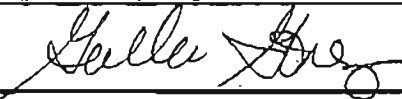

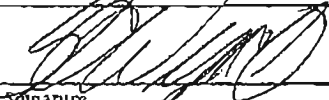
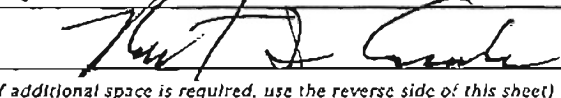


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

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 Gomez		First Name and Middle Initial Gabriela O.				
Position for Which Filing	Title of Position Assistant Secretary, Legislation and Congressional Affairs		Department or Agency (If Applicable) U.S. Department of Education				
Location of Present Office (for forwarding address)	Address (Number, Street, City, State, and ZIP Code) B-346 Rayburn H.O.B., Washington, DC 20515				Telephone No. (Include Area Code) (202) 225-7118		
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 Senior Education Policy Advisor, House of Representatives - Committee on Education and Labor (7/10/06 - present)						
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification	Signature of Reporting Individual				Date (Month, Day, Year)		
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.					4/8/09		
Other Review (if desired by agency)	Signature of Other Reviewer				Date (Month, Day, Year)		
					4/8/09		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)		
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).					4/17/09		
Office of Government Ethics Use Only	Signature				Date (Month, Day, Year)		
					4/20/09		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
							Agency Use Only
							OGE Use Only
							APR 17 2009

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE A	Page Number 2 of 10
---	-------------------	-------------------------------

Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																						
BLOCK A	BLOCK B										BLOCK C																						
<p>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.</p> <p>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 amount of any honoraria over \$200 of your spouse).</p> <p>None <input type="checkbox"/></p>	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)		\$201 - \$1,000		\$1,001 - \$2,500		\$2,501 - \$5,000		\$5,001 - \$15,000		\$15,001 - \$50,000		Over \$50,000,000		Over \$5,000,000		<p>Date (Mo., Day, Yr.)</p> <p>Only if Honoraria</p>
	Type	None (or less than \$201)		\$201 - \$1,000		\$1,001 - \$2,500		\$2,501 - \$5,000		\$5,001 - \$15,000		\$15,001 - \$50,000		Over \$50,000,000		Over \$5,000,000		Other Income (Specify Type & Actual Amount)															
Examples		Central Airlines Common		x		Doc Jones & Smith, Hometown, State		Kempstone Equity Fund		IRA: Heartland 500 Index Fund		Law Partnership Income \$10,000																					
1 (S) Charles Schwab IRA - Underlying Holdings are Below				x																													
2 Schwab Money Market Fund - SWMXX				x																													
3 Vanguard Long Term Invest. Grade - VVEX				x																													
4 Jensen Portfolio Class J - JENY				x																													
5 Matthews Asian Growth & Inc. Fund - MAOSX				x																													
6 Parnassus Equity Fund Inc Fund Investor Share - PRBLX				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 Gomez, Gabriella C.	SCHEDULE A continued (Use only if needed)	Page Number 8 of 10
--	---	------------------------

BLOCK A	Valuation of Assets at close of reporting period											Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.		Date (Mo., Day, Yr.) Only If Honoraria														
	BLOCK B											BLOCK C																
	Type											Amount																
	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	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 Trust	Dividends	Interest	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	Over \$1,000,000*	Over \$5,000,000	Other Income (Specify Type & Actual Amount)				
1	TD Ameritrade IRA Underlying Holdings are Below																											
2		X									X				X													
3		X									X				X													
4		X									X				X													
5		X									X				X													
6		X									X				X													
7		X									X				X													
8			X								X				X													
9		X									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 Gomez, Gabriella C.	SCHEDULE A continued (Use only if needed)	Page Number 4 of 10
--	---	------------------------

BLOCK A	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.				
	BLOCK B									Type	Amount	Date (Mo., Day, Yr.) Only if Honoraria		
	None (or less than \$100)	\$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)	Other Income (Specify Type & Actual Amount)
None (or less than \$100)	\$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)	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
1	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
2	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
3	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
4	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
5														
6	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
7	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
8	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					
9	<input checked="" type="checkbox"/>								<input checked="" type="checkbox"/>					

* 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.

Assets and Income	Valuation of Assets at close of reporting period								Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.		Date (Mo., Day, Yr.) Only if Monoraria																								
BLOCK A	BLOCK B								BLOCK C																										
	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*	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000		Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Plans	Dividends	Rents 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	Other Income (Specify Type & Actual Amount)				
1	Vanguard Growth ETF/MSO US Prime Mkt - VUG	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
2	DFA Inv Dimensions Grp Emerg Mkts - DFEVX	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
3	DFA Inv Dimensions Grp US Large Cap Value Portfolio - DFLVX		<input checked="" type="checkbox"/>									<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
4	DFA Inv Dimensions Grp US Small Cap Portfolio - DFSTX	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
5	DFA Inv Dimensions Large Cap International - DIALX	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
6	DFA Internat Govt Excd Income Fund II - DFICX	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
7	DFA Inv Dimensions Group 5-Year Global Portfolio - DFGBX	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
8	Dimensional Inv Group Inc Intl Value PTF - DFVIX	<input checked="" type="checkbox"/>										<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>																
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 categories of value, as appropriate.

Reporting Individual's Name Gomez, Gabriella C	SCHEDULE A continued (Use only if needed)	Page Number 6 of 10
--	---	--------------------------------------

Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																					
BLOCK A	BLOCK B										BLOCK C																					
	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 Investments Trust	Excepted Trust	Combined Trust	Type				Amount				Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria							
																Dividends	Rental Income	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
1	TD Ameritrade IRA Underlying Investments are Below																															
2	X												X																			
3	X												X																			
4	X												X																			
5	X												X																			
6	X												X																			
7	X												X																			
8	X												X																			
9	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 Gomez, Gabriella C.	SCHEDULE A continued (Use only if needed)	Page Number 7 of 8
--	---	-----------------------

Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																																					
	BLOCK B										BLOCK C																																					
	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*	\$1,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rental/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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary																	
1																																																
2																																																
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 categories of value, as appropriate.

Reporting Individual's Name Gomez, Gabriela C.	SCHEDULE B	Page Number 8 of 10
--	-------------------	--------------------------------------

Part I: Transactions

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.

None

Identification of Assets		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)										Certificate of divestiture
Example	Central Airlines Common	Purchase	Sale	Exchange		\$1,000 - \$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	\$50,000,001 - \$100,000,000	
1					2/1/99											
2																
3																
4																
5																

*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
1			
2			
3			
4			
5			

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

Reporting Individual's Name
 Gomez, Gabriella C.

SCHEDULE B continued
 (Use only if needed)

Page Number
 of 10

Part I: Transactions

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												
		Purchase	Sale	Exchange		\$1,000 - \$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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		

*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.

Reporting Individual's Name
 Gomez, Gabriella C.

SCHEDULE C

Page Number
 9 of 10

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

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)														
						\$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	\$50,000,001 - \$100,000,000	\$100,000,001 - \$500,000,000					
	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand															
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 with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements

Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of 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

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1			
2			
3			
4			
5			
6			

Reporting Individual's Name Gomez, Gabriella C.	SCHEDULE D	Page Number 10 of 10
--	------------	-------------------------

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	Congressional Hispanic Caucus Institute, Alumni Assoc. (Washington, DC)	Non-profit Alumni Association	Board Secretary	10/2007	10/2008
2					
3					
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		
2		
3		
4		
5		
6		