Form Approved: OMB No. 3209-0001

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

5 C.F.R Part 2634 U.S. Office of Government Ethics

D. C. C. C. C. C. C. C. C.	Danasta - Castro		0.11	$\overline{}$			The state of the s	
Date of Appointment, Candidacy, Election	Reporting Status	Y	Calendar Year	1	Marie Para de Marie		Termination Date (If Appli-	Fee for Late Filing
or Nomination (Month, Day, Year)	(Check	Incumbent	Covered by Report	<del>-</del>	New Entrant, Nominee,	Termination	cable) (Month, Day, Year)	Any individual who is required to
1/21/09	appropriate baxes)			X	or Candidate	Filer		file this report and does so more than
1/2 1/03		—		1-				30 days after the date the report is
· · ·	Last Name		·		First Name and Middle In	itial		required to be filed, or, if an extension
Reporting Individual's Name								is granted, more than 30 days after the
Troporting marriage 5 Trans	Davies				Susan M.			
	Tide of Decision				D	1		last day of the filing extension period
D. M. C. Hall J. Diller	Title of Position				Department or Agency (If	<u> Аррисавів (</u>		shall be subject to a \$200 fee.
Position for Which Filing	Associate Couns	sel			Office of the White H	louse Counsel		
	1.11 (25 1 6	2. 2						Reporting Periods
L	Address (Number, St.	reet, City, State, and I	ZIP Code)			Telephone No. (Incli	ude Area Code)	Incumbents: The reporting period is
Location of Present Office	11 Ac Panas	ylvania Are	nul			202-456-3092		the preceding calendar year except
(or forwarding address)	1000 Panis	givania Are	washingt	200	DC	202-450-5052		Part II of Schedule C and Part I of
		'	VOICE TO TO	m	20			Schedule D where you must also
Position(s) Held with the Federal	Title of Position(s) a	nd Date(s) Held	<u> </u>					include the filing year up to the date
Government During the Preceding							· · · · · ·	you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	General Counse	<ol> <li>Senate Judicia:</li> </ol>	y Committee					applicable.
			•					
	<del></del>							Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congression	nal Committee Consid	dering Nomination		Do You Intend to Create a	Qualified Diversified	Trust?	period begins at the end of the period
Senate Confirmation					<u> </u>			<b>—</b> '
Senate Confirmation					Yes	No		covered by your previous filing and ends
								at the date of termination. Part II
O and C and a	10: 45	v 1/ 1 1 T						of Schedule D is not applicable.
Certification	Signature of Reporting	ig individual				Date (Month, Day, Ye	ear)	
I CERTIFY that the statements I have								Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct		1				00		Candidates for President and Vice
to the best of my knowledge.		- Ithe	1.			02.17	U-05	President:
to the best of thy knowledge.	/ '\ '					-	- 1	Schedule AThe reporting period for
	Signature of Other R	eviewer				Date Month, Day, Ye	ear)	income (BLOCK C) is the preceding
		^	7 .			Date Indian, Day, 1		calendar year and the current calendar
Other Review	<i>U</i>	1.0	<b>(</b>					year up to the date of filing. Value
(If desired by	1 mal	nu /				02,2	7 09	assets as of any date you choose that is
agency)	<i>  '</i>					0	• •	within 31 days of the date of filing.
** • **								within 51 days of the case of fining.
Agency Ethics Official's Opinion	Signature of Designa	ted Agency Ethics Of	ficial/Reviewing Official			Date (Month, Day, Ye	ear)	Schedule B-Not applicable.
On the basis of information contained	/		,					
in this report, I conclude that the filer is	//					-11		Schedule C, Part I (Liabilities)-
in compliance with applicable laws and	l // .	<b>A</b> ( )	1			3/11/0	9	The reporting period is the preceding
regulations (subject to any comments	14-	. / (	•			<i> </i>	/	calendar year and the current calendar
in the box below).								year up to any date you choose that is
0.000 0.000 0.0001	Signature					Date (Month, Day, Ye	ear)	within 31 days of the date of filing.
Office of Government Ethics								
Use Only								Schedule C. Part II (Agreements or
0.000	<u> </u>							Arrangements)— Show any agreements
Comments of Reviewing Officials (If additional	space is required, use	the reverse side of th	is sneet)					or arrangements as of the date of
			(0)		iceli			filing.
			(Ch	еск бох	if filing extension granted	t & 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
					1			02-18-09
					·	_		OGE Use Only
					(Check box if com	ments are continued o	n the reverse side)	

SF278 (Rev. 03/2000)	
5 C.F.R Part 2634	
TIC Office of Covernment	E>4

Reporting Individual's Name																											Page Number	
Susan M. Davies			•								SC.	HEI	נטכ	LE	A												2	
Assets and Income				a	tion o	of									ne: t									ban S	5201)	" is (	checked, no	
BLOCK A				1	BLOCK	B	•												_		BLO	ск с				_		
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 account of any honoraria over \$200 of your spouse).	Numer (Octobrasy) Dean very Date)	51,061 - 515,000	\$50,001 - \$100,000	\$144.461 - \$256.486	\$250,001 - \$500,000	Over \$1,000,000	S ( MACANIES CARRONNIES	\$5,060,001 - \$25,000,000	\$25,400,001 \$50,000,000	Over \$50,000,000	Kacephad luvestinent Fond	Excepted Trust	Dividends	Royallare	Interest	C-total (Solita)	None (or less than \$201)	XXII E.S. (400	51,001 - 52,500	37.50t - t.s. 660	A Marie 1917		DOUGH - STORY		Over ST, Judy, 1900"	Control of the contro	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Central Airlines Common  Examples Doe Jones & Smith, Homerown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund			x					 		_	X 1.4	_ _ _	<u>×</u>						× :	*		-					Lew Partouchip Issosiu (130,003	
1 (J) Alcatel/ Lucent ADR	X												X				X											
2 (J) AllianceBernstein Income Fund, INC.		×									X								7	×					1			
3 (J) Coca Cola Co.		×											X						Χ.						1			
4 (J) Corning Inc.		х											X				×											
5 (J) Eastman Chemical Co.		×											X						×									
e (J) General Electric Co.			Х							1	7		×							,								
This category applies only if the asset/income is sol other higher categories of value, as appropriate.	olely tha	t of th	c file	's sp	ouse o	depe	enden	t chi	ldren	. If t	he a	sset/in	come	is c	ither	that	of th	c file	r or j	ointly	held	by I	he fil	er wi	th the	spo	use or dependent childr	en, mark the

Rep	ornag Individual's Namo											SC	HF	cn.	m.	E	<b>4</b> c	on	fin	ueć	ł											Page	Number		
Su	san M. Davies										Ì							ede			_												3		
		T																		_							_				_			_	
	Assets and Income					8	oľo t	of A se of	f	ets								ome r on											a <b>\$</b> 2	01)"	is ch	hecke	ed, no		
	BLOCK A	<u> </u>					BLO			- Table 1			_	1.1.71		200				_					_	OCX				_				_	
		None (Or less chan St. 1811)	21	\$15,861\$56,800	550,001 - 5100,000	\$166,001 S750,000	5250,001 - 5500,000	State - standam	Over S1,000,000 *	41700aXu) = 5,500070a0	\$5,000,001 - \$25,000,000	C. C	Over \$56,000,000	Kreepled Investment Fund	Excepted Trust	Continue Dass	Dividends	Rent and Royathier	Interest		None (or less than \$201)	- 1000 Contraction	\$1,001 - \$2,500	-V-50H-55-080-		SIS, ANT SSO, AND		\$100 mm . \$ 1000 000	Over \$1,800,600*	A region of the second control of	Over \$5,000,000		Other Income (Specify Type & Actual Amount)		Date (Mo., Day, Yr.) Only if Honoraria
	None																		118.00.00.00		-		5		S Contraction				Ŭ						
1	(3) Intel Corp.			X													X					X													
2	(J) International Business Machines			Х													Х			7		X			1										
3	(J) IShares Barclay's 1-3 year Treasury Bond Fund			X							1	1		X		1	X			1		X												1	
4	(J) Johnson & Johnson			X													X					X				T								1	
5	(J) Merck Co.	Г		X								-					×			1		X													
6	(J) Powershares QQQ Trust, Tracking share: (NASDAQ 100 ETF)	2	×			-								Х			X			X	X													T	
7	(J) S&P Midcap 400 Depository Receipt (Mid-cap SPDRS)			х										X			×			×		X				-	7						_		
8	(J) S&P 500 Depository Receipt			×						1				Х	-		×			×			×												
9																											i								
•	This esterory applies only if the asset/income is so	clv 1	het o	Cthe	filer	'e en	OBSC	or de	IDen/	dent	chil	dren	16	the c	eset/	inco	me i	e cit	LET 1	net a	fthe	e file	7.00	iointl	v he	ld by	the	filer	with	adt.	ThA HE	te ot /	dependent chil	dren	markthe

other higher categories of value, as appropriate.

SF278 (Rev. 03/2000) 5 C.F.R Pan 2634 U.S. Office of Government Ethics

Reporting Individual's Name	Valuation of Assets at close of reporting period BLOCK B  STORD 1 STORD																		Pag	go Number														
Susan M. Davies											3C								100	<u></u>		_				_						4		_
													_											_									_	
Assets and Income  BLOCK A					a repo	t ele ortin	se c g pe	of criod																for	that	iten		ın <b>S</b> 2	01)"	is c	heck	ed, no		
BLOCKA	1888		HA					,	134					1		$\vdash$	Tv	ne		Г			_	DI			_				_		$\neg \vdash$	
None	Abbe (or besenta Arpm)	\$1,001 - \$15,000	615,461 - \$56,866	\$50,001 - \$100,000	\$140,041 S250,000	\$256,001 - \$500,000		Over \$1,000,000 *	# (1/00000) #K < (100000)	55,000,001 - \$25,000,000	SESTIMATE ASSUMBATION	Over \$50,000,000	- Excepted Ingresonal Cond	Excepted Trust	Contilled Dass	Divkdends			Per fortant barrets	4	32-111-12-1-1-1000 (F. 1-2-111-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-12-11-1	\$1,001 - \$2,500	V/X0172 X-000	55,901 - \$15,000			nog	Over \$1,000,000*	21-mm-mm-12-24-000-000-12-	Over \$5,000,000		Other Income (Specify Type & Actual Amount)		Date (Mo., Day, Yr.) Only if Honoraria
None																																		
(J) American Funds     Capital World Growth and Income			X										X								X												!	
2 (J) American Funds EuroPacific Growth Fund			X										X								X													
(J) American Funds     The Income Fund of America			Х										X									X												
(J) American Funds     New Perspective Fund			Х										X										Х											
5 CB&T !RA Rollover American Funds New Perspective Fund			X										X										X										7	
B (J) American Funds New World Fund			Х										X								X													
7 (J) American Funds SMALLCAP World Fund		×											х							Х														
(J) American Funds     Washington Mutual Investors Fund			X										X									X												
e (J) Fidelity Advisors Health Care Fund			Х										X							Х														
This category applies only if the asset/income is soluther higher categories of value, as appropriate.	ely th	et of	the	filer	's sp	оце	orc	leper	nden	chi	dren	lf	the	asset	v'inc	ome	ls ei	ther	that	of th	oc fil	er or	join	ւկչ հ	eld b	y the	file	r with	the	spou	ise or	dependent ch	ildre	n, mark the

SF278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government Ethic

Reporting Individual's Name						_		_		_	0.0	_	_							_	_	_		_	_	_		_	_		P	age No	mbca			
Susan M. Davies											SC	Ж	ED	UL	Æ	A (	con	ıtin	ue	d											-	•				
SUSSITIVI, DOVIES									_			(	Use	e on	ly i	<u>f</u> ne	ede	ed)						_		_			_					5_		
	<del>-,-</del>											_	_		_	_								_					_					_		
Assets and Income				V		tio			ets																			an \$2	201)	" is c	chec	eked, 1	no			
						at cl							ı			Othe	er er	JAN	is ne	ede	d în	Blo	ck C	for	that	ites	n.									
BLOCK A	-1					ortiz BLC	ig pe		Ł				ĺ											RI	.ocx											
				T							<b>H</b>						Ty	pe							Am		1			_	_					
	NOW: (OF PAY (PAY) ST. DOT)	51.001 - 515.000	315,441 859,100	550,001 - 5160,000	(1)(4)(4):-(+)(4):4)	5250,001 - 5500,000	SSERVABIL: STANDAND	Over \$1,060,000 *		55,000,001 - \$25,000,000	A COMPANY OF THE PROPERTY OF T	Dver \$50,000,000	Axcopied lavesement: Fand	Excepted Trast	Qualities II we	Dividends	Mentand Royalleto.	Jatenett	Cho(al Crees	None (or less than \$201)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	51,001 - 52,500	\$24,011******	55,001 - 515,000	515/40 E-\$50 000	50,001 - \$100,000	Sabdagae St. Dag. 000	Over \$1.000.000*	N. STRUCTULE CONCURS.	15 000 000	Over 55,800,000	Ir (S T	Other acome pecify ype & actual mount)		,	Date So., Day, Yr.) Only if onoraria
None				Š						•				-		-				~		2		5	Š	5	•	٥		*	3					
(J) Fidelity Adivsor     Technology Fund	13.23	×	1333				10140		e de sole				X		21111		11223		475.6	X	4654	1	323-1		110112		1.1.1.1		1.2.1		$\top$					
2 (J) Fidelity Cash Management Funds Prime Fund - Daily Money Class	$\top$		X										Х				$\neg$					X								$\top$			-			
(J) US Senate Federal Credit Union     Checking and Savings Accounts		X		1													7	Х	7	X		7	7							†						
4 (DC) American Funds (529 Plan) The New Economy Fund	T		×										X							×		7										_				
6 (DC) American Funds (529 Plan) New World Fund			X										×	Π			7		7	×		7	1	1												
6			·																7			1									T			_		
7			-																1			1		$\dashv$		_										
8	T																7		7		$\uparrow$	$\top$									1					
9	7		$\top$	Γ						7		$\neg$		Ť		1	7		$\dashv$	$\dashv$	7	$\uparrow$		1	7						T					
• This category applies only if the asset/income is s	เกโคใน เ	hat r	of the	م (آزام	٠,٥ ٠,٠	101254	024	lenor	den	t chi	do	11	the	DECO,	Knoo	NEW S	c eis	her	ho) d	rê sh	6110		iois	lu b	121	., 14	. €1a	- >>===			1	. d	- de	46713		anle al-
other higher categories of value, as appropriate.				- 111	_ s sp	,-Juje		Lepel	iacii	( CH1	رسا چارا		те (	7420N		лис 1	is til	TIEL (	חמת נ	ar mg	nic.	ַנעט ו	оше	iy n	בות מ	уш	e me	, wx(	ı me	spor	72C 0	и аере	TUCKI	CUNT	ea, m	ark me
Prior Editions Cannot be Used.																																_			_	

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Page Number Reporting Individual's Name SCHEDULE A continued Susan M. Davies (Use only if needed) Valuation of Assets Assets and Income Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. at close of reporting period BLOCK B BLOCK C **BLOCK** A Туре Amount Other Date Excepted investment Four Income (Mo., Day. 55,000,001 - 525,000,000 \$1,000,001 \$ \$200,000 None (or less than \$201) (Specify Yr.) Nicongant - Seguid God Type & \$500,000 TT 100,000 \$100,000 - \$1,000,000 S189,841 - \$250,000 RAME SULTHING 9250,001 - SS00,000 615,001~550,000 Only if Actual 550,001 - 5100,000 550,001 - 5100,000 Over \$50,000,000 Over \$1,000,000\* Over \$1,000,000 Camiral Oxigo Amount) Honoraria 51,001 - \$15,000 Conflict Trace \$15,0401 - \$50,040 Excepted Trast \$2 501×55 000 \$5,001 - \$15,000 Over \$5,000,000 \$1,001 - \$2,500 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* Dividends None (S) 20% interest in undeveloped land situated in Hopetown, Elbow Cay. Abacos, Bahamas no payments 2 (S) 15% interest in Mortgage on Χ undeveloped land in South Caicos in 2008 Turks and Calcos Islands, B.W.I. consulting fee 3 (S) Chapin Hall Center for Children Х Х and travel expenses at the University of Chicago Х 4 (S) TIAA-CREFRetirement Account X CREF Money Market δ 8

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.

9

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

U.S. Office of Government Ethics			-,						,,,,,,,									
Reporting Individual's Name		SCHEDULE	В										Page 1	Numbe 6	ia_			
Part I: Transactions					<u> </u>		None	<del></del>						•				
Report any purchase, sale, or exchar or dependent children during the rer		report a transaction involving property used solely as your personal residence, or a transaction solely between you.		ansact			Ì			Ar	nount (	of Tran	saction	(x)				
property, stocks, bonds, commodity securities when the amount of the tr \$1,000. Include transactions that res	futures, and other ansaction exceeded	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.)	\$1,001 -	\$15,001 - \$50,000	50,001 -	\$100,001 - \$250,000	0,000	0,001 -	Over \$1,000,000*	\$1,000,001 -	55,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of
	Identifi	cation of Assets	Pur	Sale	ă		\$1,001	\$15 \$50	\$50 \$10	\$10	\$25 \$50	\$50	Ove	\$1,0 \$5,0	\$5,0 \$25	\$25 \$50	Ove \$50	Cert
Example: Central Airlines Commo	on		х			2/1/99			х									
1																		
2											$\vdash$				<del> </del>			$\vdash$
3			-							-						_		
			<del>                                      </del>				-									<u> </u>		
4																		
5	-		+	-			<del> </del>	<b></b>	<b> </b>						<del> </del>			
<b>4</b>	, ,	that of the filer's spouse or dependent children. If the underlying	_		ther h	neld												
		endent children, use the other higher categories of value, as app	ropria	te.														
Part II: Gifts, Reimbu For you, your spouse and dependention, and the value of: (1) gifts (standard food, or entertainment) received (2) travel-related cash reimburse than \$260. For conflicts analysis as personal friend, agency approauthority, etc. For travel-related dates, and the nature of expenses	dent children, report the such as tangible items, to from one source totalin ments received from one s, it is helpful to indicate val under 5 U.S.C. § 41 gifts 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,	receinde the c total	ived i pende lonor valu	from ent of 's res e froi	rnment; gi relatives; i f their rela sidence. Al m one soun isions.	eceive tionsh so, for	ed by v ip to y	your s /ou; o oses c	pouse r prov	e or de vided regati	epend as per ng gif	ent ch sonal ts to o	ild to hosp letern	itally itality nine the structi	at he		]
Source (Name a			Br	ief Des	scripti	on											Value	:
Examples: Nat'l Assn. of Rock Col Frank Jones, San Franci		Airline ticket, hotel room & meals incident to national conference 6/1  Leather briefcase (personal friend)	5/99 (p	ersona	l activ	vity unrelated	to duty										\$500 \$300	
1	300, 011	Souther officease (personal freing)															\$300	
2																		
3		•																
4								<del></del>										
5											•	_						
Prior Editions Cannot Be Lised																		

SF 278 (Rev 5 C.F.R Part																	
	Individual's Name											Page	Number		—		
Susan M	I. Davies		SCHED	ULE C											7		
Part I:	Liabilities																
	bilities over \$10,000 owed to any during the reporting period by you		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	one				Cat	egory of	Amour	at or Val	це (х)			
or depend	ent children. Check the highest are e reporting period. Exclude a more	nount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	. 100	. 100	\$50,001 -	\$100,000	\$250,000	\$500,001 -	Over	\$1,000,000	00,001 -	525,000,000 -	000,000
	Creditors (Name and A		Type of Liability			Cable	\$10,001	\$15,001	250	\$100	\$250 \$250	200	\$ 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5,00	55,0	\$25	3 8
Examples:	First District Bank, Washington, D. John Jones, 123 J St., Washington,	C	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs.			<u>x</u>		x		T			<b>I</b>	
1	Joint Jones, 125 J St., Washington,	<u> </u>	Troubsory note	1999	10 /4	Oil delitati	+			+-	1	+	+	+		+-	+
2							1		1	-		+-	1	1	-	+	+
3							+		+-	+		-	+	+		1	+
4						-	+	_	-	-	-	-	+	+-	-	+	+-
5				_			+-			-	-	-	+	+-	+-	+-	+-
	egory applies only if the liability is		spouse or dependent children. If the liability is that of the file	r or a joint liabi	lity of the f	filer											
	I: Agreements or Arr		ies, as appropriate.													—	
Report y	our agreements or arrangements e benefit plan (e.g. 401k, deferre by a former employer (includin	for: continuing particed compensation; (2) c	ontinuation			future em any of the							•	orting	ና		
		Status and Terms of any A	Transent or A transement							Parti		1	None			T	Date
Example	Pursuant to partnership agreemen calculated on service performed to	t, will receive lump sum pay	ment of capital account & partnership share			Do	e Jones à	& Smith,	Home								7/85
1																	
2																	
3							,										
4																	
5																	
в			3													+	

Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE D** Susan M. Davies Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether consultant of any corporation, firm, partnership, or other business enterprise or any compensated or not. Positions include but are not limited to those of an officer. non-profit organization or educational institution. Exclude positions with religious, director, trustee, general partner, proprietor, representative, employee, or 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.) Nat'l Assn. of Rock Collectors, NY, NY Non-profit education Present President 6/92 Doe Jones & Smith, Hometown, State 7/85 Law firm Partner 1/00 1/2009 1 The Green Bag Law Journal Contributing Editor 1998 2 3 5 6 Part II: Compensation In Excess Of \$5,000 Paid by One Source Do not complete this part Report sources of more than \$5,000 compensation received by you or your if you are an Incumbent, corporation, firm, partnership, or other business enterprise, or any other non-profit business affiliation for services provided directly by you during any one year of organization when you directly provided the services generating a fee or payment Termination Filer, or the reporting period. This includes the names of clients and customers of any of more than \$5,000. You need not report the U.S. Government as a source. Vice Presidential or Presidential Candidate None X Source (Name and Address) Brief Description of Duties Legal services Doe Jones & Smith, Hometown, State Examples: Metro University (client of Doe Jones & Smith), Moneytown, State Legal services in connection with university construction

Prior Editions Cannot Be Used.

5