

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes) Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	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 Individual's Name Last Name: Easton First Name and Middle Initial: John O.		Position for Which Filing Title of Position: Director of the Institute of Education Sciences Department or Agency (If Applicable): U.S. Department of Education		Location of Present Office (or forwarding address) Address (Number, Street, City, State, and ZIP Code): 1313 East 80th Street, Chicago, IL 60637 Telephone No. (Include Area Code): 773-834-0098		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.	
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: None		Presidential Nominees Subject to Senate Confirmation Name of Congressional Committee Considering Nomination: Committee on Health, Education, Labor, and Pensions Do You Intend to Create a Qualified Diversified Trust? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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.	
Certification (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 Reporting Individual <i>John L. Easton</i>		Date (Month, Day, Year) April 8, 2009		Nominees, New Entrants and Candidates for President and Vice President:	
Other Review (If desired by agency)		Signature of Other Reviewer <i>Marcia Spigel</i>		Date (Month, Day, Year) 4/22/09		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.	
Agency Ethics Official's Opinion 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):		Signature of Designated Agency Ethics Official/Reviewing Official <i>[Signature]</i>		Date (Month, Day, Year) 4/22/09		Schedule B-- Not applicable.	
Office of Government Ethics Use Only		Signature <i>[Signature]</i>		Date (Month, Day, Year) 4/22/09		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.	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						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.	
						Agency Use Only:	
						OGE Use Only:	
						APR 22 2009	

Reporting Individual's Name John Q. Easton	SCHEDULE A	Page Number 2
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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. BLOCK C																						
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). None <input type="checkbox"/>											Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
	None (or less than \$1,000)	\$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	Central Airlines Common			x											x																x	Law Partnership Income \$130,000	
	Doe Jones & Smith, Hometown, State														x																		
	Kempstone Equity Fund																																
	IRA: Heartland 500 Index Fund																																
1	University of Chicago																														Salary \$169,600		
2	Spencer Foundation Advisor, Chicago, IL																													Honorarium \$2,500.00	4/24/2008		
3	Constella Group (for IES) (Now known as SRA International) Reviewer, Washington DC																												Honorarium \$1,750.00	4/30/2008			
4	US Dept of Education (for NAGB)																												Honorarium \$1,875.00	10/20/2008			
5	SRA International (for IES) Reviewer, Washington DC																												Honorarium \$2,000.00	11/6/2008			
6	Synergy Enterprises (for IES) Reviewer, Washington, DC																												Honorarium \$375.00	6/10/2008			

* 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

John Q. Easton

SCHEDULE A continued

(Use only if needed)

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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															
	None	None (or less than \$1,000)	\$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*	None	\$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 First Eagle SoGen Overseas (SGOVX)				X						X							X									
2 Third Avenue Value Fund (TAVFX)										X				X												
3 Vanguard Capital Value Fund (VCVLX)		X								X				X												
4 Vanguard Value Index (VIVAX)		X								X				X												
5 Vanguard Windsor II Fund (VWNFX)				X						X						X										
6 TIAA CREF Managed Allocation (TIMRX)		X								X				X												
7 Vanguard Intermediate Term Tax Exempt Fund (VWITX)		X								X				X												
8 treasuryDirect I Savings Bonds				X										X												
9 LANCASTER CNTY PA SER B 0% 11/01/11		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

John O. Easton

SCHEDULE A continued

(Use only if needed)

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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	
	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*	None (or less than \$201)	Amount			
										Type				
										Dividends	Rent and Royalties	Interest	Capital Gains	
1 US Treasury Inflation Indexed NT 3.375% 1/15/12		x										x		
2 Vanguard Prime Money Market Fund VMMXX			x										x	
3 Vanguard Prime Money Market Fund VMMXX				x									x	
4 The Perseus Books Group, Jackson, TN Value unascertainable "Charting Chicago School Reform"										x			x	
6 Retirement annuity (TIAA CREF) TIAA traditional														x
6 Retirement annuity (TIAA CREF) CREF stock														x
7 Retirement annuity (TIAA CREF) TIAA CREF Lifecycle 2015														x
8 Supplemental annuity (TIAA CREF) TIAA traditional														x
9 Supplemental annuity (TIAA CREF) CREF stock														x

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Reporting Individual's Name
 John Q. Easton

SCHEDULE A continued
 (Use only if needed)

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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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria.																				
		BLOCK C																																									
												Type										Amount																					
												Dividends Rent and Royalties Interest Capital Gain										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 - \$500,000 Over \$500,000																					
												None (or less than \$201) \$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										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 - \$500,000 Over \$500,000																					
None <input type="checkbox"/>																																											
1	Supplemental annuity (TIAA CREF) CREF Global Equities																					x																					
2	Supplemental annuity (TIAA CREF) CREF Equity Index																					x																					
3	Supplemental annuity (TIAA CREF) Lifecycle 2015	x																				x																					
4	Roth IRA (TIAA CREF) CREF stock	x																				x																					
6	Rollover IRA (TIAA CREF) CREF stock											x																															
6	Rollover IRA (Vanguard) Vanguard 500 Index Fund Admiral shares																					x																					
7	Rollover IRA (Vanguard) Windsor II	x																																									
8	Rollover IRA (Vanguard) Vanguard Extended Market Index Fund	x																				x																					
9	Rollover IRA (Vanguard) Asset Allocation Fund	x																																									

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Reporting Individual's Name

John Q. Easton

SCHEDULE A continued
 (Use only if needed)

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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	None (or less than \$1,000)	\$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	\$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 Gain	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 Rollover IRA (Vanguard) Vanguard Target Retirement 2015 Fund	<input type="checkbox"/>																																	
2 Rollover IRA (Vanguard) Vanguard GNMA Fund Investors Shares																																		
3 Rollover IRA (Vanguard) Vanguard Prime Money Market Fund VMMXX																																		
4 Rollover IRA (TIAA CREF) Real Estate																																		
5 Traditional IRA (Vanguard) Vanguard STAR Fund																																		
6 TIAA CREF (traditional IRA) CREF Stock																																		
7 University of Chicago, Chicago, IL																																account receivable for unused leave		
8 National Research Council Panelist, Washington, DC																															Honorarium \$1,000	2/28/2009		
9 SRA International (for IES) Reviewer, Washington DC																															Honorarium \$2,000	3/16/2009		

* 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 category.

Reporting Individual's Name

John Q. Easton

SCHEDULE A continued

(Use only if needed)

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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 (or less than \$1,000)	\$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		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 - \$10,000	\$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	University of Chicago Press (contract for future royalties for co- authoring book):																	None (or less than \$201)																				
2	"Organizing Schools for Improvement: Lessons from Chicago" (value not readily ascertainable)																																					
3																																						
4																																						
5																																						
6																																						
7																																						
8																																						
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 category.

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

Reporting Individual's Name John Q. Easton	SCHEDULE B	Page Number 8
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Part I: Transactions

None

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)											Certificate of divestiture		
		\$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			
Purchase															
Sale															
Exchange															
x	2/1/99														

Identification of Assets
 Example: Central Airlines Common

* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Part II: Gifts, Reimbursements, and Travel Expenses

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

None

Source (Name and Address)	Brief Description	Value
Examples: Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$300

Reporting Individual's Name John Q. Easton	SCHEDULE C	Page Number 9
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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)

	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)																	
						\$10,000 - \$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	\$10,000 - \$50,000	\$50,001 - \$250,000	\$250,001 - \$500,000	Over \$500,000							
Examples:	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			x															
	John Jones, 123 J St., Washington, DC	Promissory note	1999	10%	on demand					x													
1																							
2																							
3																							
4																							
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 and 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	TIAA CREF (defined contribution plan) no further payments will be made to this plan.	University of Chicago, Chicago, IL	7/97
2	I will receive a lump sum payment for unused leave from the University of Chicago prior to my appointment.	University of Chicago, Chicago, IL	2/09
3	Term Life Insurance Agreement - I hold a term life policy through this organization, a professional association of which I am a member, but this organization does not make contributions to this life insurance plan.	American Education Research Association Washington, D.C.	11/85
4	Term Life Insurance Agreement - I hold a term life policy through this organization as an employment benefit, but this will end upon termination of my employment with this entity.	University of Chicago, Chicago, IL	7/97
5			
6			

Reporting Individual's Name John Q. Easton	SCHEDULE D	Page Number 10
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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	University of Chicago, Chicago, IL Consortium on Chicago School Research, Univ. of Chicago	Non-profit education Non-profit education	Senior Research Associate Executive Director	7/97 7/97	Present Present
2	Spencer Foundation, Chicago, IL	Foundation	Advisor/Reviewer	1/07	Present
3	Social Science Research Council, New York, NY	Research	Presenter/author	7/07	9/07
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	University of Chicago	Executive Director, Consortium on Chicago School Research/ Senior Research Associate
2		
3		
4		
5		
6		