## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

II S Office of Covernment Ethios

U.S. Office of Government Ethics						
Date of Appointment, Candidacy, Election	Reporting Status	Calendar Year			Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Year)	(Check incumber	t Covered by Report	New Entrant, Nominee,	Termination	Lable ) (Monin, Bay, Tear )	Any individual who is required to
·	appropriate baxes)		x or Candidate	Filer		file this report and does so more than
			[F/N	1-221-1	<u></u>	30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Last Name		First Name and Middle	Initial		<b>-</b>
Reporting mutvidual's Name	Lamont		Thomas R.			is granted, more than 30 days after the
				//		last day of the filing extension period shall be subject to a \$200 fee.
Desiries for White Diller	Title of Position	for Mannower and	Department or Agency	(II Applicable )		Shall be subject to a \$200 fee.
Position for Which Filing	Asst. Secretary of the Army	ioi ivianpowei and	Dept. of Army	3		Departing Davieds
	Address Number, Street, City, Stat			Telephone No. (Inc.	hida Aras Cada)	Reporting Periods Incumbents: The reporting period is
Location of Present Office	Address (Number, Street, City, State	e, and ZIF Code )			nuge Area Code }	the preceding calendar year except
(or forwarding address)	1600 Defense Pentagon, W	ashington, DC 20301		703-695-3422		Part II of Schedule C and Part I of
(or your unity address)	root Boronia romagon, re	20/m/g(2/1, 2/2 1020)				Schedule D where you must also
Position(s) Held with the Federal	Title of Position(s) and Date(s) Hel	d		<u> </u>		include the filing year up to the date
Government During the Preceding						you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	None					applicable.
						<b>_</b>
						Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee	Considering Nomination	Do You Intend to Creat	e a Qualified Diversit	fied Trust?	period begins at the end of the period
Senate Confirmation	Committee on Armed Service	es	l lun	X No		covered by your previous filing and ends
			Yes	I NO		at the date of termination. Part II
						of Schedule D is not applicable.
Certification	Signature of Reporting Individual			Date (Monus, Day,	rear )	
I CERTIFY that the statements I have made on this form and all attached				11100100	5	Nominees, New Entrants and Candidates for President and Vice
schedules are true, complete and correct		Tamon		$1 U \Omega \Omega \Omega \Omega^{*}$	7	President:
to the best of my knowledge.	T / hande	- Jamon		1100	1	110300000
	1					Schedule A-The reporting period for
	Signature of Other Reviewer			Date (Month, Day,	Year)	income (BLOCK C) is the preceding
Other Review			,	1		calendar year and the current calendar year up to the date of filing. Value
(If desired by	1					assets as of any date you choose that is
Agency)	1			ŀ		within 31 days of the date of filing
Agency Ethics Official's Opinion	Signature of Designated Agency Et	nics Official/Reviewing O	fficial	Date (Month, Day,	Year )	Schedule B-Not applicable.
On the basis of information contained in this report, I conclude that the filer is				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	* •	Schedule C. Part I (Liabilities)-
in compliance with applicable laws and				4/28/	09	The reporting period is the preceding
regulations (subject to any comments				110	1	calendar year and the current calendar
in the box below).						year up to any date you choose that is
	Signature /			Date (Month, Day,	Year)	within 31 days of the date of filing.
Office of Government Ethics	11/1		•	-1.1		Col. 1 to C. Post W. (1)
Use Only	1 2 ru/	+	and the first	5/4/	09	Schedule C. Part II (Agreements or Arrangements)—Show any agreements
Comments of Reviewing Officials (If additi	ional space is required use the tower	es side of this sheet)				or arrangements as of the date of
Continents of Actioning Officials (I) dadie	what space is required, use the rever	se side of this sheet)				filing.
		(Check bo	ox if filing extension granted &	indicate number of d	ays )	<u>-</u>
		•	20 5	_		Schedule D-The reporting period is
						the preceding two calendar years and
						the current calendar year up to the
						date of filing.
						Agency Use Only
						·
						OCE II- C-I-
			Charle have if comme	inte are continued as	the reverse side)	APR 2 8 2009
			TOTALLY DOS IJ COMME	ms are commed on	THE TOTEL SEES STATE	APR 2 8 2009

5 C	:78 (Rev. 03/2000) F.R. Part 2634 . Office of Government Ethics																															
	porting Individual's Name						-																_						***************************************	-	Page Number	
Th	omas R. Lamont												S	CI	E	DU	LI	E A	<u> </u>												2	
	Assets and Income		Valuation of Assets at close of reporting period BLOCK B																type					Cí	for t	hat			n \$2	201)	' is checked, no	<u>·</u>
_	BLOCK A	热	***	888	· ·	38888	BLOX	CK I	B	**************************************		88888			8	***		T.		_	_				OCK							1
rer proval instant with the section of the section	ryou, your spouse, and dependent children, for each asset held for investment or the soluction of income which had a fair market luc exceeding \$1,000 at the close of the report in period, or which generated more than \$200 income during the reporting period, together the such income.  If yourself, also report the source and actual count of earned income exceeding \$200 (other in from the U.S. Government). For your spour port the source but not the amount of earned come of more than \$1,000 (except report the rual accumt of any honoraria over \$200 of the spouse).		One (or the then \$1,401)	SESSOT SSC,000	580,001 - S100,000	S.98,001 - \$258,000	\$250,001 - \$500,000	5886.001 - \$1,000.000	Orer S1,000.000 *	\$3,006,001 - \$ 5,008,000	\$5,000,001 - \$25,000,000	525, 600, 601 . \$58,000, #18	Oyer \$50,000,000	Excepted Investment Lund	Excepted Trust	Cutifified Trust		Type The State of	Saltes	Nane (or less than \$201)	226! - S.L,BHI	51,001 - 52,500	52,501 - 55,800	SS,001 - 515,080	S18,001 - \$50,000	SSP,001 - S100,000	\$100,081 - \$1,00Ki,000	Dier \$1,000,000*	11,800,001 - 55,600,000	Oxer \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Hoporaria
	None												Ĭ						-	i		S		9						•		
E	Central Airlines Common  xamples Doe Jones & Smith, Hometown, Sinte  Kempstone Equity Fund  IRA: Heartland 500 Index Fund  University of Illinois			•							_ _ _						×					×	-		_						Salary	
'	Urbana, IL						_		·																						\$193,000.00	
2	Spouse-State of Illinois																														Salary	
3	Michigan vacation home Northport, Michigan		,				х													-			X									
4													\$000									2000000		000000								

\* 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.

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	Reporting Individual
	Thomas R. Lamo
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	Office of Government Ethics outling Individual's Name			•						^-	~~~				_															Pag	ge Number		
Th	omas R. Lamont									S				LE					ed	-											3		
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	Assets and Income			1		ation at clo	ose c	of				1		-		com er e												\$20	01)*	is c	checked, no		
	BLOCK A			20000			CK E		20000000	100	0.00		200004	100000	$\perp$									OCE								_	
	en e	. (dr. 1966 (hen \$1,081)	00°515-140°15	\$16, <b>46</b> 1 - <b>\$50,</b> 640	550,001 - \$100,000 SERENGE - \$750,000	<b>2001 - \$</b> 500,000	SSECTION STREET	Over \$1,000.000 *	Dischar's seriodomous	\$5,000,001 - \$25,000,000	Car bed der 150 despes	Over SSU, UOU, UU	Drafted Investment Fund	Excepted Trust Sealther Trust	Dividends	Rant part Reyalties		Capital Cabe	None (er left than \$201)	\$201 - \$1,0 <b>50</b>	3t - 52.500	standi. Baldoo	55,061 - 515,000	Am 100'658 - 100'815	548.001 - 5160,000	900*	Over #1,000,000*	\$\$ (480,460) × \$5,000,000	Over 35,000,000		Other Income (Specify Type & Actual Amount)		Date Mo., Day, Yr.) Only if Honoraria
	None	Ž	\$1.0	215	25	228	3	Ove	10	28,0	8	5		Exc	¥	200	Ę		Non		\$1,003		55,0	316	28	910	ð	93.5	ð				i Vije
1	Edward Jones IRA-money market Account			X													X			×					_						•		
2	" " "IRA-Acciom Corp. common		×												×				x														
3	" " "IRA-Bank of America common		×												×				×														
4	" "IRA-Bristol-Myers Squibb commo	2	x												×				×				-										
5	" " "IRA-Center Point Energy commor	1	x												×				x														
6	" " "IRA-Diamond MGMT & TECHcommon		Х												Х				Х														
7	" " "IRA Dow Chemical common		х												X				X														
8	" " "RAEMC Corp. common		X												×				X														
١	" "IRA -General Electric common		Х												×				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, ark the other higher categories of value, as appropriate.																																

eporting Individual's Name	SCHEDULE A continued	Page Number 4										
homas R. Lamont	(Use only if needed)	w										
Assets and Income	Valuation of Assets at close of reporting period  Income: type and amount. If "None (or less than \$201)" is checked other entry is needed in Block C for that item.											
BLOCK A	BLOCK B BLOCK C											
None I lance I lance I lance	S1,601 - \$15,000  \$1,601 - \$15,000  \$1,601 - \$15,000  \$250,001 - \$200,000  \$250,001 - \$200,000  \$250,001 - \$200,000  \$250,001 - \$200,000  \$25,000,001 - \$25,000,000  \$25,000,001 - \$25,000,000  \$25,000,001 - \$25,000,000  \$25,000,001 - \$25,000,000  \$25,000,001 - \$25,000,000  \$25,000,001 - \$25,000,000  \$25,001 - \$25,000  \$25,000 - \$25,000	Other Income (Mo., I (Specify Yr., Type & Actual Amount) Honor										
Edward Jones IRA-Headwaters Inc co												
" " "IRAPfizer common	X X											
" "IRAPotash Saskcommon	X X X											
" " "IRA-Republic Services common												
" "IRAProgress Energy common												
" "IRA-Steel Dynamics common												
" "IRA-SuperGen Corp. common												

\* 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.

9 T. Rowe Price-Int. Stk fund

8 " " "IRA-Verizon Comm. Common

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Reporting Individual's Name			•					5	CF	(F)	DT.	ILE	A	COY	ıtin	1164	d								1	Page Nu	mber	5		
Thomas R. Lamont								•				only					_										,	5		
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Assets and Incom	e			Valu	at c	n of lose o	of	ts					In oth	com ier e	ıe: ty ntry i	pe a s ne	nd a	mour I in B	it. Ii lock	f "No C fo	ne ( or th	or less at item	s than 1.	\$20	) <b>!</b> )" i	s checl	ked, no	ı		
BLOCK A		50000 T	No Zapis	10		OCK B		No.	-00000vol	_	00000 1	100000						•			CK (									_
w v v		Type (1000)  1000										90	*000'0 <b>0</b>	SI PRODUCES CENTRATURE	000	10 (S) T	Other sceme pecify ype & schul nount)		Date (Mo., Day, Yr.) Only if Honoraria											
Nanc	i vi	30	\$1,401 - \$15,000 \$18,001 - \$20,000	\$56,001 - \$100,000	\$1 <b>00,00</b> 1	1909888	Over \$1,000.000	90,090,28	S. S. S. Dec. B	Over \$50,000,000	Excepted lawrents	Excepted Trust	Dividend	Regg gand	Inthrat		Note (or less)	\$1,001 - \$2,500	BI 1988 - 148 115	95,041 - S15,000	\$18,001 EDI,000	\$50,001 - \$100,000 \$100,001 - \$1,000.0	Over \$1,000,000*	Signatur	ON 1 55,000,000		felier	.4 :01		A A STATE OF THE S
1 T. Rowe Price Int. Bond fund	3	,	X								X						-				-		. 333			×			<u> </u>	-7
																						_								_
2 Janus Fund			×																											
3 Janus Research Fund			×								×						7	Č												
4 Janus Overseas Fund			X								X						×													
5 Janus Flexible Bond Fund			×								×							Č												
8																														
7 Brown, Hays & Stephens 40 retirement plan: Am. Bar Assoc. Balanced			×								x						,													
8																														
9 Thomas Lamont Trust Mone Edward Jones (cash only)	-		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, rk the other higher categories of value, as appropriate.																													

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Reporting Individual's Name	SCHEDULE A continued	Page Number 6
Thomas R. Lamont	(Use only if needed)	
Assets and Income	Valuation of Assets at close of other entry is needed in Block C for that item.  Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item.	s checked, no
BLOCK A	BLOCK B BLOCK C	
	2,000,000 1,000,000 1,000,000 1,000,000 1,000,000	Other Date Income (Mo., Dav. (Specify Yr.) Type & Actual Only if Amount) Honoraria
e produce de la composition della composition de	State   Continue St. DOI   S1.001   S1.001   S15.000   S15.001   S15.000   S15.001   S15.000   S15.001   S15.000   S15.001   S15.000   S15.001   S15.000   S15.000   S15.000   S15.000   S15.000   S15.000   S1.000   S1.000   Dividend   S5.000   Dividend   S5.000   Dividend   S5.000   Dividend   S5.000   Dividend   S2.000   Dividend   S5.000   Dividend   S1.000   S1.0	
1 Thomas Lamont Trust Gen. Elec. Com		
2 In " Trust Abbott Labs common		
3 " " Trust Johnson & Johnson com		
4 " "Trust Pfizer common		
5 Bridget Lamont Trust Money Mkt Acct.		
8 " " " Trust Applied Materials common		
7 " " "Trust Avon Products common		
8 " " "Trust Dow Chemical common		
9 " " "Trust General Cable common	e 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	
I his category applies only it the asset/incom	e is solely that of the filer's spouse of dependent children. It the assevincome is either that of the filer or jointly held by the filer with th	he spouse of dependent chudren,

mark the other higher categories of value, as appropriate.

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	orting Individual's Name									S	CH	ED	U	LE	A	con	tin	ue	ed										Page Number	,	
I ho	omas R. Lamont										(	Us	e o	nly i	f ne	ede	ed)														
	Assets and Income			\		atio at c porti	lose	of												amoi d in							\$20	)1)"	is checked, no		
	BLOCK A					_	OCK I					1										R	LOCK	c							
		****	8	***		<b>***</b>		Ī	***	8	<b>**</b> 1	-	*	1888	-	Ty	ne	Т						oun	·					$\top$	
	None	Nosse (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$\$ <b>000,000 - \$23</b> 60,000	\$\$00,001.51,000,000	Over \$1,000.000 *	\$1,000,001 × \$5,000,000	\$5,000,001 - \$25,000,000	\$25,649,061 - 550,000,000	Exempted Investment Final		Excepted Trust Qualified Frust	Dividends	Rent and Royalties	-	Cuplini Catas	None (or less than \$201)	900 12: 10013	\$1,001 - 32,000 \$7.461.58.80	\$5,001 - \$15,000	\$15,001 - 556,000	0	\$100,0001-\$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 Honoraria
.1	U.S. Bank CD		x									-					X			×										T	
	IRA American Funds-Invest Co. of America			X								×								X											
	Spouse-Northwestern Mut. Life Annuity (fixed) A&G III Limited Partnership, Chicago,IL			X											X					×											
4	underlying assets: Weiman Products, Gurnee, IL (medical care products)	×	X														8	X		×											
	"" "Peerless Industria Group, Inc, Winona, Minnesota (industrial 1st aide)	×																X		Х											
	" "MAY Logistics Services, Inc -Chicago, IL (Supply chain)	X																×		X											
	" "Brook Furniture Rental, Inc -Chicago, IL	X																×		X											
	" "MTI Industrial, Inc -Madison , WI (makes sensors for temperature)	×															00000	X		×											
	" " K B Alloys, IncReading, PA (aluminum alloys maker)	X																X	00000000	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, tark the other higher category.																														

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1) S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued В Thomas R. Lamont (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 \$25,808,001 - \$50,000,008 Income (Ma., Day, 55,000,001 - \$25,000,000 981,000,8 S + 100,080,8 \$1,000,001 - \$5,000,000 (Specify Yr.) Type & \$250,001 - \$500,000 550,001 - 5100,000 Over \$1,000.000 \* Excepted Investor Only if Over \$50,000,000 Actual None (or less than 550,001 - \$100,000 Over \$1,000;000\* \$1,001 - \$15,000 Over \$5,000,000 Honoraria Excepted Trust Amount) 55,001 - 515,000 52.501 . SS,000 \$1,001 - \$2,500 201 - \$1,000 Dividends Interest None 1 Vanguard IRA-Wellesley Income "-Prime Money Mkt fund " "-Total International Stk Index " "-Total Bond Mkt Index " "-Primecap Core " "-Dodge & Cox Balanced (roll-over) 7 Vanguard Bond Funds --""" -- Long Term Tax Exempt 8 " "-Total Bond Mkt Index " "-Intermediate Term Bond Index 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

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U.S. Office of Government Ethics Page Number Reporting Individual's Name SCHEDULE A continued 9 Thomas R. Lamont (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income at close of other entry is needed in Block C for that item. reporting period BLOCK B BLOCK A BLOCK C Type Amount Other Date 925,000,005 - \$50,000,000 Income (Mo., Day. \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 (Specify Yr.) \$1,080,001 - \$5,000,000 \$\$**66,001 - \$1,**000,000 **\$108,001 - \$1,**000,000 Type & \$250,001 - \$500,000 Renfand Royalties \$50,001 - \$100,000 Only if Over \$1,000.000 + Actual \$50,001 - \$100,000 Over \$1,000,000\* 515,001 - 558,000 Honoraria \$1,001 - \$15,000 \$5,001.-\$15,000 Over \$5,000,000 Amount) Excepted Trust Capital Cains \$201-S1,000 Dividends Interest None Vanguard Bond Funds(cont) Long Term Bond Index 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 categ

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Reporting Individual's Name										9	CF	IF	ות	UL	r /	<u> </u>	·on	tir	1114	-A											₽	Page Number		
Thomas R. Lamont										3	CI.								ıuı	u												•	0	
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Assets and Income				Val	at epor	clo	se o	f									ome							C	for t	hat			n \$2	201)	)" is			
- BBCCK X			<b>****</b>		<u>~</u>	<u> </u>	<u> </u>	8	<b>***</b>		<b>***</b>	1	<b>***</b>		***		Ту	ne		BLOCK C Amount														
None	Nose (or feet than \$1.001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$110,001 - \$250,000	\$250,001 - \$500,000	5500,000,151,000,000	Over \$1,006.000 *	\$1,990,601 - \$ 5,000,000	<b>\$5,000,001 - \$25,000,000</b>	\$25,600,001 - 550,000,600	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Quadified Trust		Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	51,001 - 52,500	\$2,593 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	Φ	HOD	Over \$1,000,000*	\$\$ 040 CHR1 - \$5 (BH2) (HR)	Over \$5 000 000	Over 35,000,000	Other Income (Specify Type & Actual Amount)		Date (Mo., Dav. Yr.) Only if Honoraria
State of IL. Deferred Comp-Ariel fund     Deferred Comp		X											Х					-			K	-												.,
2 " " " -LSV Value Equity		X						-					X								ж													
3 " " "—Vanguard Inst. Index				X									×								X													
4 " "-T. Rowe Price New Income		X											ж							X														
5 " "Vanguard Total Bond Market Ind	ex	X											×								×													
6 " " "-Fidelity Puritan fund		х											X								X													
7 Spouse def. comp-T. Rowe Price Retirement 2015	reme				×			000000000000000000000000000000000000000					x											x										
8 Vanguard IRA- —Explorer Fund		х											x								x													
9 " " "Morgan Growth			×										×								X													
<ul> <li>This category applies only if the asset/incommark the other higher categ</li> </ul>	e is sole	ly th	at of	the	filer's	s spo	ouse	or d	eper	nder	it chi	ldre	n. I	If the	asso	et/in	com	e is	eith	er th	at o	fthe	file	r or	joini	ly h	ld b	y the	file	r wil	th t	he spouse or de	oend	lent children,

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5 C.F.R Part 2634

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

U.S. Office of Government Ethics					. 05.		<u> </u>											
Reporting Individual's Name Thomas R. Lamont		SCHEDULE	В										Page	Numbe		11		
Part I: Transactions			-				Non	ıe										
Report any purchase, sale, or exchar or dependent children during the rep		- 1	Transaction Type (x)						Amount of Trans				(x)					
property, stocks, bonds, commodity securities when the amount of the tr \$1,000. Include transactions that res		your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	40	Exchange	Date (Mo. Day, Yr.)	100	\$15,001 -	\$50,001 -	\$100,001 -	),001 - ),000	00,000	.000'00	- 100,000	- 100,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
	Identifi	cation of Assets		Sale	ă		\$1,001	5. 58	S 5	\$10	92 S	25 to	6 #	55.0	\$ 55	\$ 53	8	S S
Example: Central Airlines Comm	on		X	ļ		2/1/99			х				<u> </u>	$\Box$	Ţ			
1					1									ļ				
2					P1 1/3		1.50 s/d	, J			5 V - 1		;					,
3			s				9. 20. 123	3					8.65		\$23		ڊ ڇان جي ۽	
4						-					<b>1</b>				S.			
5.				<del>                                     </del>					- <del></del>				- 30		-			
by the filer or jointly held by the filer Part II: Giffs, Reimber For you, your spouse and dependion, and the value of: (1) gifts (food, or entertainment) received (2) travel-related cash reimburst than \$260. For conflicts analysis as personal friend, agency approautifority, etc. For travel-related dates, and the nature of expense	dent children, report the such as tangible items, to from one source totalinements received from one, it is helpful to indicate oval under 5 U.S.C. § 41 gifts and reimbursemen	source, a brief descriptransportation, lodging, g more than \$260; and esource totaling more a basis for receipt, such 11 or other statutory ts. include travel itinerary.	the receinde	ived : pend donor l valu	from ent of 's resi e from	mment, gi relatives; f their rela idence. A n one sou sions.	receiv tionsh so, fo	your ed by hip to t	Vour s /ou: o oses c	pouse r prov of aggr	or de ided : regati	epend as per ing gr	lent cl sonal As to	hild to hosp dete <del>n</del>	otally itality mine t struct	at the		7.0
Source (Name a				ief De											=		Value	
Examples: Nat'l Assn. of Rock Co Frank Jones, San Franc		Airline ticket, hotel room & meals incident to national conference ( Leather briefcase (personal friend)	<u>6/15/99</u> (j	ersons	u activ	rity unrelated	to duty	<u> </u>								<u> </u>	\$500 \$300	
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5 C.F.R Part 2634 U.S. Office of Government Ethics	•															
Reporting Individual's Name												Page !	Number			
Thomas R. Lamont		SCHEDUI	LE C						_			<u> </u>		12		
Part I: Liabilities																
Report liabilities over \$10,000 owed to	•	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne X				Categ	t or Va						
or dependent children. Check the higher during the reporting period. Exclude a	est amount owed	liabilities owed to certain relatives listed in instructions.  See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	\$10,001 -	\$15,001	\$50,001	\$100,001 -	\$250,001 -	\$500,001 -	Over	1,000,001 -	15,000,001 -	25,000,001 - 150,000,000	0,000,000
Creditors (Name ar		Type of Liability				- F	5.5	_	<del>.</del>	1 St. 3	<b>3</b>	8 2	23	3 3	8 8	8
Examples: First District Bank, Washingt John Jones, 123 J St., Washingt		Mortgage on rental property, Delaware Promissory note	1991	- 8% 10 %	on demar		<u>+</u>	<del>×</del>	<del> -</del> -	+	┥	1	· <del> -</del>	<b>├-</b> -		
1 John Jones, 125 J St., Washin	igion, DC	Promissory note	1999	10 /8	on deman			<del> </del>		<del>  ^</del>	<del> </del>		$\top$			
2						+		<del> </del>	T	1		$\top$	1		_	
3		1				+		<del> </del>	+	<del> </del>	+	+	-			<u> </u>
4			<b>-</b>			╫	$\vdash$	1	┼	+	$\vdash$	+-	+	<del> </del>		_
5			+-			+-	╁	┼	╫	+	+	<del> </del>	+	-		<del> </del>
		The state of the s		-1-411-631		1			ł					<u>:                                    </u>		·
with the spouse or dependent children,	mark the other higher of	ier's spouse or dependent children. If the liability is that of the	e merora j	ont nabiii	ty of the i	ıcı										
The state of the s					777.	- Marie					·····			*	?* <u>-</u>	
Report your agreements or arrange	_		ofabren	res and C	4) future	emple:	ment	See.	netni	etions	reos	rdino	the re	contin	a raggir o	
employee benefit plan (e.g. 401k, o	ieferred compensation	: (2) continuation			or any of t						_	<b></b>		p.01123	-	
payment by a former employer (inc	cluding severance pays	ments); (3) leaves			, , , , , ,									•		
`	44, 1	ez Trago		,		., .,						None	S	46	<u> </u>	
		Agreement or Arrangement				<u> </u>	-	1111	Parti			· ·	<u> </u>	· · ·	_	ate
Example: Pursuant to partnership agre calculated on service perfor	eement, will receive lump so med through 1/00.	um payment of capital account & partnership share			70	oc Jones	& Smi	th, Ho	netowi	ı, State		·, ·- /	7	;	"	/85
		yee agreement. Upon resignation, the University will no	longer con	tribute	L	Iniversi	ty of II	linois	/State	of Illi	nois, (	Spring	ifield,	IL	8/	/04
2 401K (no contributions have be	en made since I left th	ne law firm)			E	rown, i	lay &	Stepl	nens,	Spring	gfield	IL.			9/	/02
3																_
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5		<del></del>														
6						,			_						-	

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Re	porting Individual's Name				Page Number					
Τh	nomas R. Lamont		SCHEDULE D		1	3				
Re	art I: Positions Held Outs port any positions held during the appensated or not. Positions include rector, trustee, general partner, propre	oplicable reporting period, whether but are not limited to those of an officer,	non-profit organization or education	partnership, or other business enterprise or ar hal institution. Exclude positions with religion and those solely of an honorary nature.						
		zation (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)				
Ex	camples: Nat'l Assn. of Rock Collectors		Non-profit education	President	6/92	Present				
	Doe Jones & Smith, Hometown		Law firm	Partner	7/85	1/00				
٦	University of Illinois, Urbana, IL		Higher education	Academic Professional emplyee	11/2005 	present				
2	Alumni Association, IL State Ur	niversity, Normal, IL	Higher Education	memberExec. Comm (uncompensated)	02/2007	present				
3	Academic Development Inc, Lir	ncoin , IL	Non-profit education	Director (uncompensated)	06/1995 est	present				
4	YMCA, Springfield, IL		Recreational Services	Trustee (uncompensated)	06/2005 est	present				
5	Thomas Lamont Trust		Trust	Trustee	9/91	present				
6										
Re bu	port sources of more than \$5,000 co siness affiliation for services provide	incess Of \$5,000 Paid by One Someon received by you or your old directly by you during any one year of names of clients and customers of any	corporation, firm, partnership, or old organization when you directly prov	ner business enterprise, or any other non-profided the services generating a fee or payment report the U.S. Government as a source.	Do not complete this paint of the property of					
	Source (Name and Address)			Brief Description of Duties						
Exa	amples: Doe Jones & Smith, Hometown Metro University (client of Do	n, State 2 Jones & Smith), Moneytown, State	Legal services  Legal services in connection with univ	versity construction						
1	University of Illinois, Urbana, IL		Full-time salaried position as Spo	ecial Counsel and Adjunct Professor of L	aw					
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