SF278 (Re - 2/2000) 5 C.F.R Cort 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

J.S. Office of Government Ethics														
Date of Appointment, Candidacy, Election	Reporting Status	Incumbent	Calendar Year Covered by Report		New Entrant, Nominee,	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing						
r Nomination (Month, Day, Year)	appropriate boxes)	incumbent	Covered by Report	ΙX	or Candidate	Filer	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Any individual who is required to file this report and does so more than						
/20/09								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						
reporting individual's ivanic	Favreau				Jonathan E			is granted, more than 30 days after the last day of the filing extension period						
	Title of Position			shall be subject to a \$200 fee.										
Position for Which Filing	Director of Spe	echwriting			Communications			Donouting Doulods						
	Address (Number,	Street, City, State,	and ZIP Code)			Telephone No. (Inc	lude Area Code)	Reporting Periods Incumbents: The reporting period is						
Location of Present Office or forwarding address)	1600 Pennsylv	vania Ave NW	Washington DC			202-456-2549		the preceding calendar year except Part II of Schedule C and Part I of						
Position(s) Held with the Federal	Title of Position(s)	and Date(s) Held						Schedule D where you must also include the filing year up to the date						
Government During the Preceding		did Bute(5) Freid						you file. Part II of Schedule D is not						
2 Months (If Not Same as Above)	n/a							applicable.						
								Termination Filers: The reporting						
residential Nominees Subject to	Name of Congress	sional Committee Co	onsidering Nomination		Do You Intend to Create	e a Qualified Diversit	fied Trust?	period begins at the end of the period						
Senate Confirmation					Yes	X No		covered by your previous filing and ends						
								at the date of termination. Part II of Schedule D is not applicable.						
Certification	Signature of Repor	rting Individual				Date (Month, Day,	Tear }	of Schedule D is not applicable.						
CERTIFY that the statements I have nade on this form and all attached chedules are true, complete and correct to the best of my knowledge.	Java	1 fee	_			2/1909	7	Nominees, New Entrants and Candidates for President and Vice President:						
	Signature of Other	Reviewer				Date (Month, Day,	Vacar	Schedule A-The reporting period for income (BLOCK C) is the preceding						
	0					Dute Monin, Dav,	1ear j	calendar year and the current calendar						
Other Review (If desired by agency)	Ken	ms.	•	-		02.19	.09	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.						
gency Ethics Official's Opinion	Signature of Desig	nated Agency Ethic	s Official/Reviewing O	fficial		Date (Month, Day,	Year)	Schedule BNot applicable.						
On the basis of information contained in this report, I conclude that the filer is a compliance with applicable laws and egulations (subject to any comments in the box below).	14-	- L. C	4			2/20/0	9	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						
Office of Government Ethics	Signature					Date (Month, Day,	Year)	within 31 days of the date of filing.						
Use Only								Schedule C. Part II (Agreements or						
Comments of Reviewing Officials (If additional addition	onal space is requir	ad usa the reverse	side of this sheet)					Arrangements)— Show any agreements						
onmens of feetewing Officials (i) datance	ondi space is require	eu, use me reverse s						or arrangements as of the date of filing.						
			(Check bo	ox if fili	ing extension granted &	indicate number of d	ays)							
							1	Schedule DThe 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						
					(Check box if comme	nts are continued on	the reverse side)	OGE Use Only						

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, rk the other higher categories of value, as appropriate.

Prior Editions Cannot be Used.

* per the fiver - Rem 02.19.09

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

Reporting individual's (value		SCHEDULE	В												3			
Part I: Transactions			The same of the same			· <u> </u>	Non	9		1								
Report any purchase, sale, or exchange by or dependent children during the reporting		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti			Amount of Trans							(x)				
property, stocks, bonds, commodity futures securities when the amount of the transacti \$1,000. Include transactions that resulted in	s, and other on 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	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	\$100,001 -	\$250,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of divestiture
	Identific	ation of Assets		Š	<u> </u>		£ 5	\$5		\$1	\$2	\$5	Ó ₩	\$5	\$5	\$2	္ ၾ	ပီ ခုံ
Example: Central Airlines Common 1			x			2/1/99		_	X		_				_			-
2														-			_	
3																		
4																		
5																		
		hat of the filer's spouse or dependent children. If the underly			her h	neld												
		andent children, use the other higher categories of value, as a	propria	te.					_									
tion, 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						rnment; giv relatives; r f their relat idence. Al- m one sour isions.	eceive ionsh so, fo	ed by ip to y	your s ou; o oses o	pouse r prov of agg	e or de vided regati	epend as pei ng git	ent cl sonal	hild to hospi detern	otally itality nine t struct	at he		J
Source (Name and Addi			Br	ef Des	cripti	on											Value	
Examples: Nat'l Assn. of Rock Collectors, Frank Jones, San Francisco, CA		NY Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)								 	\$500 \$300							
1																		
2																		
3																		
4																		
5																		
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Reporting Individual's Name SCHEDULE C												Page N					
Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured						ne x				Catego	ory of A	Amount	or Val	lue (x)			
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			by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		Interest Rate	Term if applicable	0,0	.001 -	.001 -	0,001 -	0,001	0,001 -	r 000,000	200,001 -	- 100,000,	.000,000,	000 000
Creditors (Name and Address)		(ddress)	Type of Liability			Cabic	\$10	\$15	\$50	\$10	\$25	\$50	0ve	\$1,0	\$5,0	\$25	Ove
Examples:	First District Bank, Washington, John Jones, 123 J St., Washingto		Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs.			<u> </u>		-						
1	John Johns, 125 J St., Washingto	14, 00	1 tomasory now	1999	10 78	on demand			-		^						

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 T

	Status and Terms of any Agreement or Arrangement	Parties	Date
Examp	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			
2			
3	·		
4			
5			
6			
rior Edi	tions Cannot Be Used.		

^{*} 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.

Reporting Individual's Name	SCHEDULE D		Page Number			
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		rtnership, or other business enterprise or an institution. Exclude positions with religioud those solely of an honorary nature.		X		
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 Presidential Transition Team	Quasis-governmental	Speechwrita-	11/08	Presin		
2	J					
3						
4						
5						
6						
Part II: Compensation In Excess Of \$5,000 Paid by One Sou 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 othe organization when you directly provide	r business enterprise, or any other non-profiled the services generating a fee or payment port the U.S. Government as a source.	t if you are a Termination Vice President	lential ntia <u>l Ca</u> ndidate		
Source (Name and Address) Examples: Doe Jones & Smith, Hometown, State		Brief Description of Duties				
Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university	rsity construction				
* Presidential Transition Team	Speechunting					
2						
3						
4						
5						
6						
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