"SF278 (Rev. 03/2000) 5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:

OMB No. 3209-0001

U.S. Office of Government Ethics								
Date of Appointment, Candidacy, Election	Reporting Status	[manumuhamt	Calendar Year	Ι – ,	New Entrant, Nominee.	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Year)	appropriate boxes)	Incumbent	Covered by Report		or Candidate	Filer		Any individual who is required to file this report and does so more than
January 20, 2009	appropriate toxes)			ᆣ				30 days after the date the report is
Donostino Individualla Nama	Last Name			I	First Name and Middle	Initial		required to be filed, or, if an extension
Reporting Individual's Name	Earnest				Joshua R			is granted, more than 30 days after the last day of the filing extension period
	Title of Position			I	Department or Agency	(If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing	Deputy White	House Press Se	ecretary		White Ho	USe-		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						202.456.3292		the preceding calendar year except
(or forwarding address)	1600 Pennsylv	ania Ave Nvv v	Vashington, DC					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								you file. Part II of Schedule D is not applicable.
12 Months (If Not Same as Above)								аррисаоје.
			11 1 1 1	- 17	D-Vlated to 0	0 17 10 7	1 T + 12	Termination Filers: The reporting
Presidential Nominees Subject to Senate Confirmation		ional Committee Co	onsidering Nomination	¹	Do You Intend to Creat		led i fust?	period begins at the end of the period covered by your previous filing and ends
Senate Court mation	N/A				Yes	X _{No}		at the date of termination. Part II
								of Schedule D is not applicable.
I CERTIFY that the statements I have	Signature of Repo	rting Individual				Date (Month, Day,	rear)	Nominees, New Entrants and
made on this form and all attached	0 1	$\langle (2) \rangle$	*			FEB 19	2005	Candidates for President and Vice
schedules are true, complete and correct to the best of my knowledge.		$\sim \sim \sim \sim \sim$	~			1 20 . 1	(200)	President:
to the best of my knowledge.						7. ((())		Schedule A-The reporting period for
	Signature of Other	Reviewer				Date (Month, Day,	Year)	income (BLOCK C) is the preceding calendar year and the current calendar
Other Review	L,	1.1	1			02.26	09	year up to the date of filing. Value
(If desired by agency)	1 7 xu	m ,				02.20	.0 (assets as of any date you choose that is within 31 days of the date of filing.
	Signature of Dasis	matad Aganay Ethic	s Official/Reviewing C	Official		Date (Month, Day,	Vocas	Schedule B-Not applicable.
Agency Ethics Official's Opinion On the basis of information contained	/	mated Agency Euric	S Official/Reviewing C	HICIAI		Date (Month, Day,	Teur)	Schedule BNot applicable.
in this report, I conclude that the filer is	1/.	1	1_			2/1/12		Schedule C, Part I (Liabilities)— The reporting period is the preceding
in compliance with applicable laws and regulations (subject to any comments	14-	. M. W	T			3/11/09		calendar year and the current calendar
in the box below).	63					Date (Month, Day,	Vagu	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature					Date (Monin, Day,	1ear)	within 31 days of the date of filing.
Use Only								Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If additi	onal space is requir	ed, use the reverse	side of this sheet)					Arrangements) - Show any agreements or arrangements as of the date of
				or if filis	ng extension granted &	indicate number of d	Crus I	filing.
			(Check b	ox y juir	ng extension grantea &	maicule number of a	uys/	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
								02-19-09
								OGE Use Only
					(Check box if comme	ents are continued on	the reverse side)	OGE USE ONLY

Reporting Individual's Name																												Page Number	
								_			_S	CF	ŒD	UI	Æ	A —													
Assets and Income					героп	clos ting	se of peri		ts												ock (c for	tha	r les		n \$2	201)	" is checked, no	
BLOCK A	988	1	200000	_	BI	LOC	K B	550	88	*****				8	~		\neg		_			BLOC			_				
For you, your spouse, and dependent childre 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 reing period, or which generated more than \$20 in income during the reporting period, togeth with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (of han from the U.S. Government). For your signal of the product of the source and actual amount of earned income exceeding \$200 (of han from the U.S. Government).	t sort- 00 (100)	8	50,000	100,000	\$250,000	\$500,000	S1,000,000	CYCL AND HOLL S. S. MAG. AND	55,000,001 - 525,000,000	\$25,000,001 - \$50,000,000	000'00	Excepted Investment Fund	rust	-		pe		is tham S201)	ĐI	200	0440		900		0.000	\$1,000,001 - \$5,000,000	000	Other Income (Specify Type & Actual Amount)	Date (Mo., Da Yr.) Only if Honorari
report the source but not the amount of earne neome of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse). None		\$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	CVET 51,000,000 = 2,000	\$5,000,001	\$25,000,00	Over \$50,000,000	Lycepted I	Excepted Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than	\$201 - \$1,000	SI,0001 - S2,500	V2.501 - S5,000	Steam Calculation	650 001 - \$100 000	\$100,001 - \$100,000 \$100,001 - \$1,000,000	Over \$1,000,000	\$1,000,001	Over \$5,000,000	.1	
Central Airlines Common Examples Doe Jones & Smith, Hometown, Sta Kempstone Equity Fund IRA: Heartland 500 Index Fund	e		2.5	X_			 					;		<u>×</u> —						× -								Law Parmershap Income \$130,000	
1 RA: American Century Int'l Growth F	und	×										х:						X			SSS								
Roth IRA: American Century Int'l Gro	wth	х										X		×					×				V.						
Roth IRA: American Century Ultra Fu	ınd	×										×						×			77								
Savings Account: ING Direct				×												×				x			Messenti						
Checking Account: Chevy Chase Ba	nk	×																х	75										
Obama for America																							×					\$102,900 * Salary	

Prior Editions Cannot be Used.

mark the other higher categories of value, as appropriate.

U.S. Office of Government Eduics																																				
Rep	porting Individual's Name	SCHEDULE A continued												Puge N	amber			\neg																		
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_	Assets and Income	Т	_	_	Va	lua/		of A			_	_	7	_	_		T.,,					9170		16			/07	1200	thor	- 52		Tio abo	cked, no			\dashv
	ASSESS AND THEOME					at	t clo	ose of	1					i													tori hatit			1.32	JLJ	IS CHE	жев, по			
	71 0CV 1	reporting period																																		
_	BLOCK A	BLOCK C Type Amount													_			\neg		\dashv																
		None (or less than \$1,001)	8	\$15,001 . \$50,000	550,001 - 5100,000	\$100,001 - \$230,000	5250,001 - \$500,000	5900,001 - \$1,000,000	Over S1,000.000 *	\$1,000,001 - \$5,000,000	55,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Janes		**	None (or less than \$201)	\$201 - \$1,000	51,001 - 52,500	2.501 - \$5,000		\$15,001 - \$50,000		Stee, 661 - S1, 661, 000	Over Sil,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	(5)	Other acome Specify Type & Actual Amount)		Date (Mo., Dan Yr.) Only if Honorari	ſ
_	Nonc		S	S	S	Š	5				\$	•					٥			,	Z		S	*	56	S	38	8	0	S	°					
1	Presidential Inaugural Committee 2009, Inc.										2000															х						\$30	Salary			
2				32														S																		
3											September 1																THE PERSON NAMED IN							\top		\neg
4																											A COLUMN							7		
5											THE PLANT																-							\top		
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; 	This category applies only if the asseviacome is	sole	elv t	nat c	الله الد	: file	rs si	pouse	e or	depr	ende	nt c	hild	ren.	If if	ie i	ssel	inco	mei	s eit	her t	hat	of d	e fili	er or	joir	my I	ield	by th	ie fil	ēr w	ith the s	spouse or	depe	andent ch	ildr

mark the other higher categories of value, as appropriate.

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

_	S. Office of Government Ethics																		
IRe	porting Individual's Name		SCHEDULE	В										Page	Numbe	r			
P	art I: Transactions							None	2			 -			<u></u> .			E	<u></u>
	port any purchase, sale, or exchange dependent children during the reporti		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti Гуре (х						Ar	nount	of Tran	saction	(x)				
sec	operty, stocks, bonds, commodity futs curities when the amount of the transa ,000. Include transactions that resulte	action 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	<u>-</u>	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	,001 -	\$100,001 - \$250,000	0,001	5500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of divestiture
Г		Identific	cation of Assets	Pu	Sale	ñ		6	\$15	\$50	\$10	\$25 \$50	\$50	9.0ve	\$1,0	\$5,(\$25 \$50	0ve	Cerr dive
<u> </u>	Example: Central Airlines Common			x			2/1/99			x						_			
1	N/A																		
2																			
3																			
4												_							
5				 											_				
* 7	This category applies only if the und	arlying asset is solely t	hat of the filer's spouse or dependent children. If the underlying	2000	t is ait	hor h	neld	<u> </u>						<u> </u>					
			endent children, use the other higher categories of value, as app			iici ii	iciu												
Fo tio foc (2) tha as au	art II: Gifts, Reimburs or you, your spouse and dependen on, and the value of: (1) gifts (sucl od, or entertainment) received fro) travel-related cash reimbursemen an \$260. For conflicts analysis, it personal friend, agency approval thority, etc. For travel-related gift tes, and the nature of expenses pr	t children, report the n as tangible items, tr m one source totaling its received from one is helpful to indicate under 5 U.S.C. § 41 s and reimbursement	source, a brief descrip- ansportation, lodging, more than \$260; and e source totaling more a basis for receipt, such or other statutory s, include travel itinerary,	receinde the c total	ved fi pende lonor' value	rom ent of s res e fror	rnment; girelatives; if their relations. Almone sour isions.	eceive ionshi so, for	d by vip to y	our sour ou; ou	pouse r prov of aggi	or do rided regati	epend as per ng gif	ent cl sonal	nild to hosp deterr	otally itality nine to struct	at he]
	Source (Name and A	(ddress)		Br	ief Des	criptic	on											Value	
	Examples: Nat'l Assn. of Rock Collector Frank Jones, San Francisco,		Airline ticket, hotel room & meals incident to national conference 6/ Leather briefcase (personal friend)	5/99 (p	ersonal	activ	ity unrelated	to duty										\$500 \$300	
1	N/A																		
2																			
3																			
4																			
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Reporting Individual's Name															Page N	lumber			
					SCHEDUL	E C													
Part I: Liabilities														_		_			
Report liabilities over \$10,00	00 owed to an	w one creditor	of .	personal residence unless it is rent	ed out: loans secured		No	ne	_										
any time during the reportin		•	•	by automobiles, household furnitu	,		140	,ı.c\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				Categ	ory of A	Mount	or Valı	ue (x)			
or dependent children. Chec				iabilities owed to certain relatives							T						. 0	<u> </u>	
during the reporting period.	Exclude a mo	ortgage on you	ır S	see instructions for revolving char	rge accounts.	Date	Interest	Term i	֓֞֞֞֜֞֞֞֜֞֜֞֜֞֜֞֜֞֓֓֓֓֞֜֜֞֜֜֝֓֓֓֡֡֡֡֝֝֡֡֡֝֝	<u>-</u> _	· e	- 8	- 8	- 10	,000	8 8	001	8 8	00,
						Incurred	Rate	appli- cable	8 8	\$15,001 -	8 8	0 0	0,00	\$500,001 - \$1,000,000	Over \$1,000,	\$1,000,001 - \$5,000,000	000	\$25,000,001	Over \$50,000,000
	rs (Name and A			Type of Liab					\$10	\$15 \$50	\$50	\$10 \$25	\$26 \$50	\$25 \$50	900 \$50				
Examples: First District Bank				Aortgage on rental property, Delaware		1991	8%	25 yrs.		L	_ <u>x</u>		L						Γ
John Jones, 123 J	St., Washingto	on, DC	F	romissory note		1999	10 %	on demai	ıd				X						├ —
1 N/A									- 1										l
2									_	-	┼─					\vdash			\vdash
3																			
											<u> </u>								<u> </u>
4																			
5				-															
				s spouse or dependent children. 1	If the liability is that of the	e filer or a	joint liabi	ility of the	filer									_	
with the spouse or dependen	nt children, m	ark the other h	higher categ	ories, as appropriate.															
Part II: Agreeme	ents or A	rrangem	ients																
Report your agreements o	or arrangeme	ents for: conti	inuing part	icipation in an		of absen								egard	ing th	e rep	orting		
employee benefit plan (e.	g. 401k, defe	erred compen	nsation; (2)	continuation		of negoti	ations fo	r any of t	hese arı	angen	nents	or be	nefits						
payment by a former emp	loyer (includ	ding severand	ce payment	s); (3) leaves										N	one	\longrightarrow			
		Status and Term	ms of any Agr	eement or Arrangement								Parties		14	one	/~		n.	
Example: Pursuant to part				syment of capital account & partnership	in share			D	oe Jones	& Smith						<u> </u>			ate 85
calculated on se			, ramp sam pe	yment of capital account at partiers in	ip share				00 301103	æ omm	1, 110111	ctown,	State					**	05
1 N/A																			
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5																			
6																			\neg

Reporting Individual's Name				Page Number	
Reporting individual's Name		SCHEDULE D		age Number	
Part I: Positions Held Out Report any positions held during the compensated or not. Positions included irector, trustee, general partner, pro-	applicable reporting period, whether de but are not limited to those of an officer,		artnership, or other business enterprise or and I institution. Exclude positions with religious and those solely of an honorary nature.		
Orga	unization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collecto Doe Jones & Smith, Hometo		Non-profit education Law firm	President Partner	6/92	Present 1/00
Obama for America		Presidential Campaign	Deputy Communciations Director	4/07	11/08
2 Presidential Inaugural Commi	ttee 2009, Inc.	Inaugural Committee	Communications Director	11/08	1/09
3					
4					
5					
6					
Report sources of more than \$5,000 of business affiliation for services provi the reporting period. This includes the	Excess Of \$5,000 Paid by One So compensation received by you or your ded directly by you during any one year of the names of clients and customers of any	corporation, firm, partnership, or othe organization when you directly provide	or business enterprise, or any other non-profit ded the services generating a fee or payment deport the U.S. Government as a source.	Termination Vice Preside	Incumbent, Filer, or ential al Candidate
Source (Name and Address) Doe Jones & Smith, Hometo	um State	Legal services	Brief Description of Duties		
	oe Jones & Smith), Moneytown, State	Legal services in connection with unive	rsity construction		
Obama for America		Communications strategy			
2 Presidential Inaugural Commi	ttee 2009, Inc.	Communications strategy			
3					
4					
5					
6					