SF278 (Rev. 03/2000)

5 C.F.R Part 2634 ~

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics							
Date of Appointment, Candidacy, Election	Reporting Status	X. L.	Calendar Year	New Federate Mania	T	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Year)	(Check appropriate boxes)	Incumbent	Covered by Report	New Entrant, Nomine	e, Termination Filer		Any individual who is required to file this report and does so more than
	appropriate boxes)			A of Canadate			30 days after the date the report is
	Last Name			First Name and Mide	lle Initial		required to be filed, or, if an extension
Reporting Individual's Name	Ogden			Lisa B			is granted, more than 30 days after the last day of the filing extension period
	Title of Position			Department or Agend	v (If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing	Special Assista	ant to the Preside	ent	White House Off	ice of Presidential I	Personnel	Reporting Periods
	Address (Number	Street, City, State, a	and ZIP Code )		Telephone No. (Ind	clude Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)			ding, Washington,	DC 20005	202 224-5042		the preceding calendar year except Part II of Schedule C and Part I of
Position(s) Held with the Federal	Title of Position(s	) and Date(s) Held					Schedule D where you must also 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)	Legislative Ass	istant to Senato	r Joseph R. Biden	i, Jr. (October 2000- Ja	anuary 2009)		applicable.
Presidential Nominees Subject to	Name of Congress	sional Committee Co	nsidering Nomination	Do You Intend to Cr	eate a Qualified Diversi	fied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation							covered by your previous filing and ends
				Yes	No		at the date of termination. Part II
Certification	Signature of Repo	rting Individual			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.	RIN	2PGC	Ind		Feb 19,	1850	Nominees. New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer	<u> </u>		Date (Month. Day.	Vage)	<b>Schedule A</b> The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	111	nlal	1100	$\sim$		19/09	calendar vear 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	Signature of Desig	nated Agency Ethio	official/Reviewing (	Official	Date (Month. Day.	Year)	Schedule RNot annlicable
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).	14-	. K. Cr	<u> -</u>		3/11/04		Schedule C. Part I (1 iabilities)- 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	Signature				Date (Month_Day	Year)	within 31 days of the date of filing.
Use Only							Schedule C Part II (Agreements or
			ide a fallie al a all				Arrangements) Show any agreements or arrangements as of the date of
Comments of Reviewing Officials (If addit	<u>ional space is reault</u>	<u>ea, use ine reverse s</u>	lide of this sheel)	· · _ · _ · _ · _ · _ · _ · _ · _ ·			filing.
1			(Check b	oox if filing extension granted	& indicate number of a	days) 🗖	
							Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
1							Agency Use Only
				(Check box if com	ments are continued on	the reverse side)	OGE Use Only
				· •			

Form Designed in Microsoft Excel 2000

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U.S Office of Government Ethics

Reporting Individual's Name

Lisa Borin Ogden

SCHEDULE A

Page Number

	Assets and Income					a	t clo	ose	Assof Assort																			less tem.		n \$2(	01)"	is checked. no	
	BLOCK A					2000000	BLO	CKI	3				_				_								BL	OCK	C						
report pro- valu ing in in with For anno than report inco	you, your spouse, and dependent children, ort each asset held for investment or the duction of income which had a fair market te exceeding \$1,000 at the close of the report- period, or which generated more than \$200 neonte during the reporting period, together a such income. vourself, also report the source and actual bunt of earned income exceeding \$200 (other of from the U.S. Government). For your spouse, ont the source but not the amount of earned one of more than \$1,000 (except report the hal acount of any honoraria over \$200 of	None (or less than S1,001)	S1,001 - S15,000	S15,001 - S50,000	SS0,001 - S100,000	S1()8,001 - S250,000	\$250,001 - \$500,000	SS00,001 - S1,000,000	Over \$1,000,000 *	S1,000,001 - S 5,000,000	S5,000,001 - S25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	epted Investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	None (or less than \$201)	S201 - S1,000	\$1,001 - \$2,500	\$2,501 - \$5,000		S15.001 - S50.000	SS0,001 - S100,000	\$100,001 - \$1,000,000	Over SI,000,000*	S1,000,001 - SS5000,000	\$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav. Yr.) Onlv if Honoraria
	r spouse).	Non	S1,0(	S15,0	\$50,0	BUIS	\$250	\$500	Ovei	S1,0(	\$5,0(	\$25.0	Over	Exis	Exce	Qua	DIVIG	Kent	Interest	Capi	None	\$261	S1,00	S2,50	<b>S</b> 5,00	S15.0	\$50,0	S100.	Over	S1,00	Over		
Ex	Central Airlines Common amples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund				×									 		• =  -	×													111		Lever Phylocology Brooker \$136,697	
1	blackrock delaware municipal bond insti clf			x										×					x		x												
2	B Shots, Inc. t/a Union Tavern (Spouse)																															Income	
3	Four Shots, Inc. Va 317, the Irish Pub (Spo	AND A COMPANY		9											X																	Income	
4	blackrock liquidity funds munifund administ	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		×		Re								х.					×		×							and the second					
5	harbor fund international fund #td11 (In irre	Sandra and	x											×			×				×												
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Jsa Borin Ogden											_(	Use	on	ly if	fne	ede	<u>d</u> )	_					_							
Assets and Income BLOCK A					at epoi	ion clo rting	se o 3 pe	f		-										amo ed in		ck C		that			n \$20	01)"	is checked. no	
None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000			900	Over S1,000,000 *	S1,000,001 - 5 5,000,000	000/000/374 - 100/000/355	· Over \$50,000,000	Excepted Investment Fund	ŝ	Qualified Trust	Dfvjdeads	Rent and Royalties			None (ur less than \$201)	\$201 - \$1,000	57 501 - 55 Mill		An	0	00	Over \$1,000,000+	\$1,000,001 - \$5,000,000	Over SS,000,000	Other Incomc (Specify Type & Actual Arnount)	Date (Mo., Dav. Yr.) Ordv if Honoraria
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•	orting Individual's Name										Ś	SC	ĦF	ED	UL	Æ	A	cor	ati	nu	ed											Page }	Vamber	
isa	a Borin Ogden										_		([	Jse	on	ly i	ifn	eed	ed)															
	Assets and Income					2	at cl	n of ose	٥ſ		s						In oth	com er e	ie: 1 intry	is i	an need	d an ied	поы іл В	nt. Noc	በ "ን k C	lone for 1	: (or hat i	less	1hស	n \$2	01)"	' is che	cked. no	
_	BLOCK A							CK				-									<b>-</b>				B	.0C¥	cc							
	Nane	None (or less than \$1,001)	S1,001 - S15,000	\$15,001 - \$50,000	SS0,001 - \$100,000	S100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over S1,000,000 *	51.000.001 - 5 5.000.000	\$\$,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)	\$201-51,000	51,001 - 52,500	\$2,501 - \$5,000	SS,001 - 515,000	Am 000'055 - 100'515	S50,001 - S100,000	100	Over S1,000,000*	\$1,000,001 - \$5,000,000	Over SS,000,000		Other Income (Specify Type & Actual Aurount)	Date (Mo., Da Yr.) Onjv if Honorar
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U.S. Office of Government Ethics

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None	None (or Yeas than \$1,001)	51,001 - 515,000	\$15,001 - \$50,000 550 AM 5100 AM	S100.001 - \$250,000		S500,001 - S1,000,000		\$1,000,001 - \$ \$,000,000	\$5,000,001 - \$25,000.000	\$25,080,001 - \$50,008,000	Over \$50,000,000	Excepted lavestment Fond	Excepted 1 rust OmbEled Trust	Dividends	loyalties	Interest	Capital Gains	None (or less than \$201)	\$201 - S1,000	51,001 - 52,500	\$2,501~ \$5,000	A	000'055 = 100'51\$	unt	S100,001 - S1,009,000	Over \$1,000,000*	S1,000,001 - 53,000,0 00	Over \$3,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dat Yr.) Only if Honorari
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US Office of Government Ethics Reporting Individual's Name

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Assets and Income				luatio at c reporti	lose	lo													ן 'ז' ck C				Uhan	\$2(		s checked. no	
BLOCK A					OCK			0.000	1				<b>T</b> -		-r				B	LOCK					_		
None	None (or less than \$1,801)	51,001 - 515,000 515 001 - 500 000	S50,001 - S100,000	\$100,001 - \$250,000 \$750,001 - \$500,000	8500.001 - S1.000.000	Over \$1,000,000 *	S1,000,001 - S 5,000,000	000,000,5325,000,000 \$25,000,001 - \$50,000,000	Over SS0,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Royatties	Interest	Capital Gains	None (or less than \$201)	S201 - S1 000	005'75 - 100'15	\$5,001 - 515,000		SS0,001 - S100,000	S100,001 - S1,000,000	Over S1,000,000+	\$1,000,001 - \$5,000,000	Over \$5,000.000	Other Income (Specify Type & Actual Amount)	Date (Mo., D Yr.) Only Honora
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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

Re	porting Individual's Name		SCHEDULE	B										Page	Numbe	r			
P	art I: Transactions							Non	e		Ī						,		
	eport any purchase, sale, or exchang dependent children during the report		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansact						Ar	mount o	of Tran	sactior	(x)				
pro sec	operty, stocks, bonds, commodity fit curities when the amount of the tran ,000. Include transactions that resul	utures, and other isaction 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.)	01 - 000	\$15,001 - \$50,000	\$50,001 - \$100,000	0,001 - 0,000	\$250,001 - \$500,000	0,001 - 000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
Г			cation of Assets	Pu	Sale	EX		\$15	\$15 \$50	\$50 \$10	\$10 \$25	\$25 \$50	\$50 \$1,0	S1,0	\$1,0	\$5,0	\$25	0ve \$50	Cert
1	Example: Central Airlines Common			x			2/1/99			x						$\vdash$	-		
2												-							
3																			
4																			
5																			
			t of the filer's spouse or dependent children. If the underlying a		ther h	eld													
by	the filer or jointly held by the filer	with the spouse or depend	lent children, use the other higher categories of value, as approp	riate.	_								_	_		_			
Fo tic fo (2) that as au	art II: Gifts, Reimbur or you, your spouse and depende on, and the value of: (1) gifts (su od, or entertainment) received f ) travel-related cash reimbursen an \$260. For conflicts analysis, personal friend, agency approv thority, etc. For travel-related g tres and the nature of expenses	ent children, report the ich as tangible items, tu rom one source totaling nents received from on it is helpful to indicate al under 5 U.S.C. § 41 ifts and reimbursement provided <b>Exclude</b> an	source, a brief descrip- ansportation, lodging, g more than \$260; and e source totaling more a basis for receipt, such 11 or other statutory is, include travel itinerary,	rece inde the c total for c	ived f pende lonor value other e	from 1 ent of 's resi e fron exclu:	rnment; gi relatives; f their rela idence. Al n one sour sions.	receive tionsh so, foi	ed by ip to y purpe	your s ou; or	pouse prov f agg	e or de vided a regati	epend is per ng gif	ent cl sonal fts to	hild to hospi deterr	otally itality mine t structi	at		]
Γ	Source (Name and			_		scriptic												Value	
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francisco		Airline ticket, hotel room & meals incident to national conference 6 Leather briefcase (personal friend)	/15/99 (p	ersona	l activ	rity unrelated	to duty	)									- \$500 \$300	
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5 C.F.	8 (Rev. 03/2000) R Part 2634 Office of Government Ethics																
	rting Individual's Name		SCHEDU										Page N	umber			
Lisa	Borin Ogden	L	SCIEDO														
	t I: Liabilities																
· ·	ort liabilities over \$10,000 owed to any time during the reporting period by vo	•	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	one				Catego	ory of A	mount	or Val	ue (x)			
or de	pendent children. Check the highest is the reporting period. Exclude a mo	amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term	if ,		· .	<u>+</u> 0	- 0	- 8	•00	28	01 -	001	000
				Incurred	Rate	appli- cable	\$10,001 \$15,000	\$15,001 - \$50,000	0,00	00,00	50,00	00'00	/er ,000,0	0,000,0	,000,0 5,000,	\$25,000,001 - \$50,000,000	Over \$50,000,0
-	Creditors (Name and A		Type of Liability					<del>6</del> 6	\$	\$ \$	\$2 \$5	\$2	Q №	\$2	\$5	\$2	୍ ଝ
Exar	nples: First District Bank, Washington, John Jones, 123 J St., Washingto	DC	Mortgage on rental property, Delaware	<u>- 1991</u> 1999	8%	25 yrs on dema		<b>⊦</b>	- <u>×</u> .		- <u>-</u>						
1	NC Bank, Wilmington, Delaware		business loan	2009	4			Х									
2									†—								
3				-												$\left  - \right $	
4								_								$\mid$	
5																	
	is category applies only if the liability the spouse or dependent children, ma		ler's spouse or dependent children. If the liability is that of the tegories, as appropriate.	e filer or a jo	oint liabili	ty of the	ïler		·								
	rt II: Agreements or A																
Rep	ort your agreements or arrangeme	nts for: continuing	participation in an	of absen								regard	ling th	he rep	ortin	g	
	loyee benefit plan (e.g. 401k, defendent by a former employer (include			of negoti	ations to	or any of	these ar	ranger	nents	or be	netīts						
p.,,								_				N	one	Х			
			Agreement or Arrangement							Parties							ate
Exa	Imple: Pursuant to partnership agreem calculated on service performed		um payment of capital account & partnership share			1	Doe Jones	& Smit	h, Hom	ietown,	State					7/8	85
1																	
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Reporting Individual's N	ame	SCHEDULE D		Page Number	
Report any positions compensated or not.	s Held Outside U.S. Government held during the applicable reporting period, whether Positions include but are not limited to those of an officer, ral partner, proprietor, representative, employee, or	non-profit organization or educational i social, fraternal, or political entities and		None	X
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	of Rock Collectors, NY, NY & Smith, Hometown, State	Non-profit education Law firm	President Partner	<u>6/92</u> 7/85	Present 1/00
2					
3					
4					
5					
6					
Report sources of mo business affiliation for	nsation In Excess Of \$5,000 Paid by One So re than \$5,000 compensation received by you or your r services provided directly by you during any one year of This includes the names of clients and customers of any	corporation, firm, partnership, or other	business enterprise, or any other non-profited the services generating a fee or payment port the U.S. Government as a source.	if you are an Termination Vice Presid or Presiden	

		Source (Name and Address)	Brief Description of Duties
<b>E</b> .	amples:	Doe Jones & Smith, Hometown, State	Legal services
EX	ampies:	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
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	none		
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