SF2"8 (I'ev. J3/2000)

5 C.: R int 263

.

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:

OMB No. 3209-0001

U.S. Office of Government Eurics	Departure Status			
Date of Appointment, Candidacy, Election or Nomination (<i>Month</i> , Day, Year)	Reporting Status (Check Incumbent Covered by Report	New Entrant, Nominee,	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
of Nonimation (Month, Day, Tear)		or Candidate	Filer	file this report and does so more than
		of Caldidate		30 days after the date the report is
	Last Name	First Name and Middle	Initia	required to be filed, or, if an extension
Reporting Individual's Name	ROUSE	PETER	Λ <i>Λ</i>	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	SENIOR ADVISOR	EX-ecoffie	ce of potus.	Reporting Periods
	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	Incumbents: The reporting period is
Location of Present Office				the preceding calendar year except
(or forwarding address)	1600 penn the MV wash DC	20502	202-456-1736.	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)	Chief of Staff, Sen. Ob	IA WIA		applicable.
		and.		approduce
				Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Creat	e a Qualified Diversified Trust?	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
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	of Schedule D is not applicable.
I CERTIFY that the statements I have				Nominees, New Entrants and
made on this form and all attached	AT Marth		0/10/00	Candidates for President and Vice
schedules are true, complete and correct	Lilla Vance		2/19/08	President:
to the best of my knowledge.			1	Schedule A-The reporting period for
· · · · · · · · · · · · · · · · · · ·	Signature of Other Reviewer		Date (Month, Day, Year)	income (BLOCK C) is the preceding
Others Devices				calendar year and the current calendar
Other Review (If desired by	1 1 2 1 1 1 1 1 1	•	- 112/00	year up to the date of filing. Value assets as of any date you choose that is
agency)			5//3/07	within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official	<u> </u>	Date (Month, Day, Year)	Schedule BNot applicable.
On the basis of information contained	Signature of Designated Agency Ethics Official Reviewing Official	I	Date (Mphin, Duy, Year)	Schedule Dinol additicable.
in this report, I conclude that the filer is			, ,	Schedule C, Part I (Liabilities)-
in compliance with applicable laws and			3/23/09	The reporting period is the preceding
regulations (subject to any comments in the box below).	19-1:00			calendar year and the current calendar 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				
Use Only				Schedule C. Part II (Agreements or Arrangements) Show any agreements
Comments of Reviewing Officials (If addit	ional space is required, use the reverse side of this sheet)			or arrangements as of the date of
				filing.
* per tiur, all equity is	nterests (pg. 1-4) Currently (Check box if fi \$15,000	iling extension granted &	indicate number of days)	
valued at less than	\$15,000			Schedule DThe reporting period is the preceding two calendar years and
				the current calendar year up to the
				date of filing.
				Agency Use Only
1		(Check box if comme	ents are continued on the reverse side)	OGE Use Only
1		,		

....

SF278 (Rev. 03/2000) 5 C.F.R Part 2634		" O 8."	,
U.S. Office of Government Ethics Reporting Individual's Same		SCHEDULE A	Page Number
Assets and Income	Valuation of Assets at close of reporting period	Income: type and amount. If "None (or less than \$201)" other entry is needed in Block C for that item.	' is checked, no
BLOCK A	BLOCK B	BLOCK C	
For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the report- ing 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 than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse).	Nome (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$15,000 \$50,001 - \$150,000 \$100,001 - \$150,000 \$250,001 - \$150,000 \$250,001 - \$1,000,000 \$1,000,001 - \$1,000,000 \$55,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	Excepted Trust Excepted Trust Excepted Trust Cualified Trust Dividends Rent and Royaltins Dividends Rent and Royaltins Interest Capital Gains None for less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$1,001 - \$2,500 \$1,001 - \$1,000 \$15,000 \$15,000 \$15,000 \$15,000 \$15,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000	Other Date Income (Mo., Day, (Specify Yr.) Type & Actual Only if Amount) Honoraria
Examples Doe Jones & Smith, Hometown, State Kempstone Equity Pund IRA: Heartland S00 Index Fund			Lee Parestalip kover 51 10.000
Federated Auto Cash			
3 M Company			
³ Amazon ion In(⁴⁰)			
 American Mavile SA B DE V Series L 			
5 American Express Co. No Divided			
 American Express Co. 10 (Dividend) Autozone Inc (No Dividend) 			
* This category applies only if the assertincome is mark the other higher categories of value, as approp	solely that of the filer's spouse or dependent childre	m. If the assertineome is either that of the filer or jointly held by the filer with t	he spouse or dependent children,

Prior Editions Cannot be Used. -

. . .

-

\$F278 (Rev. 03/2000)

LC.F.R Part 2634

Enhim

.

.

.

.

porting Individual's Name	SCHEDULE A continued	Page Number
Peter Bouse	(Use only if needed)	
Assets and Income	Valuation of Assets Income: type and amount. If "None (or less than \$20) other entry is needed in Block C for that item. reporting period other entry is needed in Block C for that item.	l)" is checked, no
BLOCK A	BLOCK B BLOCK C	
None	\$1,001 - \$15,000 \$15,001 - \$10,000 \$50,001 - \$100,000 \$200,001 - \$250,000 \$200,001 - \$500,000 \$200,001 - \$500,000 \$200,001 - \$500,000 \$200,001 - \$500,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,000,000 \$25,001 \$25,001 \$200 \$201<	Other Date Income (Mo. Da (Specify Yr.) Type & Actual Only if Amount) Honorar
Berkshire Hathaway Class B. (ASividental) Comercal Corp. CLA		
Comeast corp, CLA		
Ebay Inc (Nodera)		
EDay Inc. (No ETF Proshares utrashert Lenman 20+41 Tresent Bin Genzyme Corp		
Genzyme conp		
Google Inc (No Dividend) Hologic Inc (No Dividend) Kimberly-Clurk Corp		
Hologic Inc (Do		
Kimberly-Clurk Corp		
Liberus Corp		-

1

.

.

,

.

Prior Editions Cannot be Used.

-

•

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 7 U.S. Office of Government Ethics

.

.

Porting Individual's Name	<u>(Use only if needed)</u>	Page Number
Assets and Income	Valuation of Assets at close of reporting period	\$201)" is checked, no
BLOCK A	BLOCK B BLOCK C	
None	S1,001 - \$15,000 \$15,601 - \$560,000 \$50,001 - \$100,000 \$100,001 - \$50,000 \$100,001 - \$1,000,000 \$100,001 - \$50,000,000 \$1,000,000 - \$250,000,000 \$1,000,000 - \$250,000,000 \$1,000,000 - \$250,000,000 \$1,000,000 - \$250,000,000 \$1,000,000 - \$250,000,000 \$1,000,000 - \$250,000,000 \$1,000,000 - \$250,000,000 \$1,001 - \$25,000,000 \$1,001 - \$25,000,000 \$1,001 - \$25,000 \$1,001 - \$25,000 \$1,001 - \$25,000 \$1,001 - \$25,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,001 - \$15,000 \$1,000,000 - \$10,000 \$1,000,000 - \$10,000 \$1,001 - \$15,000 \$1,000,000 - \$10,000 \$1,000,000 - \$10,000	Other Date Income (Mo. D (Specify Yr.) Type & Actual Only Honora
Microsoft Conp		
Microsoft Corp PNM Resources Inc		
Sprint Nextel Corp (No Bividend)		
Teva Pharmaceuticals INDS ADR		
Time warner Inc		
Wal-Mart Stores Inc.		
Walgreens co.		
Wellpoint Inc (VO Dividend) Williams Companies		
Williams Companies		

.

,

...

Prior Editions Cannot be Used.

.

SF279 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics																																	
Reporting Individual's Name Post & Roys									9	SCI		DI Jse						nu	ed											Page	a Number		
Assets and Income	Τ				81	ion o close	o of		ă.						Ind	:ол	ne: t				ioun In B							a \$2	01)"	is cl	hecked, no		
BLOCK A	:::::::::::::::::::::::::::::::::::::::	-	200000	a—	•		•	200500	8	000000				100000	_									DCK			_						
None	None (or less than \$1,001)	51,001 - S15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Sout.001 - 51,000,000	S1.000.001 - 55.000.000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends		Interest	Capitul Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000		0	000'0015 - 300'05S	\$100,001 - \$1,000,000	Civer S1,000,000+	\$1,000,001 \$5,000,000	Chrer \$5,000,000		Other Income (Specify Type & Acrual Amount)	(<i>Мо.</i>) От	Date J. Day, Yr.) niy If soraria
Wolters Kluwer NV		X										X			X	-				X													
2 Vahoo Inc (Noividend)		X										X							X									ar in the					
3 Markel Corp 7.5% \$122/46 Calloble g/22/11 @ 25,00 4 American Funds Capital Incore Quilder Fund Stats 4		X										X					X			Х													
American Funds Capital Income Builder Fund Gass 4	-		X									X			χ					X													
5 growitan Funds Europeaific Growth Fund clubs A			X									X			X			X		,	X												
6 American Funds New Perspective Fund-Class 4	e –		X									X			X			X				X											
American Funds Smallap world Fund Class +	883		X									X							X														
8 Western toset/Claymone Instanton-Linked Opp. Inca Fund	New York		D	-								X			X			X				X											
* (Insteel States Treasury Todder Instation Note			X	-								X					X					X											
^b This category applies only if the asset/income i mark the other higher categories of value, as appropriate Editions Connect be listed.			181 0	f the	filer	s spor	use 0	r dep	rend	ent c	uld	°21.	lf dá	8 255	tet/in	1007	ne is	eith	er th	810	fihe	file	rorj	oint	ly he	ld by	y the	filer	with	the s	spouse or depe	ndeni c	hildren

Prior Editions Cannot be Used.

4

•

-

Reporting Ind	Mdual's Name									6	SCI	415	ית	·π·	ъ.	• •		tin		a										Page Number	
Pet	er Rouz	L															ede			u										5	
	Assets and Income				Va		ion cios		Asse	ts																or les Liter		Sn \$2	01)'	' is checked, no	
	BLOCK A				1	еро		per										- ,		Jean	~ 1	210			CKC						
Νορο				\$1,001 - \$15,000 \$15,001 - \$50,000	\$50,001 - \$100,000			,000	Over \$1,000.000 *	SS.000.001 - S25.000.000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Agvestment Fund	Excepted Trust	Qualified Trust		Reat and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	51,001 - 52,500		A		int G	Court of Into Ano.	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amouat)	Date (Mo., Dos Yr.) Only if Honorari
1 Fee Cention	eral Home L	San Bari	T		X								Х			and the second		Z		_		2	X								
2 Prier	to Rilo Comme population ABI	ADID.		X	ĺ	2							X					X			Ţ	$\langle $									
, .				T	*	100 A 100						مح ا																			
4 Fede	rated court	Oblig-55		X	1								X			X	2			X											
5 Fede	vated Govt c	NHiz SS		X									X			1.011110.00		-			X										
8 Am	rated Govt (vicen Funds is removian Class is New York v d class C	Incore 5.4			X								X			X						S	<u> </u>								
' Dav Fun	iz New York V & Cluss C	enture		X	1								X			X	Line and		Ì	X											
* Legg	Merson Partie	rs LC		X									X			X					X										
OBA	Merson Partie Inc Fund c	HEROA																_			1									30216.82	
mark the oth	ory applies only if the as or higher categories of va- ions Cannot be Used.	alue, as approp	niate.					use o	or dep	cande	ent ch	ildre	a. I	f the	255	et/ind	come	ts t	sithe	r tha	tof	he f	iler o	or joi	ntiy k	ield b	y the	: filer	with	the spouse or depen	ident childre

1 A A

۰.

SF278 (Rev. 03/2000)

5 C.F.R Part 2634 U.S. Office of Oovernment Ethics

Reporting Individual's Name Page Number SCHEDULE A continued . (Use only if needed) Valuation of Assets Assets and Income 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 Excepted Investment Fund Income Mo_ Day. \$25,000,001 - \$50,000,00 \$5,000,001 - \$25,000,000 None (or less than \$201) Yr.) \$1,000,001 - \$5,000,000 (Specify \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 \$1,000,001 z \$ 5,000, None (or less than \$ Туре & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties S50,001 - \$100,000 Over \$1,000.000 + Only if \$15,001 - \$50,000 Actual Over \$50,000,000 \$50,001 - \$100,000 Over \$1,000,000* \$15,001 - \$50,000 \$1,001 - \$15,000 Qualified Trust Over \$5,000,000 Excepted Trust Hoporaria 55,001-515,000 Amount) Capital Gains \$2,501 - \$5,000 S1,001 - \$2,500 \$201 - \$1,000 Dividends Interest None Nortronal - Anenzon Legny by this 0 Annu 4 31,357 OBAMA - ISIDEN TRAN 5 6 44001- Notional FIXU1-451701 <u>አ</u> Ľ.* American Franks Intl. 8 20.175 9 Ana Uticam Final Grand This category applies only if the asset/income is solely that of the file'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.

Prior Editions Cannot be 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

Reporting Individual's Name Peter Rouse	B										Page 1	Number	7	-				
Part I: Transactions							Non	e]								
Report any purchase, sale, or excha- or dependent children during the re		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ransact Type (>						Aı	mount	of Tran	saction	(x)				
property, stocks, bonds, commodity securities when the amount of the t \$1,000. Include transactions that re	v futures, and other ransaction exceeded sulted in a loss. Do not	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 - \$15.000	15,001 - 50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	5,000,001 - 25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of
Example: Central Airlines Comm		cation of Assets		l s	ш	2/1/99	એ એ	6 6	ŵ ŵ	69 69	છે છે	69 69	Óŵ	\$ \$	\$ \$	\$ \$	õ 🎸	Ŭ 4
1 NOT REQUIRED FOR						2/1/99			×									
2												-			-			
3	· · · · · · · · · · · · · · · · · · ·					-							<u> </u>					
4						1												
5																		
* This category applies only if the	underlying asset is solely	that of the filer's spouse or dependent children. If the underlyi	ng ass	et is ei	ther h	neld												
		endent children, use the other higher categories of value, as ap	-															
Part II: Gifts, Reimb	ursements, and 7	Travel Expenses																
For you, your spouse and deper tion, and the value of: (1) gifts food, or entertainment) received (2) travel-related cash reimburs than \$260. For conflicts analysi as personal friend, agency appre- authority, etc. For travel-related dates, and the nature of expense	source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more a basis for receipt, such 11 or other statutory ts, include travel itinerary,	rece inde the tota	eived f epende donor l value	from ent of 's res e from	rnment; gi relatives; f their rela sidence. Al m one sou isions.	receiv tionsh so, fo	ed by ip to y r purp	your s you; o oses o	spouse or prov	e or d vided regati	epend as pei ng gi	lent cl rsonal fts to d	hild to hospi detern	tally itality nine t struct	' at he		I	
Source (Name				rief Des													Value	
Examples: Nat'l Assn. of Rock Co Frank Jones, San Franc	Airline ticket, hotel room & meals incident to national conference 6/ Leather briefcase (personal friend)	/15/99 (persona	activ	vity unrelated	to duty	<u></u>									\$500		
1																		
2																		
3																		
4																		
5																		

Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.¹⁷ Fart 2634

U.S. Office of Government Ethics

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

.

U.S. Office of Government Euros

	vidual's Name W Ro	use	5	SCHED (Us			continue eeded)	ed						Page	Numb	er 8		. <u></u>	
Part I: 7	Fransac	tions		Γī	ransac	tion					Ап	iount c	of Tran	sactio	1 (x)				
					Type (Durat			1	1	1	T		1				
				Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	001 - 5,000	\$15,001 - \$50,000	0,001 - 00,000	00,001 - 50,000	50,001 - 00,000	\$500,001 - \$1,000,000	er 000,000*	000,001 - 000,000	000,001 - 5,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	tificate of
			ation of Assets		Sa	Ĕ	2/1/99	\$ 5	\$15		\$10 \$25	\$25 \$50	\$50 \$1,	Š.	\$1, \$5,	\$5,	\$25 \$50	\$20 \$50	Cer
1	Example:	Central Airlines Common		X			2/1/99	-		x							<u> </u>		
2											<u> </u>								-
3																─	_		
			····						 	 						<u> </u>	<u> </u>		L
4																			
5																			
6																\square	<u> </u>		
7								1								<u> </u>	-		
8								+								┢		┟──┤	-
9														<u> </u>		┢			-
								_								_	<u> </u>		<u> </u>
11																			
12																			
13					1											+			\vdash
14					-		·									+	 	┨──┤	-
15	-								<u> </u>							—	_	 	
					ļ				<u> </u>							_	<u> </u>		ļ
16																			

Prior Editions Cannot Be Used.

<i>,</i>																
SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics																
Reporting Individual's Name								_		_		Page 1	Number		_	
Peter Konse		SCHEDU	LEC									Ì	9		-	
Part I: Liabilities					٣Ł											
Report liabilities over \$10,000 owed to any one		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	one 🔀				Categ	ory of A	Amount	or Va	lue (x)			
any time during the reporting period by you, you or dependent children. Check the highest amour	• •	liabilities owed to certain relatives listed in instructions.				+-				1			1.	' 0	ι <u>–</u> ο	
during the reporting period. Exclude a mortgage	e on your	See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term appli- cable	f - 100	\$15,001 - \$50,000	0,000	- 100,00	50,001 - 00,000	000,000	Over \$1,000.000*	\$1,000,001 - \$5,000,000	000,001	\$25,000,001 \$50,000,000	Over \$50,000,000
Creditors (Name and Address	5)	Type of Liability				\$ 1 0	\$15 \$15		\$10 \$25	\$25 \$50	\$50 \$1,	ð 5	\$1, \$5,	\$5, \$25	\$25 \$50	\$20 \$20
Examples: First District Bank, Washington, DC John Jones, 123 J St., Washington, DC		Mortgage on rental property, Delaware	1991	<u>- 8%</u> 10 %	25 yrs on dema		· +	- <u>x</u>		+	↓	├ — -			- ·	
joint joiles, 125 J St., Washington, DC		Promissory note	1999	10 /6	ondenia		-			Ê						
2									<u> </u>							
3	<u>.</u>															
4						+-	-		<u> </u>							
5							+				-	<u> </u>	<u> </u>			
* This category applies only if the liability is so with the spouse or dependent children, mark the		ler's spouse or dependent children. If the liability is that of the spouse or dependent children.	he filer or a	joint liabi	l ility of th	e filer				1						
Part II: Agreements or Arra		augories, as appropriate.				_					_				_	
Report your agreements or arrangements for		participation in an	of absen	ce; and (4	4) future	employ	ment.	See in	nstruc	tions	regard	ling tl	he rep	orting	g	
employee benefit plan (e.g. 401k, deferred	compensation;	(2) continuation	of negoti	ations fo	r any of	these a	rrange	ments	or be	nefits						
payment by a former employer (including s	severance paym	ents); (3) leaves									N	lone	N	m	\sim	
Status	and Terms of any	Agreement or Arrangement						_	Partie	s			<u> </u>		Da	ate
	ill receive lump sur	n payment of capital account & partnership share			I	Doe Jone:	& Smit	h, Hom	etown,	State					7/3	85
1	· - , · , · , · · ·					17	ہ ر	1	, . , .	, -, -	1		£			
2		······································										-				
3																
4												_				
5																
6		······································														
										_				_		

Prior Editions Cannot Be Used.

.

SF 278 (Rev. 02(2000) 5 C.F.R Part 2534 U.S. Office of Government Ethics Page Number Reporting Individual's Name **SCHEDULE D** on se Part I: Positions Held Outside U.S. Government consultant of any corporation, firm, partnership, or other business enterprise or any Report any positions held during the applicable reporting period, whether non-profit organization or educational institution. Exclude positions with religious, compensated or not. Positions include but are not limited to those of an officer, social, fraternal, or political entities and those solely of an honorary nature. director, trustee, general partner, proprietor, representative, employee, or None Type of Organization Position Held From (Mo., Yr.) To (Mo., Yr.) Organization (Name and Address) Nat'l Assn. of Rock Collectors, NY, NY Non-profit education President 6/92 Present Examples: 7/85 Law firm 1/00 Doe Jones & Smith, Hometown, State Partner 1/08 11/08 Pol. Campargn Senior Adusor. Obama for America 2 A BIDEN TRANSITION SCHION 7 RANSITION OFF. 3 4 5 6 Part II: Compensation In Excess Of \$5,000 Paid by One Source Do not complete this part Report sources of more than \$5,000 compensation received by you or your if you are an Incumbent, corporation, firm, partnership, or other business enterprise, or any other non-profit business affiliation for services provided directly by you during any one year of organization when you directly provided the services generating a fee or payment Termination Filer, or Vice Presidential 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 source. or Presidential Candidate None Brief Description of Duties Source (Name and Address) 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 Obama Campaign. Obama for America Adusor Irism To 2 MA-BIDEN TRANSITION 3 4 5 6