20 for that	01)" is item.
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																	١.	Тy	рe		ı					Α	mo	our	ıt				
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000		\$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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	зм	×															×					×											
2	Caterpillar Inc.	×															×					×											
3	iShares MSCI Emerging Markets	×												×								×											
4	Lincoln National Corp.	×															×					×											
5	Merrill Lynch & Co. Inc. Coupon 6.375%	×															×					×											
6	Parker-Hannifin Corp.	×															×					×											
7	Redwood Trust, Inc.	×	Γ														×						×										
8	Ship Finance International	×															×					×											
9	Starwood Hotels & Resorts	×															×					×											
	* This category applies only if the asset/in by the filer with the spouse or dependen	come is so	olely 1, m	tha	t of	the othe	filer r hig	's sp sher	ous	e or	dep ies o	end f va	ent lue,	chile as a	drer	ı. If	the	asse	et/ir	ıcon	ne is	eith	ner t	hat	of tl	he fi	iler	or jo	intl	y he	ld		

	Reporting Individual's Name									S C	H)U se c							ıe(d 										Pa	ge Number 9 of	12	
	Assets and Income		a	V t cl	alu ose		rep	ort	ing	se pe	ts erio	d					Cl	nec	kec	e: t	ype o o	e ar	id a	itry	/ is	ne	f "N ede	Non ed i	n B	or 1 loc	ess k C	than \$20 for that	1)" is item.	
H	BLOCK A		\top	Т	Г		BLO	~K B				Г	Н	H	Г	Г	-	Ту	рe		Г			BL	OCK		mo)11 r	1 t					
		None (or less than \$1.001)	5	1_	\$50,001 - \$100,000	\$100,001 - \$250,000		\$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		Rent and Royalties		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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day Yr.) Only if Honoraria	
1	Western Asset Money Market Fund (SBCX)	() ×												×									×											
2	World Wrestling Entertainment	×															×					×												
3	VCSP/CollegeAmerica 529 Plan (see Attachment B)						×							×							×													
4	Williams & Connelly																															Salary \$1,700,000		
5	Derry Noyes Graphics (Spouse)		×																													Business Income		
6										-																								
7																																		
8																																		
9			T										П																					
	* This category applies only if the asset/in- by the filer with the spouse or dependen	come is s	olely n, m	tha ark t	t of the c	the othe	filer r hig	s sp her	ous	e or	dep	end of va	ent (chile as a	drer appr	ı. If opri	the ate.	asse	et/in	con	ne is	eith	er t	hat (of th	ne fi	ler o	or jo	intly	y he	ld			

SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

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

Reporting Individual's Name	SCHED	ULI	E B								Page	Num	ber			
Craig, Gregory B.												1	0 о	f 12		
by you, your spouse, or dependent pr	operty used solely as your personal	None	- 🗆													
children during the reporting period of any re-	sidence, or a transaction solely between	Tra	nsacti ype (x	on				_^	moun	t of T	ransa	ction	(x)			
futures, and other securities when the amount of the transaction exceeded \$1,000.	ou, your spouse, or dependent child. neck the "Certificate of divestiture" block indicate sales made pursuant to a ertificate of divestiture from OGE.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	00,001 -	\$250,000 - \$500,000	000,0001	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 - \$25,000,000	5,000,001 -	\$50,000,000	Certificate of divestiture
Identification of A	Assets		Š	மி		\$ 51	\$2		\$ 52.5	\$ 5	\$0	\$1	\$23	\$22	5₩	ਹੋ ਦੇ
Example Central Airlines Common		х		_	2/1/99	<u> </u>	\dashv	х	_	_					4	Щ
1																
2																
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5		П						\Box								
Part II: Gifts, Reimburseme For you, your spouse and dependent children, reption, and the value of: (1) gifts (such as tangible if food, or entertainment) received from one source (2) travel-related cash reimbursements received fthan \$260. For conflicts analysis, it is helpful to it as personal friend, agency approval under 5 U.S.C. authority, etc. For travel-related gifts and reimbur dates, and the nature of expenses provided. Excl.	ents, and Travel Expense port the source, a brief descriptems, transportation, lodging, totaling more than \$260, and from one source totaling more indicate a basis for receipt, such C. § 4111 or other statutory resements, include travel itinerary,	S. Gove d from ndent nor's indue fr	ernm n rel of th	ent; ative heir i ence.	given to yo es; received relationship . Also, for source, excl	our ag	our s ou; o	spouse or prov of agg	or de vided regati	as poing	dent ersor ifts to	child nal he o det	l tota ospit ermi instr	ally ality ne th	ne ns	
Source (Name and Address)		Br	ief De	escrip	otion									Va —	lue	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nationa	1 confe	rence	6/15/	/99 (personal	activii	y unr	elated t	o duty					\$ 5		- 4
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)				_								\dashv	\$3	00	—
2																
3														_		\neg
4		-					_									\neg
5																

Reporting	Individual's Name		077ED		,							Page	Numb	er		
Craig, Gre	gory B.	S	CHED	OLE C	j								1	1 of	12	
Report li	I: Liabilities abilities over \$10,000 owed ne creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by	None 🔀	3				(Catego	ry of A	moun	t or Va	ılue (x)		
during the your spo Check th	he reporting period by you, buse, or dependent children. he highest amount owed he reporting period. Exclude	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	\$10,001 - \$15,000	\$15,001 - \$50,000		\$100,001-		\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001-		\$25,000,001 - \$50,000,000	Over \$50,000,000
	Creditors (Name and Address)	. Type of Liability	Incurred	Rate	applicable	\$10	\$3.	\$50	\$10	\$2,	\$5(\$1,	\$1,	\$5, \$2,	\$2; \$5(\$50
Examples	First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	10%	25 yrs. on demand			_x_		x						
1																
2																
3							,									
4																
5																
*This car with the	tegory applies only if the liability is a spouse or dependent children, man	solely that of the filer's spouse or dependent child rk the other higher categories, as appropriate.	en. If the li	ability is th	at of the fil	er or a	joint	liabili	ty of t	he file	er					
Part	II: Agreements or	r Arrangements														
employe	e benefit plan (e.g. pension, 40)	ts for: (1) continuing participation in an 1k, deferred compensation); (2) continua-including severance payments); (3) leaves	of abser	ce; and (egotiation	4) future e ns for any o	mplo of the	ymer se ar	it. See range	instr ment	ructions or t	ns re enefi	gardi its.	ing th	-	ort- None	\boxtimes
	Status and T	erms of any Agreement or Arrangement							Partie	:S					D	ate
Example	Pursuant to partnership agreement calculated on service performed the	, will receive lump sum payment of capital account & pa	rtnership sh	are	Doe Jones	& Smit	h, Hon	netown,	, State						7,	/85
1				·									-		T	
2																
3								-								
4																
5																
6																

Reporting Individual's Name		SC	HEDULE D		Page Number	
Craig, Gregory B.		30	TEDULE D		12 of	12
Part I: Positions Held Report any positions held during the assated or not. Positions include but are a trustee, general partner, proprietor, rejany corporation, firm, partnership, or of	pplicable reporting period, whether not limited to those of an officer, or presentative, employee, or consult	er compen- director, ant of	organization or educational	l institution. Exclude positions l entities and those solely of an l	honorary	one
Organization (Name			Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Nat'l Assn. of Rock Collectors, NY, NY		Non-profit educ	ation	President	6/92	Present
Examples Doe Jones & Smith, Hometown, State		Law firm		Partner	7/85	1/00
Carnegie Endowment for International Pea	ace	Think Tank	1	Vice Chairman of the Board	1999	12/08
Robert F. Kennedy Memorial		Non-profit		Member of the Board	1999	12/08
Special Olympics International		Non-profit		Member of the Board	2007	12/08
Williams & Connolly LLP		Law Firm		Partner	1999	12/08
5						
6						
Part II: Compensation Report sources of more than \$5,000 co business affiliation for services provide the reporting period. This includes the corporation, firm, partnership, or othe	mpensation received by you or you ed directly by you during any one names of clients and customers o	our year of f any	non-profit organization who	payment of more than \$5,000.	ion Filer, or Iential Cand You	Vice
Source (Name an	d Address)		Br	ief Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legal service				
Metro University (client of Doe Jones & S	mith), Moneytown, State	Legal servi	es in connection with university const	ruction		
See Attachment C						
2			:			
3			1			
4						
5						
6						

Attachment A

Ohio National Variable Life Insurance is invested in:

- cash
- Wilshire Asset Allocation Model 4*
- *This model is invested in the following mutual funds (all qualifying as EIFs):
 - Franklin Flex Cap Growth Securities Fund
 - Goldman Sachs Growth and Income Fund
 - Lazard Retirement International Equity Portfolio
 - Van Kampen International Growth Equity Portfolio
 - Pacific Investment Management Total Return Portfolio
 - Jennison 20/20 Focus Portfolio
 - Neuberger Berman AMT Regency Portfolio
 - Van Kampen Core Plus Fixed Income Portfolio
 - Pacific Investment Management Global Bond Portfolio
 - Suffolk Capital Bristol Portfolio
 - Suffolk Capital Bryton Growth Portfolio
 - Lazard Retirement Emerging Markets Equity Portfolio
 - RS Investment Management Mid Cap Opportunity Portfolio
 - Pacific Investment Management Real Return Portfolio
 - Royce Small Cap Portfolio
 - Van Kampen U.S. Real Estate Portfolio

Attachment B

529 Plan Assets: College America - American Funds	<u>Value</u>
Capital Income Builder*	\$50,001 - \$100,000
Capital World Growth & Income*	\$50,001 - \$100,000
EuroPacific Growth*	\$50,001 - \$100,000
Fundamental Investors*	\$50,001 - \$100,000
The Growth Fund of America*	\$15,001 - \$50,000
The Income Fund of America*	\$15,001 - \$50,000
Cash Management Trust of America (money market fund)*	\$1,001 - \$15,000

^{*}All EIFs, no reportable income

Attachment C

Compensation in Excess of \$5,000 Paid by One Source

Abbott Laboratories

Digital Fusion Inc.

EduCap

Farideh Gueramy

Francesco Corallo

Gonzalo Sanchez de Lozada

Greenberg Traurig

Dr. Henry Nicholas

Kofi Annan

Louis Dreyfus Property Group

Ogilvy Government Relations

Pedro Miguel Gonzalez

PWC Logistics

Telenor Storm

World Bank Group