Form Approved:

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

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

S Office of Government Ethnics			Calander Vara				Termination Date (If Appli -	Fee for Late Filing
Date of Appointment, Candidacy, Election of Nomination (Month, Day, Year)	Reporting Status (Check	Incumbent	Calendar Year Covered by Report		New Entrant, Nominee,	Termination	Termination Date (If Applicable) (Month, Day, Tear)	Any individual who is required to
01/20/2009	appropriate boxes)			Х	or Candidate	Filer		file this report and does so more than 30 days after the date the report is
,	Last Name			_	First Name and Middle	Initial		required to be filed, or, if an extension
Reporting Individual's Name	Klain				Ronald A			is granted, more than 30 days after the last day of the filing extension period
	Title of Position				Department or Agency			shall be subject to a \$200 fee.
Position for Which Filing	Chief of Staff				Office of Vice Presi	ident (OVP - EOF)	Reporting Periods
	Address (Number,	Street, City, State, o	and ZIP Code)			Telephone No. (Inc.		Incumbents: The reporting period is the preceding calendar year except
Location of Present Office or forwarding address)	Rm. 276, EEO	B, The White Ho	ouse, Washington,	DC 2	20503	202-456-1414		Part II of Schedule C and Part I of 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)								applicable.
Presidential Nominees Subject to	Name of Congress	ional Committee Co	onsidering Nomination	_	Do You Intend to Creat	te a Qualified Diversi	fied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation					Yes	No		covered by your previous filing and ends at the date of termination. Part II
Certilication	Ic:- A	-1				Date (Month, Day,	Year)	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.	Signature of Repo	rung individual				2/19	7/09	Nominees, New Entrants and Candidates for President and Vice President:
2,	Signature	r Reviewer				Date (Month, Day,	Year)	Schedule AThe reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	BY,	relso,	\bigcirc			3/20	·	calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designature	gnated Agency Ethic	cs Official/Reviewing C	Officia	1	Date (Month, Day,	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 regulations (subject to any comments in the box below).	Gue	W				3/4/		Schedule C. Part I (Liabilities)— The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is
Office of Government Ethics Use Only	Signature	$-\omega$				Date (Month, Day	v, Lear)	within 31 days of the date of filing. Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If addit	tional space is requi	red, use the reverse	side of this sheet)					Arrangements) Show any agreements or arrangements as of the date of
				oor ice	filing extension granted &	& indicate number of	days	filing.
			(Спеск і	oux ij j	ming exercision granted (ишсине питоет ој	uuys/ 	Schedule DThe reporting period is the preceding two calendar years and the current calendar year up to the date of filing. Agency Use Only
							, 	OGE Use Only
•					(Check box if comn	nents are continued o	on the reverse side)	
Samuel Disc Edwin 192 in Course	Dalled				279 113	Form	Designed in Microsoft Excel 2000	0 NSN 7540-01-070-8444

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Reporting Individuats Name Clain, Ronald											S	Cŀ	(E	DU	LF	E A													rage Number	
Assets and Income BLOCK A			V	1	ation at cli ortin	ose	of erio															C f		nat it		than	\$20)1)"	is checked, no	
For you, your spouse, and dependent children; export each asset held for investment or the production of income which had a fair market ralue 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. For yourself, also report the source and actual amount of earned income exceeding \$200 (other han from the U.S. Government). For your spouse, export the source but not the amount of earned income of more than \$1,000 (except report the crual acount of any honoraria over \$200 of our spouse).	None (or less than \$1,001)	\$1,001 - \$15,000	313,001 - 329,000	3949		000,000,12		\$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 Trush	·	Interest	Galms	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,909) 2 2 2	Amo	ount	\$100,001 - \$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 Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Hearland 500 Index Fund				**		-	-		 	- 1		*		2						×).	<u>-</u>	x							Law Partnerskip Successe \$120,000	4
(S) Pew Charitable Trusts Washington, DC (Non-profit) Revolution LLC									_				92									2				Non-occupant			Salary	
Washington, DC (Private investment) Exclusive Resorts LLC Denver, CO (Real estate and hospitality)		A	\$20 m			(a)								34			_											ı	Salary & Earned income in \$1,066,035.00 Directors Fees \$35,300.00	-liev-of-equit
New York Times Co.								â																<i>a b c c c c c c c c c c</i>					Honoraria \$100 / art	See note 1
(Cash account)	>	d.	10.00.10				+							Y Wallet		×		_	X			*		15.77		2010			(Total=\$2,200)	
This category applies only if the assertincome is so tark the other higher categories of value, as appropria	ılely .	(f the	filer	S SDX	DUSC.	or de		dent			X		*			100		X					* * * * * * * * * * * * * * * * * * *				ļ		

	porting Individual's Name	1									S	CI			UL oni					านเ	ed											Pag	2 Number 3		
	Assets and Income					luai a repo	t clo	se (of		i						In(oth	COID er e	l e: [ntry	yoe is n	and Seed	l am led i	OUD n B	(. [lo c)	f"N	ONC or th	(Of hat i	less tem	thas	1 52	01)"	' is c	becked, no		
	BLOCK A	200	a -	Date	•		OLO			2000001	_	dichlaria.		3330000		*********	L		_		_				BL	оск	c		_						_
	None	None (or less than \$1,001)	\$1.001 - \$15.000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$109,801 - \$250,000	5250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,900,000 *	\$1,006,001 - \$ 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	Dividends	Rent and Royalties		Capital Galpa,	None (or less than \$201)	\$201 - \$1,000	51,001 - \$2,500	\$2,501 - \$5,000			\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	51,000,001 - 55,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount)	(Mo	Date Dav. Yr.) Poly if noraria
,	(S) Fidelity Asset Manager 50%			X										X						*			_	X					_		_			-	
2	(S) Fidelity Cash Reserves	X												X							X			•			_				<u></u>				
3	(S) Fannie Mae - Stock		×																			x			2 0000000		-				_				
4	(S) Fidelity Tax Managed Stock			X										х									X				-				_			_	
5	(S) Janus Enterprises	2:	×											×			-					×									_				
	(S) Janus Research Fund			X										X					1	ć	1		х			4					_				
	(S) Janus Fund (JANSX)		X											X								×					-								
a	(S) Janus Orion Fund			X										×					_		+		×			000	-								
	[This line is intentionally left blank.]			(000)										×																					
na	This category applies only if the assecuted irk the other higher categories of value, as a	no 13 Sole	ly th	at or	the	tuer	s sp	ousc	010	ере	nder	t ch	ildre	n. I	f the	ass	et/in	com	e is	cithe	er the	ar of	the	i er	0730	intly	y hel	d by	the	filer	wish	the s	spouse or deper	ndem e	hildren.

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	eporting Individual's Name										S	C		-					nti	nu	ed											Pa	age Number		
L													7)	Jse	១ដ	ly i	fne	eed	ed)																
	Assets and Income					а г е рс	t clo	of of g po	of crio		}														k C		that			n \$2	201)	" is	checked, no		
	Nonc	None (or less than \$1,001)	51,001 - \$15,000	\$15,001 - 550,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$506,001 - \$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 Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	5201 - 51,000	\$1,001 - \$2,500	\$2,501 - \$5,000	55,001 - \$15,000		556,001 - 5190,000	900	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5 000 000	000,000,000	Other Income (Specify Type & Actual Amount)	(<i>Mo.</i> . <i>Y</i> On	Date Duv. (r.) nlv if noraria
1	(OC) New Hampshire 529 Plan: UNIQUE College Investing Plan [underlying holdings: lines 2-4]								_								-																		
2				x										×									×									\dagger			
3	UNIQUE 2012 Portfolio	3		×										x							1		×						-			+			
4	UNIQUE 2015 Portfolio	à			X									×							35		~		X				-			+			
5	(DC) Fidelity Asset Manager 50%	7			x									×											×				_			<u> </u> 			
	(DC) Fidelity Blue Chip Growth			X										X									x							8		-			
	(DC) Fidelity Growth & Income		X											X									x						-			+			<u>-</u>
8	(S) Fidelity Blue Chip Growth				×									X											x						-	+			— <u> </u>
9	Fidelity Diversified International			Х										X									X									+			
n mi	This category applies only if the asset/income ark the other higher categories of value, as app	is sole	y th	at of	the	tiler	's sp	ouse	010	depe	nder	nt ch	iildr	en.	lf th	e ass	et/it	con	ne is	eith	er th	al o	the	file	rorj	oint	ly he	ld by	y the	filer	wit	h the	e spouse or deper	ndent ci	widren,

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	porting Individual's No. e ain, Ronald										S	Cŀ	ΙE	DI	UL	E	A	coı	nti	пu	ed											Pa	age Number	5	
N.	siri, Ronaio												J	Jse	on	ly i	fn	eed	ed)		_								_			\perp			
-	Assets and Income					геро	t ele rtin	se o	of vio			_													c C f		hat i			n \$ 2	01)	" is	s checked, no		
	None	None (or less than S1,001)	51,001 - 515,000	\$15,001~\$50,000	550,001 - \$100,000	\$100,001 - \$250,000	5250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	51,000,091 - 5 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	Dividends	Rent and Royatties	laterest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		own	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,000 - \$5,000,000	Over \$5 000 000	Over 33,000,000	Other Income (Specify Type & Actual Amount)		Date (Mo., Dav. Yr.) Only if Honoraria
1	Fidelity Cash Reserves	374	X											Х								X										\dagger		+	
2	Fidelity Equity Income"2	1		×							1	•		x									х				-							+	
3	Fidelity Total Bond			x										×									×					×				+		\dagger	
4	Spartan U.S. Equity Index Investor Class			×										X							\vdash		x			2			-			+		+	
5	Janus Global Tech			X										×		0	-						х									+		_	
6	Janus Fund (JANSX)			X										X										x								+		+	
7	Janus Venture			X										×	Н								X					0.00				+		+	
	(DC) Maryland Prepaid College Trust (529 Plan)		_		_	X															X		_						-			+		+	
9	Met Life Whole Life Policy			X				200				- 63					X		Х			×										+		+	
2710	This category applies only if the asset/incor	ne is sole	y th	at of	the	filer	's sp	ouse	or e	depe	nder	ıı ch	ildre	cu	lî ub	e as:	set/ii	con	ne is	cith	er ti	nat c	f the	file	101	oint	y he	d by	the	tilet	wit	h th	ne spouse or dep	ende	nt children

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Rep	porting Individual's Name										S	CF	ΗE	DI	JL	E A	4 c	on	tin	ue	d											Page Nuttiber	
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Г	,															_																	
	Assets and Income					al	t clo	of se o	f													amo ed in								5 2	01)"	' is checked, no	
L	BLOCK A					_		CK B										_							ВU	оск	C						
	None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	550,001 - 5100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	5500,001 - \$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 Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	51,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	S15,001 - 550,400	\$50,001 - \$100,000	000	Over \$1,000,000*	51,000,061 - \$5,000,090	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dus. Yr.) Only if Honoraria
1	(S) Pacific Life Whole Life Policy		×														X		X				x				_		-				
L	(S) Pew Charitable Trusts 401(k) plan through the Principal Financial Group (underlying holding: line 2)	8					_														1	4	-										
3	MetLife Stable Value Fund			X										X		j					-	1		×	-								
4	Eli Lilly - Stock		Х												-		х			8	1	×		-	2000				_				
5	(S) GMAC Bank CDs	18				Х											- 000000		X	8	-		1	_	X								
6	ING COs/Accts (Cash)							X		i i			-						X					_		×					_		
7	(S) ING CDs/Accts (Cash)	100					×						-		-		-		x		_		+	_	X		+		-				
8	(J) PNC Bank Accts (Cash)					x							7		-		-	+	×		-		1	×	_		_				_		
	Obama-Biden Transition Project This category applies only if the separate comments of the separate comments on the separate comments of the separ					OV-													200 Sec. 10												ı	Salary (\$13000) Severance (\$3000)
nai	This category applies only if the assertincome is the what higher categories of value, as app	ropriate	դ-ա Է	at ev	1411	HOST.	5 Jp	UUSC	Or d	apa	nuen	(Cit	lidre	n. i	t the	2350	ev inc	ome	2 15 ¢	the	r una	I of I	he i	iler	or jo	inth	y hel	d by	the	fileT	Vith:	the appuse of Capen	dent dilleren.

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U.S. Office of Government Ethics Reporting Individual's Name		,											Page N	Number				
Klain, Ronald		SCHEDULE	В													7		
Part I: Transactions				•			None	÷			······-				. •		-	
Report any purchase, sale, or exchar		report a transaction involving property used solely as your	1	ansacti						Aı	nount	of Tran	saction	(x)				
or dependent children during the reproperty, stocks, bonds, commodity securities when the amount of the tr \$1,000. Include transactions that res	futures, and other ansaction 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 x)	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 - \$100,000	90,001 -	50,001 -	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 - \$50,000,000	er 0,000,000	Certificate of
		cation of Assets		Sa	宀		\$1,	\$75	\$30	\$16	\$23	\$5.	\$ 2	\$1,	\$5.	\$25 \$56	Over \$50,0	ਹ
Example: Central Airlines Commo	on		x	_	<u> </u>	2/1/99			X		-	┼	<u> </u>	├—	_	-		-
1 N/A					١.											İ		
2																		
3															T			\vdash
4						_								\vdash				+
5														\vdash	\vdash			+
* This category applies only if the u	inderlying asset is solely the	at of the filer's spouse or dependent children. If the underlying	accet ic	either	held			_										
		dent children, use the other higher categories of value, as appro			neid			. 4)						f-				
Part II: Gifts, Reimbi	ursements, and I	Travel Expenses																_
For you, your spouse and depention, and the value of: (1) gifts (1) food, or entertainment) received (2) travel-related cash reimburse than \$260. For conflicts analysis as personal friend, agency approauthority, etc. For travel-related dates, and the nature of expense	such as tangible items, to from one source totalinements received from ones, it is helpful to indicate aval under 5 U.S.C. § 41 gifts and reimbursements provided. Exclude an	ransportation, lodging, g more than \$260; and e source totaling more a basis for receipt, such 11 or other statutory	rece inde the c total	ived f pende fonor valu	from ent o 's res e fro	rnment; gi relatives; i f their rela sidence. Al m one sour usions.	eceive tionsh so, for	ed by ip to r purp	your s you; o	pous r pro of agg	e or d vided regati	epend as per ing gi	lent cl rsonal fts to	hild to I hosp deterr	otally pitality mine t struct	at he]
Source (Name a Examples: Nat'l Assn. of Rock Co		Airline sinhes heart 0	Br	icf De	scripti	on											Value	e
Frank Jones, San Franc		Airline ticket, hotel room & meals incident to national conference Leather briefcase (personal friend)	6/15/99 (g	ersona	l acti	vity unrelated	to duty	<u> </u>				-				ļ - —	\$500 \$300	
1 N/A																├-	3300	
2					—											-		
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U.S. Offsee of Government Ethics						_						Page N	umber			
Reporting Individual's Name Klain, Ronald		SCHEDUI	E C											8		
Kiairi, Rorialu																
Part I: Liabilities					_											
Report liabilities over \$10,000	0 owed to any one creditor at	personal residence unless it is rented out; loans secured		No	ne X				Catego	ory of A	mount	or Valı	ue (x)			
any time during the reporting or dependent children. Check	period by you, your spouse,	by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions.		_								•.	- 0	- 8	8 91	8
during the reporting period.	Exclude a mortgage on your	See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if appli- cable	\$10,001 -	5,001 -	\$50,001 - \$100,000	50,000	50,001	.000,000	rer ,000,000	\$1,000,001 - \$5,000,000	5,000,00	\$25,000,001 -	Over \$50,000,000
Creditors	s (Name and Address)	Type of Liability		L			22 23	\$ 55	\$ 22	\$5	\$ 55	ઇ ક	\$5	\$5	\$2	6 %
	, Washington, DC	Mortgage on rental property, Delaware	1991	10%	25 yrs.	_ 4 * *		- x	— -	<u> </u>						
John Jones, 123 J	St., Washington, DC	Promissory note	1777	10 /0	On deman											
								-		_		_	-		-	\vdash
2			1				1									
3																
			-		 -	+-		-		-			-	-		\vdash
4											<u> </u>					
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	e filer or a	oint liabili	ity of the fi	iler	- L					b)	1			
with the spouse or dependen	nt children, mark the other higher	categories, as appropriate.														
Part II: Agreeme	nts or Arrangement	ts														
	or arrangements for: continuin		of abser	nce; and (4) future	employ	ment.	See is	nstruc	tions	regard	ding t	he rep	ortin	g	
	g. 401k, deferred compensation loyer (including severance pa		of nego	tiations fo	or any of	these ar	range	ments	or be	enetits		•				
payment by a former emp	ioyer (merading severance pa	ymems), (5) teaves									N	Vone	Х]		
	to the state of th	any Agreement or Arrangement							Partie							Date
	mership agreement, will receive lump ervice performed through 1/00.	sum payment of capital account & partnership share			I	Ooe Jones	& Smi	th, Hon	netown	, State					7	7/85
1																
2															-	
2																
3																
4															+	
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Reporting Individual's Name Klain, Ronald		SCHEDULE D		9	
compensated or not. Positions inc.	utside U.S. Government he applicable reporting period, whether lude but are not limited to those of an officer, proprietor, representative, employee, or	consultant of any corporation, firm, part non-profit organization or educational ir social, fraternal, or political entities and	nership, or other business enterprise or any astitution. Exclude positions with religious those solely of an honorary nature.	None	
	rganization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Nat'l Assn. of Rock Colle		Non-profit education	President	6/92	Present
Examples: Doe Jones & Smith, Hom		Law firm	Partner	7/85	1/00
1 Revolution LLC, Washingto		Investment Firm	Officer / Employee	02/05	11/08
2 Revolution Health Group LI	LC, Washington, DC	Private company	Director / Officer	07/05	11/30/08
3 Exclusive Resorts LLC, De	nver, CO	Private company	Director	04/05	11/30/08
4 American Progress Action	Fund, Washington, DC	Non-profit (C-4)	Director	01/06	11/08
5 American Constitution Soc	iety, Washington DC	Non-profit (C-3)	Director	06/06	11/08
6 OBAMA- BIDEN TRA	NSITION PROSECT	NON-PROFIT (501(c)(4))	CHIEF OF STAFF TO THE VICE PREMIDENT-ELECT	11/08	01/09
Report sources of more than \$5,00 business affiliation for services pr	In Excess Of \$5,000 Paid by One So 00 compensation received by you or your rovided directly by you during any one year of es the names of clients and customers of any	corporation, firm, partnership, or other	business enterprise, or any other non-profit defined the services generating a fee or payment port the U.S. Government as a source.	if you are an Termination Vice Preside	Filer, or intial ial Candidate
Source (Name and Addre	ess)		Brief Description of Duties		
Examples: Doe Jones & Smith, Hon Metro University (client	netown, State of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with univers	sity construction		
Revolution LLC, Washington, DC		Employer			
2 Exclusive Resorts, LLC Denver, CO		Director's Fees			
Obama-Biden Transition F Washington, DC	Project	Employer			
4					
5					
6					

Prior Editions Cannot Be Used.

<u>Publication Dates for Ronald Klain columns in "Campaign Stops," NYTimes.com</u> (all are 2008 – each was compensated at \$100)

1. 1/8

2. 1/9

3. 1/14

4. 1/17

5. 1/22

6. 1/30

7. 2/01

8. 2/05

9. 2/06

10.2/11

11.2/19

12.2/22

13.2/26

14.3/05

15.3/12

16. 3/18

17.3/23

18.4/03

19. 4/23

20. 5/05

21.6/09

22.7/06

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