SF278 (Rev. ^3/2000)

5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

or Normation (<i>Komit, Day, Tear.</i>) Covered by Report New Entrant, Nominee Termination (<i>Komit, Day, Tear.</i>) Any individual who is required to a so more than 10 days after the date the report is granted more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the date the report is granted, more than 10 days after the last day of the filing extension period shall be subject to a \$200 fee. Position for Which Filing Assistant to the President Executive Office of the President Reporting (<i>Include Area Code</i>) Location of Present Office Address (<i>Numher, Street Civ, State, and ZIP Code</i>) Telenhone No. (<i>Include Area Code</i>) Pert I of Schedule C and Part I of Schedule C and	U S. Office of Government Ethics							
an commutation (<i>storm, Day, Prof.</i>) Including Control of preparate locat; Including Control of preparate locat; Including File F			Incurstions		New Entropt Nomines	Termination	Termination Date (If Appli - cable) (Month, Day, Year)	Fee for Late Filing
12/2/2009 Last Name 2000 30 days after the date the report is required to be fided, or, if an extension is granted, more than 30 days after the date the report is required to be fided, or, if an extension is granted, more than 30 days after the date the report is required to be fided, or, if an extension is granted, more than 30 days after the date the report is required to be fided, or, if an extension is granted, more than 30 days after the date the report is required to be fided, or, if an extension is granted, more than 30 days after the date the report is required to be fided, or, if an extension is granted, more than 30 days after the date the report is required to be filling extension period as all be subject to a \$200 fee. Position for Which Filing Title of Position Department or Asency (if Annicable 1) State Code Reporting Periods Location of Present Office (or forwarding address) Address (Number, Street, City, State, and ZIP Code 1) Telephone No. (Include Area Code 1) Reporting Periods Government During the Preceding (12 Montis (If Not Same as Above) Title of Position(s) and Date(s) Held View 45 L [4],19 Schedule D is not applicable. Presidential Nominees Subject to State confirmation Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust? Permination Filers: The reporting report begins and the end of the period Schedule D is not applicable. 1 CERTINEY that the statements I have made on this form anothed screet of my knowledge. Signature of Other Reviewer Date (Month, Day, Year)		- I ``	Incumbent	``				
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Address (Number, Street, City, State, and ZIP Code) Telephone No. (Include Area Code) Inrumbents: The renorting except Location of Present Office 1600 Pennsylvania Avenue Low 456 [4]19 Part 105 Schedule C and Part 10f Position(s) Held with the Federal Title of Position(s) and Date(s) Held Low 456 [4]19 Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. Presidential Nominees Subject to Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust? Termination Filers: The renorting period begins at the end of the period ocwards and the date of the period begins at the end of the period begins at the end of the period begins at the end of the period begins at the date of the period begins at the end of the period begins at the e	Position for Which Filing	Assistant to the	e President		Executive Office of	of the President		Reporting Periods
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Other Review Other Review Signature of Other Reviewer Date (Month, Day, Year) Signature of Other Reviewer Other Review Signature of Other Reviewer Date (Month, Day, Year) Signature of filing, Value Agenery Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year) Schedule R-Not annlicable	Position(s) Held with the Federal	Title of Position(s)) and Date(s) Held					include the filing year up to the date
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Test true Substration Constraint </td <td></td> <td></td> <td>,</td> <td></td> <td></td> <td></td> <td></td> <td></td>			,					
Yes No at the date of termination. Part II Certification Signature of Reporting Individual of Schedule D is not applicable. I 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. Date (Month, Day, Tear) Nominees, New Entrants and Candidates for President and Vice President. Other Review (If desired by agency) Signature of Other Reviewing Official/Reviewing Official Date (Month, Day, Year) Schedule A - The reporting neriod for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year) Schedule B-Not applicable		Name of Congress	sional Committee C	onsidering Nomination	Do You Intend to Crea	ate a Qualified Divers	alled Trust?	
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I 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. Nominees, New Entrants and Candidates for President and Vice President: Other Review (If desired by agency) Signature of Other Reviewer Date (Month Day, Year) Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Date (Month Day, Year)	Certification	Signature of Repo	rting Individual			Date Month, Day	(Tear)	of Schedule D is not applicable.
Signature of Other Reviewer Date (Month. Dav. Year) Other Review (If desired by agency) Signature of Other Reviewer Date (Month. Dav. Year) Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Date (Month. Dav. Year)	I CERTIFY that the statements 1 have made on this form and all attached	2 h	IAA	21				Candidates for President and Vice
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	(If desired by	hum	DRM			3/24/09	<i>)</i>	year up to the date of filing. Value assets as of any date you choose that is
On the basis of information contained		Signature of Desig	gnated Agency Ethi	cs Official/Reviewing (Official	Date (Month. Date	v. Year)	Schedule BNot annlicable
Schedule C. Part I (I iabilities) in compliance with applicable laws and regulations (subject to any comments in the box below). Schedule C. Part I (I iabilities) The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is	in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments	lý-	. p. C	A		3/25/04	9	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 within 31 days of the date of filing.	Office of Government Ethics	Signature				Date (Month Dat	v Year)	withm 31 days of the date of filing.
Use Only Arrangements) Show any agreements	Use Only							
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) or arrangements as of the date of	Comments of Reviewing Officials (If addi	tional space is requi	red. use the reverse	side of this sheet)				
(Check box if filing extension granted & indicate number of days)					hor if filing extension granted	& indicate number of		filing.
Schedule DThe reporting period is the preceding two calendar years and the current calendar year up to the date of filing.				(Check L	oox y juing extension granted	а нинсие питоет Ој	uuyo / 	the preceding two calendar years and the current calendar year up to the date of filing.
Agency Use Only	1							Agency Use Only
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	Assets and Income					at repoi	clo rting	of se o g per CK B	f riod																кС		hat			n \$2	01)	' is checked. no	
For you y	our spouse, and dependent children,				-		T		I		- 1							Ty	né									١ŕ]	
report each production value exce- ing period, in income with such For yourse amount of than from report the income of	a asset held for investment or the of income which had a fair market eding \$1.000 at the close of the report- or which generated more than \$200 during the reporting period, together income. If, also report the source and actual earned income exceeding \$200 (other the U.S. Government). For your spouse, source but not the amount of earned more than \$1,000 (except report the int of any bonoraria over \$200 of se).	None (nr less than \$1,001)	S1,001 - S15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	5500,001 - \$1,000,000	Over S1,000,000 *	SL(000,001 - 5 5,000,000	\$5,000,001 - \$25,000,000	\$25,800,001,-\$\$0,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted T'rust	Qualified Trust	Dividends	Rent and Royaltics		Capital Gains	None (or fess than \$201)	\$201 - \$1,000	51,001 - 52,500	S2,501 - S3,000	SS,001 - S15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	00	Over S1,000,000*	51,000,001-\$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Hortoraria
	Central Airlines Common			÷	x		- 1		+								x				\vdash		x		-		-					1	
Examples	Doe Jones & Smith, Homelown, Stale Kempsione Equity Fund IRA: Heartland S00 Index Fund			L. Hu L					 									1.1.1														Lew Partnership Incodes \$110,000	
1 1199	SEIU United Healthcare Workers Eas				x									1						Sec. 1									-			Income 100,000	
² SEIU	International Union			x												1.11.1																Income \$20,000	
3 Oban	na for America				x											The second				10. W. 1. W. 10										14 A.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	income \$53,000	
4 Oban	na-Biden Presidential Transition Proje			x												No. 6 1													يعالمه والمراجع مستعمل وماريع وأعرفهم		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Income \$25,000	
5 (S) N	YC Dept of Education															4/X-1															Marke leave do	jalary	
	izer Dividends	×															x			1											and a subscript of the		
	tegory applies only if the asset/income is s ther higher categories of value, as appropr			of	the f	ilers	spo	use (or di	eper	ndeni	t chi	ldre	n. If	the	assie	t/inc	ome	is e	ither	that	of	he li	ler o	n jo	intly	field	by	ihe f	ler v	vith t	he spouse or depende	ent children,

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5 C.F.R Part 2634	Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidat	e
US Office of Government Et	thics	
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· ·	ing Individual's Name		SCHEDULE	B										1	15 15	[
Par	t I: Transactions							None	9										
	t any purchase, sale, or exchange		report a transaction involving property used solely as your		ansact			1		_	Ār	nount c	of Trans	saction	(x)				
prope securi	pendent children during the report, stocks, bonds, commodity f ities when the amount of the train 0. Include transactions that resu	utures, and other nsaction exceeded	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.	Purchase	Sale	Exchange	Date (Mo. Day, Yr.)		\$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	Certificate of divertiture
			cation of Assets	_	Sa	மி		5 5	\$1:		\$2	\$2 \$2	\$5 \$1	रु रू	5 5	\$2	\$2	ဂ်နှိ	ပီးနိ
1	Example: Central Airlines Common	NOMINEES		X			2/1/99			x									
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3								<u> </u>							<u> </u>	_			
4]											Ĺ	
5																			
* Thi	s category applies only if the un	derlying asset is solely the	at of the filer's spouse or dependent children. If the underlying as	sset is e	ither h	eld		<u> </u>											
			dent children, use the other higher categories of value, as approp	riate.															
For tion, food (2) th than as pe auth	rt II: Gifts, Reimbu you, your spouse and depend and the value of: (1) gifts (s , or entertainment) received ravel-related cash reimburse \$260. For conflicts analysis ersonal friend, agency appro- ority, etc. For travel-related s and the nature of expenses	lent children, report the such as tangible items, t from one source totalin ments received from or , it is helpful to indicat val under 5 U.S.C. § 41 gifts and reimbursemer s provided. Exclude ar	source, a brief descrip- transportation, lodging, ag more than \$260; and be source totaling more e a basis for receipt, such [11 or other statutory ats, include travel itinerary,	rece inde the tota for	ived pend donor l valu other	from ent o 's res le fro exclu	rnment: gi relatives; f their rela sidence. A m one sou usions.	receiv itionsh lso, fo	ed by up to y r purp	your : you: o oses o	spous r prov of age	e or d ided : regati	epend as per ing git	lent cl rsonal fts to	hild to hosp deteri	otally pitality mine t istructi	at the]
	Source (Name and				rief De												—	Value \$500	-
	Examples: Nat'l Assn. of Rock Col Frank Jones, San Franci		Airline ticket, hotel room & meals incident to national conference 6 Leather briefcase (personal friend)	/15/99 (persona	al activ	vity unrelate	1 10 001	2								+	- \$300	
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U.S. Office of Government Ethics Reporting Individual's Name												Page N	umber			
Patrick Gaspard		SCHEDUI	LE C									ľ	15			
Part I: Liabilities																
Report liabilities over \$10,000 owed to any or	ne creditor at	personal residence unless it is rented out; loans secured		No	ne				Catego	orv of A	Amount	or Val	ue (x)			
anv time during the reporting period by you, or dependent children. Check the highest am		by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions.			 I			1	T T			1				
during the reporting period. Exclude a morta		See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if appli- cable	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	00,001 - 50,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	er 000,000*	\$1,000,001 \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000
Creditors (Name and Add	,	Type of Liability				\$ 5	\$2; \$2;		5.5	\$5	\$ 5 \$ 1	<u>ş è</u>	\$ 2 \$ 2	\$5 \$2	\$5	ó₩
Examples: First District Bank, Washington, DC John Jones, 123 J St., Washington, I		Mortgage on rental property, Delaware	$-\frac{1991}{1999}$	8%	25 yrs. on dema		+	- <u>×</u>		+- <u>-</u> -	<u> </u>	} -	┣ ┥			
1 (S) Washington Mutual Card Service	s, Dallas TX	Revolving Charge Account		17.99%		X										
2 (S) U.S. Dept of Education, Atlanta, C	GA	Student Loan				+	X									
3																
4																
5						+					\square					
		er's spouse or dependent children. If the liability is that of the	e filer or a j	oint liabili	ty of the f	ler		<u> </u>			<u> </u>	<u> </u>				
with the spouse or dependent children, mark		tegories, as appropriate.									—					
Part II: Agreements or Arr	0										-					
Report your agreements or arrangements employee benefit plan (e.g. 401k, deferr				ce; and (iations fo								ding t	he rep	portin	g	
payment by a former employer (includir			or negot	iations it		шезе а	langer	mente	5010		,			6 '		
											1	None	\bowtie			
		Agreement or Arrangement							Partie							ate /85
calculated on service performed th		m payment of capital account & partnership share				oe Jones	& Smit	ih, Hor	netown	i, State						65
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U.S. Office of Government Ethics		
Reporting Individual's Name		Page Number
Patrick Gaspard	SCHEDULE D	5/5

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.

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Ev	amples: Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1					
	Service Employees International, local 1199	Labor union	Executive officer	9/99	1/09
2			Political Director		
	Obama for America	Electoral campaign		6/08	11/08
3					
L	Obama / Biden transition project	not for profit	Associate Personnel Director	11/08	1/09
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

None

	Source (Name and Address)	Brief Description of Duties
FY	amples: Doe Jones & Smith, Hometown, State	Legal services
L^	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1	Service Employees union, Local 1199, New York, New York	Served as officer responsible for organizing legislative program
2	Obama for America, Chicago, Illinois	managed political outreach plan for national campaign
3	Obama / Biden Transition Project, Washington DC	helped to manage the recruitment, screening and hiring process for incoming administration employees
4		
5		
6		

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