Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics				
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year (Check Incumbent Covered by Report	New Entrant, Nominee, Termination	Termination Date (If Appli - cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
		or Candidate Filer		file this report and does so more than
January 20, 2009		<u> </u>		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 is granted, more than 30 days after the
Reporting individual's Ivaine	Gibbs	Robert L		last day of the filing extension period
	Title of Position	Department or Agency (If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing	Assistant to the President and Press Secretary	Executive Office of the President		Reporting Periods
	Address (Number, Street, City, State, and ZIP Code)	Telephone No.	(Include Area Code)	Incumbents: The reporting period is
Location of Present Office	1600 Pennsylvania Ave. NW, Washington, DC 20500	202-456-74	114	the preceding calendar year except Part II of Schedule C and Part I of
(or forwarding address)	1000 Ferrisylvaria Ave. 1444, 44a3mington, BO 20000	·	'	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 12 Months (If Not Same as Above)	None			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 Div	ersified Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	tvanic of congressional committee considering (vommation		otsined redst.	covered by your previous filing and ends
	1	Yes	No	at the date of termination. Part II
Certification	Signature of Reporting Individual	Date (Month, 1	Jav Year)	of Schedule D is not applicable.
I CERTIFY that the statements I have	Signature of reporting that vidual		, , , , , , , , , , , , , , , , , , , ,	Nominees, New Entrants and
made on this form and all attached	1/1/40	1 2/2	3/09	Candidates for President and Vice President:
schedules are true, complete and correct to the best of my knowledge.	Robert L. Gibbs	2/2:	3/01	r resident.
	Signature of Other Reviewer	Date (Month, 1	Day Year)	Schedule A.—The reporting period for income (BLOCK C) is the preceding
	1	Date (Month, 1	our. Tear	calendar year and the current calendar
Other Review (If desired by		2/1	1-0	year up to the date of filing. Value assets as of any date you choose that is
agency)	1 / lel Na	3/14	-/09	within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official	Date (Month, I	Dav. Year)	Schedule BNot applicable
On the basis of information contained				
in this report, I conclude that the filer is in compliance with applicable laws and	1 / Cat	3/16/	09	Schedule C. Part I (Liabilities)— The reporting period is the preceding
regulations (subject to any comments	19-3/.		•	calendar year and the current calendar
in the box below).	Signature	Date (Month, I	Day Year)	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics				
Use Only				Arrangements)—Show any agreements
Comments of Reviewing Officials (If additional comments of Review) (If additional comments of Review (If addi	ional space is required, use the reverse side of this sheet)			or arrangements as of the date of filing.
	(Check box if fil	ing extension granted & indicate number	of days)	ining.
				Schedule D-The renorting period is
				the preceding two calendar years and the current calendar year up to the
				date of filing.
				Agency Use Only
		(0) 11 17	r	OGE Use Only
		(Check box if comments are continued	i on the reverse side)	
				1

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S.C.F.R Part	2634

U.S. Office of Government Ethics

Reporting I Gibbs, R	obert L.												s	CF	Œ	DU	JL	E A	4												Page Number 2 of 5	5
		_											_			_																
	Assets and Income					luat at repo	t clo	se c	of													amou d in							\$20) { }"	is checked. no	
	BLOCK A						BLO	CK E	3				\perp			\perp								В	LOCI	(C						
report eac production value exce ing period in income with such For vourse amount of than from report the income of	elf. also report the source and actual carned income exceeding \$200 (other the U.S. Government). For your spouse source but not the amount of carned more than \$1,000 (except report the point of any honoraria over \$200 of sc).	None (or less than \$1,001)	S1,001 - S15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$106,001 - \$250,000	5250,001 - 5500,000	\$500,001 - \$1,000,000	Over \$1,000.000 *	\$1,000,001 - \$.5,000,000	S\$,000,001 - \$25,000,000	\$25,006,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		Reat and Royalties	1 30 St.		None (or less than 5201)	\$201 - \$1,000	\$2.501 - \$5.000	55,001 - \$15,000		SS0,001 - S100,000	\$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., Dav. Yr.) Only if Honoraria
	Central Airlines Common				X								\Box				×			I		×										
Example	S Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA; Heartland 500 Index Fund	 		<u>x</u>	-			¥		_	_		- 4	X X		_	_		-	-			×	x				— <u>-</u>	_	_	Lar= Pintoerológ Isroone \$1,30,000	
J 525 F	dential Rental Fayette St, Unit 315, andria, VA 22314						x							3.5				×							×							
J 3737	dentral Rental Keller Ave andria, VA 22302	8					×										becommenger/sex	×							×				8			
J Resid	Washington LLC (10% interest) dential Rental - 305 N Washingtoл S andria, VA 22314	t				×									000000000000000000000000000000000000000		627 (2000)00000	×	400000000000000000000000000000000000000				×									
J Resid	Washington LLC (10% interest) dential Rental - 307 N Washington S andria, VA 22314	t				×												×	000000000000000000000000000000000000000					×								
	na For America ago, Illinois															S.											4				Salary \$156,188.00	
S 307 N	Calley Gibbs & Karp N Washington St andria, VA 22314					17 (C) 17 (F)						8		V).																	Law Firm Partnership income	
	tegany applies only if the asset/income i	c enle	dv th	o ter	f the	file	r's sr	MIS	e or	dene	nde	nı c	iildn	CD.	lf the	2 248	et/ir	10011	ic is	eithe	r (h	at of	the f	iler o	r ioi	ıtly h	eld b	y the	file	r wit	It the spouse or depe	endent

children, mark the other higher categories of value, as appropriate.

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Reporting Individual's Name
Gibbs. Robert L.

SCHEDULE A continued

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(Use only if needed)

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	Assets and Income				Val		clo	sc c	of						_												for l		than	\$20)1)"	is ch	ескеd. т	10		
	BLOCK A					-	BLOX																		BL	оск	С									
Г																		Ty	pe								оипі							\Box		
	Nonc	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	5250,001 - 3500,000	\$500,0001 - \$1,000,000	Over \$1,000.000 *	51,000,001 - \$ 5,000,000	55.000,001 - 525,000,000	\$25,000,001 - \$50,000,000	Over \$50.000,000	Excepted lavestment fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - 52,500	\$2,501 - \$5,000	SS,001 - \$15,000	\$15,001 - \$50,000	550,001 - 5100,000	\$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., Da Yr) Only if Honorar	av. f
S	SIMPLE Retirement Account Merrill Lynch Nationwide Invistrs Dest (NDMCX)			×										×		New South	x						x													
S	ROTH Retirement Account Merrill Lynch Nationwide Invatrs Dest (NDMCX)		x											×			x			28		×	_													
	IRA Merrif Lynch - Calvert Global (CGACX) Nationwide Invstrs Dest (NDMCX) Apple Inc (AAPL) (15 shares)		X X X											x			X X X				×	×														
	ROTH Merrill Lynch - Abrdn Opt (GAMCX) Americn Euro Pac (AEPGX) Nationwide Invetre Dest (NDMCX)		X X X											X X X		\$5.00	X X X					X X X														
J	Merria Lynch Bank USA Cash Alexandria, VA		×											ć		4		<i>ò</i> Y	×		×															
J	Merrill Lynch CMA Host Nationwide Invstrs Dest (NDMCX) Abron Opt Allocation (GAMCX)	×	×									0.00		X X		2.	x x			x X	x x															
סם	Section 529 Education Account Merrill Lynch Blkrk Age 0-7 Years			x										×							x					2										
ل	Burke & Herbert Bank Alexandria, VA		×									28		•		¥ Y			x		×					ă.										
	SIMPLE - UBS Money Fund Alliance Bernstein L Cap (508sh) Davis NY Venture Fund (374sh) This category applies only if the asset/income is s	olch	X X X	l of	the f	ilers	s spc	usc	or d	epen	deni	chi	ldrei	X X X	the	asse	x x	ome	X IS C	ithe	X X X	Lof	the fi	iler	or io	intly	held	by I	he fi	ler w	áth (he sn	ouse or d	cnend	eni childre	

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Reporting Individual's Name		CCHEDI	IFC									Page N	Number	4 of 5		
Gibbs, Robert L.		SCHEDU	LEC											4 01 5		
Part I: Liabilities																_
Report liabilities over \$10,000 owed to any	one creditor at	personal residence unless it is rented out; loans secured		No	ne				Cateo	ory of	Amoun	t or Va	ine (x)			_
anv time during the reporting period by vo		by automobiles, household furniture or appliances; and				⊢	T		T	T	T	1	T T		Τ.	_
or dependent children. Check the highest a during the reporting period. Exclude a mo		liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	Ι.	١.			<u> </u>	۱, 8	9	2 8	- 8	8 8	
during the reporting period. Exclude a mo	rigage on your	See monactions for reversing emarge december.	Incurred	Rate	appli-	8 8	\$15,001	\$50,001 -	\$100,001	\$250,001	\$500,0001 -	Over \$1,000,000	\$1,000,001	\$5,000,001 \$25,000,000	\$25,000,001	
Creditors (Name and A	ddress)	Type of Liability	_		cable	\$10,	\$15, \$50,	\$50,	\$100 \$250	\$250	\$500	Over \$1,00	\$1,0	\$5,0 \$25,	\$25,	OVE.
First District Bank Washington		Mortgage on rental property, Delaware	1991	8%	25 yrs.			x			1	1				Ė
John Jones, 123 J St., Washington		Promissory note	1999	10 %	on demand					X		<u> </u>	 		<u> </u>	_
1 Flagstar Bank		mortgage on rental property, 3737 Keller, VA	2004	5.875%	30 years	l			×							
J Detroit, Michigan 2 USAA Federal Savings Bank		mortgage on rental property, 3737 Keller, VA	2005	2.89%	20 years	1		X			+-	-	\vdash	\vdash	_	+
J San Antonio, Texas		mongage on romal property, er er mener, er	2000	2.0075	,			"								
3 CitiMortgage		mortgage on rental property. 525 N Fayette, VA	2007	7%	30 years					Х						Т
J DesMoines, Iowa					ļ	Ь			_			<u> </u>	<u> </u>		—	\bot
4 American Express, Newark, NJ	- DF	revolving charge card	2008	10.99%	demand	ı	X									
J Merrill Lynch Visa Card, Wilmingto		revolving charge card	2008 1997	25.99% 4.76%	demand 5 years	┢	X	+	-	-	+	-	├─	\vdash	₩	╁
5 SLM Education Credit Finance Cor S Madison, Wisconsin	ıb	law school student loan	1997	4.70%	3 years	l	^									
* This category applies only if the liability	is solely that of the fi	ler's spouse or dependent children. If the liability is that of the	ne filer or a jo	int liabilit	of the filer			_								_
with the spouse or dependent children, ma	rk the other higher ca	tegories, as appropriate.					_									
Part II: Agreements or A					-											
Report your agreements or arrangement	_	participation in an	of abser	ce; and (4	1) future en	nploy	ment.	See ir	nstruc	tions	regard	ling th	ne rep	orting	<u>y</u>	
employee benefit plan (e.g. 401k, defe					r any of the								1		,	
payment by a former employer (include																
												Vone	Х			
		y Agreement or Arrangement				. —	0.0	.1 77	Partie							Date 7/85
Example: Pursuant to partnership agreem calculated on service performed		um payment of capital account & partnership share			1006	Jones	& Smit	th, Hom	netown	, State						/85
1																
2		-													\vdash	
3																
4																
5							_									_

U.S. Office of Government Ethics Reporting Individual's Name				Page Number	
Gibbs, Robert L.		SCHEDULE D		5 0	of 5
Part I: Positions Held Outside U.S. Government any positions held during the applicable reporting compensated or not. Positions include but are not limited director, trustee, general partner, proprietor, representative	period, whether to those of an officer,	non-profit organization or education	partnership, or other business enterprise or any nal institution. Exclude positions with religious and those solely of an honorary nature.		
Organization (Name and Ad	ldress)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr
Examples: 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	01/2009
1 Obama For America Chicago, Illinois		Campaign	Press Secretary	02/2007	01/2009
2					
3					
4					
5					
6					
Part II: Compensation In Excess Of \$5,00	00 Paid by One So	ource		Do not comp	olete this na
Report sources of more than \$5,000 compensation receive business affiliation for services provided directly by you d the reporting period. This includes the names of clients ar	d by you or your uring any one year of	corporation, firm, partnership, or ot organization when you directly pro-	her business enterprise, or any other non-profit vided the services generating a fee or payment report the U.S. Government as a source.		n Incumbent, Filer, or ential tial Candida
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Mo		Legal services Legal services in connection with uni			