# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

3.0, Office of Oovernment Extrico			
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status  (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
5/15/09*	appropriate boxes) X 2010	or Candidate Filer	file this report and does so more than
<u> </u>	Last Name	First Name and Middle Initial	30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name		Fred P.	is granted, more than 30 days after the
	Hochberg		last day of the filing extension period
Position for Which Filing	Title of Position	Department or Agency (If Applicable)	shall be subject to a \$200 fee.
osition for which i fing	Chairman and President	Export-Import Bank of the United States	Reporting Periods
Landing of Duggest Office	Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Area Code)	Incumbents: The reporting period is the preceding calendar year except
Location of Present Office (or forwarding address)			Part II of Schedule C and Part I of
N. (2) (2) (3) (4) (5) (4) (7) (4) (1)	Tide of Design (April 1994) A LLIA		Schedule D where you must also
Position(s) Held with the Federal  Government During the Preceding	Title of Position(s) and Date(s) Held		include the filing year up to the date you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	Same as above		applicable.
			Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust?	period begins at the end of the period
Senate Confirmation		Yes	covered by your previous filing and ends
		NO NO	at the date of termination. Part II of Schedule ID is not applicable.
Certification	Signature of Reporting Individual	Date (Month, Day, Year)	of Schedule 17 is not applicable.
CERTIFY that the statements I have made on this form and all attached	1. 011 1.	-1 1	Nominees, New Entrants and Candidates for President and Vice
schedules are true, complete and correct	MIII D Haplik	5/15/2011	President:
to the best of my knowledge.	1 / V/ 1 - 1 10 / Mps	0/13/2011	Schedule AThe reporting period for
,	Signature of Other Reviewer	Date (Month, Day, Year)	income (BLOCK C) is the preceding
Other Review			calendar year and the current calendar year up to the date of filing. Value
(If desired by			assets as of any date you choose that is within 31 days of the date of filing.
agency)			
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing Officia	Date (Month, Day, Year)	Schedule BNot applicable.
in this report, I conclude that the filer is	4		Schedule C. Part I (Liabilities)
in compliance with applicable laws and regulations (subject to any comments	drav. Illu	10-25-11	The reporting period is the preceding calendar year and the current calendar
in the box below).	505		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	MINE SCIA	6 - 5- 12	Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If addit	tional space is required, use the reverse side of this sheet)	<u>L</u>	Arrangements) Show any agreements or arrangements as of the date of
the bullar whout 1/20	112-858 (Check hor 156	iling extension granted & indicate number of days	filing.
after prior por you	of the Content of the	and extension granica a material name of of adds	Schedule DThe reporting period is
			the preceding two calendar years and
			the current calendar year up to the date of filing.
			Agency Use Only
			111717
			OGE Use Only
		(Check box if comments are continued on the reverse side)	225 - 5
Constant Prince Paris Paris Which County	0-11-1	279 112 For Designed in Missesser Event 200	OCT 27

SF278 (Rev. 03/2000)	
5 C.F.R Part 2634	

U.S.	Office of	Government	Ethics
------	-----------	------------	--------

Fred P. Hochberg			,									S	CJ	HE	DŪ	JLI	E A	4												rage	Number	2 of 1	8
-			•		` ,					_															,				_				
Assets and In				, 3	герс	t clo ortin	ose o	of eriod				:									amou d in l		ck C		that			n \$2	:01)'	' is ch	necked,	no	
For you, your spouse, and de report each asset held for inv production of income which value exceeding \$1,000 at the ing period, or which generate in income during the reportin with such income.  For yourself, also report the samount of earned income exc than from the U.S. Government the source but not the income of more than \$1,000 actual acount of any honorary your spouse).	estment or the had a fair market e close of the report-d more than \$200 g period, together source and actual eeding \$200 (other ent). For your spouse, amount of earned (except report the	None (or less than \$1,001)	\$1,001 - \$15,000 \$15,001 - \$50,000	\$50,001 - \$100,000	0		\$500,001 + \$1,000,000	Over \$1,000.000 *	\$1,000,001 - \$ 5,000,000	<b>\$5,000,001 - \$25,000,000</b>	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		٠	None (or less than \$201)	\$201 - \$1,404	Only 55 THE CS		An	noui	H)G	Over \$1,000,000*	\$1,040,001 - \$5,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount	e	Date (Mo., Day, Yr.) Only if Honoraria
Examples Central Airlines C Doe Jones & Smith Kempstone Equity IRA: Heartland 50  1 Money Market Obligat	n, Hometown, State Fund  U Index Fund			<u>x</u>						_		 	 x			x					- X			-						Lew Par	rtnorship Incom	ne \$130,000	
Obligation Fund (Barclays Money Mark		x											×	000000000000000000000000000000000000000		×				×					000000000000000000000000000000000000000								
Intentionally Left Blank	<b>(</b>													000000000000000000000000000000000000000																			
Ariel Appreciation Fun (Mutual Fund)	d			×									×	0.0000000000000000000000000000000000000		×				x													
Columbia Value & Res (Mutual Fund)	structuring Fund			x									x								×												
5 Dodge & Cox Internati (Mutual Fund)	onal Stock Fund				x								x			×					×												
FMI Large Cap Fund (Mutual Fund)				×									x			x					x												
<ul> <li>This category applies only mark the other higher categor</li> </ul>			that of	the	filer	s spc	ouse	or de	epen	dent	chil	dren	ı. If	the a	isset	/inco	me i	is eit	her t	hat o	of the	filer	or jo	ointly	helo	d by	the fi	iler v	vith t	he spo	use or d	lepende	ent children,

SF278 (Rev. 03/2000)	
5 C E D Part 2634	

J.S. Office of Government Ethi	cs.
--------------------------------	-----

Reporting Individual's Name	IP.	age Number				
Fred P. Hochberg	SCHEDULE A continued	3 of 18				
	(Use only if needed)					
Assets and Income	Valuation of Assets at close of reporting period  Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item.	)" is checked, no				
BLOCK A	BLOCK B BLOCK C Type Amount					
None	None (or less than \$1,001]     S1,001 - \$15,000     S15,001 - \$10,000     S26,001 - \$100,000     S250,001 - \$250,000     S250,001 - \$250,000     S250,001 - \$25,000,000     S1,000,001 - \$25,000,000     S25,000,001 - \$25,000,000     S25,000,001 - \$25,000,000     S25,000,001 - \$25,000,000     Excepted Trust	Other Income (Mo., Day, Yr.) Type & Actual Amount) Only if Honoraria				
Notice						
Keely Small Cap Value Fund (Mutual Fund)						
Kinetics Paradigm Fund (Mutual Fund)	x x x					
Legg Mason Clearbrige     Aggressive Growth Fund     (Mutual Fund)	x x x					
Intentionally Left Blank						
5 Mainstay Epoch Intl Small Cap Fund (Mutual Fund)						
Nuveen Tradewinds Global All Cap Fd (Mutual Fund)	x					
Oppenhiemer Developing Markets Fd (Mutual Fund)	x x x					
Intentionally Left Blank						
Royce Special Equity Fund (Mutual Fund)	x x x	,				
* This category applies only if the asset/income is mark the other higher categories of value, as appropriate the control of the categories of the categorie	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 riate.	ne spouse or dependent children,				

SF278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Govern

U.S. Office of Government Ethics								
Reporting Individual's Name	SCHE	DULE A continued	Page Number					
Fred P. Hochberg			4 of 18					
<u> </u>		se only if needed)	,					
Assets and Income	Valuation of Assets at close of	Income: type and amount. If "None (or less than \$201)"	is checked, no					
	reporting period	other entry is needed in Block C for that item.						
BLOCK A	BLOCK B	BLOCK C	; ;					
		Type Amount						
			,					
			Other Date (Mo., Day,					
	\$1,000) 0 0 0,000 000,000	\$ \$2201)	(Specify Yr.)					
	8 8 9 9 4 8 9 9 8 8 9	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Type & Only if					
:	1,000 1,000 1,000 1,000	ust ust ust ust ust of 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Amount) Honoraria					
	None (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$10,000 \$250,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$500,001 - \$500,000 \$500,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	Excepted Trust  Oualified Trust  Oualified Trust  Dividends  Rent and Koyalties  Interest  Capital Cams  None (or less than \$201  \$201 - \$1,000  \$2,501 - \$1,000  \$2,501 - \$15,000  \$2,501 - \$15,000  \$2,501 - \$100,000  \$15,001 - \$100,000  Over \$1,000,000*  \$1,000,000*  \$1,000,000*  \$1,000,000*  \$1,000,000*  \$1,000,000*  \$1,000,000*  \$1,000,000*						
· ·	11-5 11-5 10-0 10-0 10-0 10-0 10-0 10-0	Excepted 1 Cualified Dividends Rent and 1 Interest Capital Ca Non (or le S201 - S1,00 S1,001 - S2, S5,001 - S1 S15,001 - S1 S15,001 - S1 Over S1,000 Over S1,000	'					
	1,000 15,00 1,000 1,000 1,000 1,000 1,000 1,000 1,000	200 200 200 200 200 200 200 200 200 200						
None								
			<u>.</u>					
1 Artic Clothal Tatal Datum Band Fund								
Artio Global Total Return Bond Fund (Mutual Fund)		*   X   X   X   X   X   X   X   X   X						
2								
Fidelity Municipal Income Fund		x   x     x       x						
(Mutual Fund)	<del></del>							
Templeton Global Bond Fund		x   x     x         x						
(Mutual Fund)								
4   Intentionally Left Blank								
mentionally Left Blank								
5								
Intentionally Left Blank								
6								
Intentionally Left Blank								
7								
Intentionally Left Blank								
8								
Intentionally Left Blank								
9								
Intentionally Left Blank								
* This category applies only if the asset/income is	s solely that of the filer's snows or dependent childre	n. If the asset/income is either that of the filer or jointly held by the filer with	the snause or denendent children					
mark the other higher categories of value, as approp		in the accessive is elater that or the right of joining held by the mor with	and appeared of dependent entition,					

SF278 (Rev.	03/2000)
5 C.F.R Part	2634

J.S. Office of Governm	ient Ethics
------------------------	-------------

Reporting Individual's Name Fred P. Hochberg	SCHEDULE A continued	Page Number 5 of 18
	(Use only if needed)	
Assets and Income	Valuation of Assets at close of reporting period BLOCK B  Income: type and amount. If "None (or less than \$201)" other entry is needed in Block C for that item.  BLOCK C	is checked, no
None	None (or less than \$1,001)	Other Date Income (Mo., Day, (Specify Yr.) Type & Actual Only if Amount) Honoraria
Intentionally Left Blank		
7 Intentionally Left Blank		
8 Intentionally Left Blank		
9 IRA: Neuberger Berman Institutional Money Market Fund	x x x	
<ul> <li>This category applies only if the asset/income mark the other higher categ</li> </ul>	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,

SF278 (Rev.	03/2000)
5 C.F.R Part	2634

	U	ı.S.	Of	fice	٥f	Government Ethics
--	---	------	----	------	----	-------------------

Reporting Individual's Name	SCHEDULE A continued	Page Number 6 of 18
Fred P. Hochberg	(Use only if needed)	0 01 10
Assets and Income	Valuation of Assets at close of reporting period BLOCK B  Income: type and amount. If "None (or less than \$201)" other entry is needed in Block C for that item.  BLOCK C	is checked, no
None	S1,001 - S15,000	Other Date (Mo., Day, (Specify Yr.) Type & Actual Amount) Honoraria
IRA: West End Income Strategies     Fund Risk Adjusted Debt Instrument     (Loan)		
Capitol City Brewing Company LLC (Small interest in restaurants)		\$204 in Partnership Distributions
Whitehall Street Real Estate LP IX (Real Estate investment partnership)		
Whitehall Street Real Estate LP X (Real Estate investment partnership)		
IRA: ECF International Value Fund (Investment Limited Partnership)	x x x	
ECF Value Fund (Investment Limited Partnership)		
7 Intentionally Left Blank		
8 Intentionally Left Blank		
9 Intentionally Left Blank		
* This category applies only if the asset/income is mark the other higher categ	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,

SF278 (Rev. 03/2000)	
5 C.F.R Part 2634	

U.S. Office of Government Ethi
--------------------------------

Re	porting Individual's Name	`									S	CH		DT.	II.I	r. 7	٠ ۸	nn1	tinı	ne.	Л					·					Page Number		
Fr	ed P. Hochberg										5							ede		ш	u										7 of 1	8	
													U	50 (	omy	y 11	110	cuc	u <i>j</i>						,	•							
	Assets and Income  BLOCK A	<b>漢</b> 2 ( )		,		at epo	clo rting	of A se of	iod	ets	1											amoi d in		ck C		that i			\$20	01)"	is checked, no	,	
	None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	.\$250,000	\$250,001 - \$500,000	(H)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$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		Rent and Royalties		Capital Gains	None (or less than \$201)	5201 - \$1,000	\$1,001 - 52,000 \$7,501 \$5,000		An	loun	900	Over \$1,000,000*	\$1,000,001 + \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	(Ma	Date o., Day, Yr.) Only if onoraria
1	SEG Partners II LP (Investment Limited Partnership)	×												×							×										\$65,275 Redeemed Partnership Int		
2	Fusion Telecommunications Common Stock and Preferred Stock			×																	×												
3	Reader's Digest Bankruptcy Deferred Compensation Settlement	×																							×						\$88,249 Deferred Comp Settlement		
4	Port Chester Properties LLC (Rental Property - Warehouse located in Port Chester, NY)	×																×	x										×		\$2,926,955 Redeemed Partnership Int		
5	Residence in Miami, FL									×								×					•										
6	Residence in Mt. Vernon, NY (held by the Samuel M. Hochberg Trust)						×						augustang line								x												
7	UBS Cashfund Inc (held by the Samuel M. Hochberg Trust)	×																			x												
8																																	
9	Intentionally Left Blank																																
	This category applies only if the asset/income ark the other higher categ	s solel	y th	at of	the i	filer	s sp	ouse	or de	epen	den	t chi	ldre	n. I	fthe	asse	t/in	come	is ei	the	r tha	t of t	ne fi	ler or	join	tly he	ld b	y the	filer	with	the spouse or deper	ndent	children,

SF278 (Rev. 03/2000)

5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 8 of 18 Fred P. Hochberg (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Type Amount Other Date \$1,000,000] - \$1,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 (Mo., Day. Over \$50,000,000 Excepted favestment Fun Income (Specify Yr.) \$15,001. \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$100,001 - \$1,000,000 Dividends Rent and Royaltes Type & Over \$1,000.000 \* \$50,001 - \$100,000 Actual Only if None (or less than Excepted Trust Amount) Honoraria SS,001 - S15,000 Over \$5,000,000 None Intentionally Left Blank 6 CREF Stock TIAA-CREFF Acct (held in the New School 401k Account) 7 CREF Global Equities TIAA-CREFF Acct (held in the New School 401k Account) 8 CREF Growth TIAA-CREFF Acct (held in the New School 401k Account) 9 CREF Real Estate TIAA-CREFF Acct

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 categ

(held in the New School 401k Account)

SF278 (Rev.	03/2000)
5 C,FR Part	2634

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 9 of 18 Fred P. Hochberg (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Type Amount Other Date (Mo., Daf. \$1,000,001 - \$ 5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Income None (or less than \$201) \$201 : \$1,000 Over \$50,000,000 Excepted investment F (Specify Yr.) \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Dividends Rent and Royalties \$100,001 - \$1,000,00e Type & Actual Only if S50,001 - S100,000 Over \$1,000.000 Over \$5,000,000 Honoraria \$5,001 - \$15,000 None Intentionally Left Blank Delaware Diversified Income Fund (held by the Samuel M. Hochberg Trust) Franklin Templeton Global Bond Fund × (held by the Samuel M. Hochberg Trust) FT Franklin Strategic Income Fund (held by the Samuel M. Hochberg Trust) Pimco Total Return Fund (held by the Samuel M. Hochberg Trust) 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 categ

U.S. Office of Government Ethics Reporting Individual's Name				池						60	ш	ירדי	ÜLE	A	007	tin					ję.								Page Number		
Fred P. Hochberg				1 3						SC.			only				uc	u			i.								10	of 18	
<i>3</i> / 3				. :								050		** *		<i></i>				-	. :								i		
Assets and Income				Val	at epor	clos ting	e of per	f	ts						ncom her e						ck (	C fo	r tha	at if			\$2	01)"	is checked, no		,
BLOCK A	8888		<b></b>	·	. н	LOC	ĸв ∭T	188	<b>8</b>	- 888	3	-		<u> </u>	Ty	ne	1				<u>: :</u>	BLO	mo								
	re (or less than \$1,901)	81,001 - 815,000	\$15,001-550.000	S50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	5500,001 - \$1,000,000	Over \$1,000,000 *	51,000,001	\$3,000,001 - \$£3,000,000 \$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Dividuada	toyalfies		Capital teams	None (or less than \$201)	navies taye	54,500 to 24,500	22,000				State.001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	(Ma	Date (a., Day, Yr,,) Only if onoraria
None	None (	S1,0	StS	850	8.5	\$75	5	č	0.20	338	Š	£xe	Exc	2	2	Inte	Š	Non	7	91,0		95,6	9	\$50,	<b>3</b> 10	Ove	075	Ove			
American Funds Capital Income     Builder Fund     (held by the Samuel M. Hochberg Trust)			×									×		,	(																
2 Investment per Leibovitz Participation and Revenue Sharing Agreement ⋠				x		000000000000000000000000000000000000000												х						000000000							
3 Intentionally Left Blank						200000000																		200000000000000000000000000000000000000							
Intentionally Left Blank						000000000000000000000000000000000000000																		0000000000							
Intentionally Left Blank						2002000000					00000000													000000000000000000000000000000000000000							
Intentionally Left Blank						000000000000000000000000000000000000000																		000000000							
Intentionally Left Blank																															
Intentionally Left Blank						2																		20000000					-		
9 Intentionally Left Blank																S (000000000000000000000000000000000000															

Prior Editions Cannot be Used.

Prior Editions Cannot be Used.

\*\*per agmay, this is a loan from the filter, RJS 5/8/12

SF 278 (Rev. 03/2000) 5 C F R Part 2634

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

	S. Office of Government Ethics																		
	eporting Individual's Name red P. Hochberg		SCHEDULE	В						•			·	Page N	Vumber		of 18		
P	Part I: Transactions							None											
or	eport any purchase, sale, or exchan- dependent children during the repo	orting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti ype (x						Aı	nount o	of Tran	saction	(x)	1			
se	roperty, stocks, bonds, commodity is curities when the amount of the training of the transactions that result 1,000.	nsaction exceeded	your spouse, or dependent child. Check the "Cortificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	<u>a</u>	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	0,001 -	0,001 -	0,001 -	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
Г		Identifica	tion of Assets	<b>-</b> Pu	Salc	益	L	\$1,6	\$15 \$50	\$50 \$10	\$10	\$25	\$50	Ş <del>Ç</del>	\$1,0	\$5,0 \$25	\$29 \$50	350,0	Cer
L	Example: Central Airlines Common			х			2/1/99			х								$\Box$	
Ľ	Artio Global Total Return Bon	d Fund		x			12/31/10	x											
	Dodge & Cox International St	ock Fund		x			12/23/10	x											
3	Kinetics Paradigm Fund			x			1/4/10	×											
	Mainstay Epoch International	Small Cap Fund		×			12/15/10	x											
[	Templeton Global Bond Fund			×			12/16/10	×											
*	This category applies only if the un	derlying asset is solely that	of the filer's spouse or dependent children. If the underlying	sset is	either	held	•	•			1								
by	y the filer or jointly held by the filer	r with the spouse or depend	ent children, use the other higher categories of value, as appro-	oriate.															
F	Part II: Gifts, Reimbu	rsements, and Ti	ravel Expenses																
Fitific (2th at an	or you, your spouse and depende on, and the value of: (1) gifts (stood, or entertainment) received to 2) travel-related cash reimburser han \$260. For conflicts analysis, s personal friend, agency approvuthority, etc. For travel-related gates, and the nature of expenses	ent children, report the such as tangible items, tra from one source totaling ments received from one it is helpful to indicate a rall under 5 U.S.C. § 411 gifts and reimbursements	ource, a brief descrip- insportation, lodging, more than \$260; and source totaling more a basis for receipt, such 1 or other statutory , include travel itinerary,	rece inde the o total	ived f pende lonor' value	from ent of 's res e fror	rnment; giv relatives; r f their relat idence. Als m one sour sions.	eceive ionshi so. for	d by y p to y purpo	our s ou; of	spouse r prov of aggi	or de ided a regation	nendes pendes pende Table pendes	ent ch sonal ts to d	nild to hospi determ	tally tality nine tl structi	at he	×	<i>*</i>
Г	Source (Name an				ief Des						,				-			Value	
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francis		Airline ticket, hotel room & meals incident to national conference 6/1 Leather briefcase (personal friend)	5/99 (pe	rsonal	activi	ty unrelated t	o duty)				<u> </u>				`	<u> </u>	\$500 \$300	
	1 N/A							_											
2	2																		
	3																		
ľ	4																		
[	5																-		-

SF 278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government

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

Reporting Individual's Name													Page N	himber				
Fred P. Hochberg		SCHEDULE	В												12	of 18		
Part I: Transactions							None	`										
Report any purchase, sale, or exchang or dependent children during the repo	ge by you, your spouse,	report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti ype (x						Aı	nount (	of Trans	action	(x)				
property, stocks, bonds, commodity f securities when the amount of the tra \$1,000. Include transactions that resu	utures, and other nsaction 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		Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	5,001 - 70,000	\$100,001 -	\$250,001 -	\$500,001 - \$1,000,000	er 000,000*	- 1000,000	000,000 -	5,000,001 -	Over \$50,000,000	Certificate of divestiture
		cation of Assets	គី	Sa	Ω̈́		<u> </u>	88	\$50	\$10	\$25	\$5.	δű	5. 53	\$2	\$2; \$5	Over \$50,0	F C
Example: Central Airlines Common			X			2/1/99			x			L						<b></b>
American Funds Capital Incor		C		X			X											1
(Held by the Samuel M. Hoch	berg Trust)																	<del>                                     </del>
2																		l
3				$\dashv$			ļ											<del>                                     </del>
*																		l
4									_									
'																		l
5																		
								<u> </u>										
* This category applies only if the un	derlying asset is solely the	at 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 depen	dent children, use the other higher categories of value, as appro	priate.															
Part II: Gifts, Reimbu	rsements, and I	Travel Expenses																
For you, your spouse and dependent tion, and the value of: (1) gifts (stood, or entertainment) received for (2) travel-related cash reimbursen than \$260. For conflicts analysis, as personal friend, agency approvauthority, etc. For travel-related g dates, and the nature of expenses	uch as tangible items, tr from one source totaling ments received from one it is helpful to indicate all under 5 U.S.C. § 41 tifts and reimbursement	ansportation, lodging.  more than \$260; and e source totaling more a basis for receipt, such Il or other statutory s. include travel itinerary,	reeeinde inde the d total	ved fi pende lonor' value	rom int of s resi	nment; giv relatives; r f their relat idence. Als n one sour sions.	eceive ionshi so, for	d by y p to y purpo	our s ou; or oses o	pouse prov f aggi	or de ided egati	epend as per ng gif	ent eh sonal ts to d	ild to hospi lete <del>rn</del>	tally tality sine tl	at 10		l
Source (Name and				icf Des	<u> </u>												Value	
Examples: Nat'i Assn. of Rock Colle		Airline ticket, hotel room & meals incident to national conference 6/	15/99 (p	ersonal	activi	ity unrelated	to duty	2						- <b>-</b> -		Ļ	\$500	
Frank Jones, San Francis	co, CA	Leather briefcase (personal friend)														-	\$300	
1 N/A																		
2																		
3																		
4																		
[ *																		
5	_																	
I																		

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics

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

Reporting Individual's Name Fred P. Hochberg	Amount of Transaction (x) per dependent children during the reporting period of any real purchase, sale, or exchange by you, your spouse, ependent children during the reporting period of any real purchase, sale, or exchange by you, your spouse, ependent children during the reporting period of any real purchase, sale, or exchange by you, your spouse, ependent children during the reporting period of any real purchase, sale, or exchange by you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock of indicates sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock to indicate sales made pursuant to a certificate of divestiture flock of the flock floc														of 18			
Part I: Transactions							None	;										
										Aı	nount	f Tran	saction	(x)				
property, stocks, bonds, commodity fi securities when the amount of the train	utures, and other nsaction exceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a					- 100	,001 - ,000	,001 - 10,000	,0001 - 50,000	00,001	000,000	er 000,000*	000,001 -	000,001 -	5,000,0001 - 1,000,000	Over \$50,000,000	Certificate of divestiture
		ation of Assets	집	Sa	亞		2 2	\$15	\$50	32.83	\$ \$2	SS 25	8 2	2 8	\$25	\$25	8 8	ရှိ ဇိ
Example: Central Airlines Common			х			2/1/99	<u> </u>		х									
2																		
3																		
4																		
5																		
* This category applies only if the up	derlying asset is solely the	at of the filer's spayse or dependent children. If the underlying	eset is	either	held				!	l		L						
				craici	iiciu													
Part II: Gifts, Reimbu For you, your spouse and depende tion, and the value of: (1) gifts (st food, or entertainment) received ft (2) travel-related cash reimbursen than \$260. For conflicts analysis, as personal friend, agency approvauthority, etc. For travel-related g	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 total value from one source, exclude items worth \$104 or less. See instructions															at he ons		]
Source (Name and				ief Dcs													Value	
Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francis		Airline ticket, hotel room & meals incident to national conference 6/ Leather briefease (personal friend)	15/99 <u>(p</u>	ersonal	activ	ity unrelated	to duty)					— <del>-</del> -				<del></del>	\$500 \$300	
1 N/A																		
2																		
3																		
4																		
5																		
Prior Editions Cannot Re Used	_																_	

SF 278 (Rev. 03/2000) 5 C,F,R Part 2634 U.S. Office of Government Ethics

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

1	Example: Central Airlines Common x 2/1/99 x Intentionally Left Blank Intentionally Left Blank Intentionally Left Blank																		
P	art I: Transactions							None	;		]								
											Aı	nount o	of Tran	saction	(x)				
pro sec	perty, stocks, bonds, commodity fourties when the amount of the train	utures, and other nsaction excecded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a					301 - 1,000	- 100)	.,001	0,001 -	0,001	000,000	er 300,000	- 100,000	- 100,000,	,000,000,	Over \$50,000,000	Certificate of divestiture
			eation of Assets	, A	Sa	從		\$1,0	\$15	\$50	\$10 \$25	\$25 \$50	\$ 350	90 S1(	\$1,0 \$5,0	\$5,( \$25	\$25 \$50	Over \$50,0	Cert
┕				x			2/1/99	ļ		х	L	<u> </u>							
1	Intentionally Left Blank																		ı
2	Intentionally Left Blank			ļ															
3																			
4				- <del> </del>							<u> </u>								
5	·	_		-															
* 7	•	derlying asset is solely the	at of the filer's snouse or dependent children. If the underlying	cept is	either	held						<u> </u>	l						
	0 1 1.	, ,			citifoi	neid													
_				×11410.														··········	
Fortion for (2) that as au	r you, your spouse and depende	ent children, report the control as tangible items, to from one source totaling ments received from one it is helpful to indicate al under 5 U.S.C. § 41 of the sand reimbursement	source, a brief descrip- ransportation. lodging, g more than \$260: and e source totaling more a basis for receipt, such 11 or other statutory s. include travel itinerary,	receinde inde the d total	ved f pende lonor' value	rom ent of s res		eccive ionshi	d by ip to y	your s ou; o oses o	spous r prov of agg	e or de vided : regati	epend as per ng gif	ent ch sonal is to o	ild to hospi letern	tally tality inc <b>ti</b> tructi	at ie		l
	Source (Name and	d Address)		Br	ef Des	criptic	On											Value	
	Examples: Nat'l Assn. of Rock College Frank Jones, San Francisc		Airline ticket, hotel room & meals incident to national conference 6/ Leather briefease (personal friend)	5/99 (p	ersonal	activ	ity unrelated	to duty)	<u> </u>								L	\$500 \$300	
1	N/A																		
2																-			
3																		_	
4					_												_		
5																			
Pri	or Editions Cannot Be Used.																		

SF 278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government Ethics
X

Reporting Individual's Name	Page Number  SCHEDILE C  15 of 18															
Fred P. Hochberg	SCHEDULE C 15 of 18															
Part I: Liabilities				_										_		
Report liabilities over \$10,000 owed to an	•	personal residence unless it is rented out; loans secured		No	None		Category of Amount or Value (x)									
any time during the reporting period by your dependent children. Check the highest		by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions.		]			1					i				-
during the reporting period. Exclude a mo		See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if appli- cable	\$10,001 -	\$15,001 - \$50,000	- 100,000,0	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,000 - \$1,000,000	Over \$1,000,000*	\$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000
Creditors (Name and A	Address)	Type of Liability	_		Cabic	\$10,	\$15,	\$50, \$10(	\$250	\$251 \$501	\$50 \$1.0	Over \$1,00	\$5.0	\$5,0 \$25,	\$25,	\$50.
Examples: First District Bank, Washington, John Jones, 123 J St., Washington		Mortgage on rental property, Delaware Promissory note	1991 1999	- 8% 10 %	25 yrs.			- <del>x</del> -		L						— <i>-</i>
1 City National Bank, NY, NY	лі, <i>D</i> С	Personal Line of Credit	2008	Prime	Paid O					Ŷ	х				-	
· · ·				+1.0%												
2 Barclay's Capital, Los Angeles, CA	Ą	Secured Line of Credit	2010	Prime +1.0%	N/A						x					
3																
4																
5																
* This agtagany applies only if the lightlity	ic colely that of the file	r's spouse or dependent children. If the liability is that of the	a filer or a i	 	ty of the fi	ler										
with the spouse or dependent children, ma			c mer or a j	Jiit Haoiii	ly Of the fi	ici										
Part II: Agreements or A												•				
5	_	articipation in an	of obser	oor and (	4) futura	amplay	mant	Saa i	netnie	tione	record	lina th	ie ren	ortine		
Report your agreements or arrangements for: continuing participation in an of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits																
payment by a former employer (included)			of negot	arions 10	ally O1	nese ui	i mili	HOIILD	0, 00	HOTTE		_				
, ,											N	one				
Status and Terms of any Agreement or Arrangement Parties									Da	1¢						
Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.					D	Doe Jones & Smith, Hometown, State							7/8	35		
1 Although I am no longer employed by the New School, I am a participant of the New School's Retirement Plan, Deferred Annuity Plan, and 457(B) Plan. All plans are managed and administered by TIAA CREF and I am fully vested in the plans.					Т	he New	Scho	ol, Ne	ew Yo	rk, NY					1/0	)4
2 In 1985, I entered into a deferred compensation agreement with Lillian Vernon Corporation, my former employer.						illian Ve							oldings	3	2/8	5*
Settlement was reached in the amount of \$88,249 on November 5, 2010.  3 Outstanding Fusion Stock Warrants- Warrants matured on March 17, 2010 with no proceeds received.						Worldwide, Fairfax, VA*amended 6/06  Fusion Telecommunications, New York NY 3/06						16				
					mitan	iicaiic	110, 140		K 14 1							
4																
5																
6																

Repo	rting Individual's Name				Page Number	
Fred	16 of 18					
	rt I: Positions Held Outs					
com	pensated or not. Positions include	pplicable reporting period, whether but are not limited to those of an officer, representative, employee, or	consultant of any corporation, firm, pa non-profit organization or educational social, fraternal, or political entities an	institution. Exclude positions	with religious,	
	Organiza	ation (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.
Exa	mples: Nat'l Assn. of Rock Collectors, Doe Jones & Smith, Hometowr		Non-profit education  Law firm	President Partner	- <u>6/92</u>	Present 1/00
1	Intentionally Left Blank	i, otate	Law IIIII	Tather	1103	1700
2	Port Chester Properties LLC, P	ort Chester, NY	Limited Liability Company	Manager and Partner	1978	12/10
3	Intentionally Left Blank					
4	Intentionally Left Blank					
5	Gay and Lesbian Leadership In	stitute, Washington, D.C.	Nonprofit Educational Organization	Advisor	2002	present
6	Intentionally Left Blank					
Rep busi	ort sources of more than \$5,000 co ness affiliation for services provide reporting period. This includes the	Excess Of \$5,000 Paid by One someone of services of se	Source  corporation, firm, partnership, or other organization when you directly provid of more than \$5,000. You need not re-	led the services generating a for eport the U.S. Government as	if you are Terminati Vice Pres	e <u>ntial</u> Cand
	Source (Name and Address)			Brief Description of Duties		
Exan	nples: Doe Jones & Smith, Hometown	n, State 2 Jones & Smith), Moneytown, State	Legal services Legal services in connection with univers	sity construction		
1	IMENO Oniversity (chefit of Doc	e Jones & Smith), Moneytown, State	Legal services in connection with univers	sity construction		
2						
3						
4						

Reporting Individual's Name					Page Number				
Fred P. Hochberg	SCHEDULE D								
				•					
Part I: Positions Held Outs	side U.S. Government								
Report any positions held during the a compensated or not. Positions include director, trustee, general partner, prop	but are not limited to those of an officer,	consultant of any corporation, firm, p non-profit organization or education social, fraternal, or political entities a	al institution. Exclude positions	s with religious,					
Organ	Position Held		Yr.) To (Mo., Yr.)						
Nat'l Assn. of Rock Collectors	, ,	Type of Organization  Non-profit education	President	6/92	Present				
Examples: Doe Jones & Smith, Hometow.		Law firm	Partner	7/85	1/00				
Intentionally Left Blank									
2 Intentionally Left Blank									
3 Intentionally Left Blank									
4 Intentionally Left Blank									
5 Intentionally Left Blank									
6 Samuel M. Hochberg Trust, Mo	ount Vernon, NY	Private Trust	Beneficiary	12/1996	Present				
Report sources of more than \$5,000 con business affiliation for services provide	Excess Of \$5,000 Paid by One Sompensation received by you or your led directly by you during any one year of e names of clients and customers of any	ource  corporation, firm, partnership, or oth organization when you directly proviof more than \$5,000. You need not a	ided the services generating a fe	if you are Terminati Vice Pres	e <mark>ntial</mark> Cand				
Source (Name and Address)	,		Brief Description of Duties						
Examples: Doe Jones & Smith, Hometow Metro University (client of Do	n, State e Jones & Smith), Moneytown, State	Legal services  Legal services in connection with unive	rsity construction						
1			•		-				
2									
3									
4									

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE D** 18 of 18 Fred P. Hochberg Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether consultant of any corporation, firm, partnership, or other business enterprise or any compensated or not. Positions include but are not limited to those of an officer. non-profit organization or educational institution. Exclude positions with religious. director, trustee, general partner, proprietor, representative, employee, or social, fraternal, or political entities and those solely of an honorary nature. None Type of Organization Organization (Name and Address) Position Held From (Mo., Yr.) To (Mo., Yr.) Nat'l Assn. of Rock Collectors, NY, NY Non-profit education 6/92 Present President Examples: Doe Jones & Smith, Hometown, State Law firm 7/851/00 Partner Lillian Vernon Foundation, New York, NY Private Foundation 12/2003 Present Co-trustee 2 Sally Susman 2010 Gift Trust 12/2010 Present Trust Trustee 5 Part II: Compensation In Excess Of \$5,000 Paid by One Source Do not complete this pa if you are an Incumbent Report sources of more than \$5,000 compensation received by you or your corporation, firm, partnership, or other business enterprise, or any of Termination Filer, or business affiliation for services provided directly by you during any one year of organization when you directly provided the services generating a fe the reporting period. This includes the names of clients and customers of any of more than \$5,000. You need not report the U.S. Government as a Vice Presidential or Presidential Candida None Source (Name and Address) Brief Description of Duties Doe Jones & Smith, Hometown, State Legal services Examples: Metro University (client of Doe Jones & Smith), Moneytown, State Legal services in connection with university construction 1 N/A per instructions 3