Form Approved: OMB No. 3209-0001

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

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	Incumbent	Covered by Report		New Entrant, Nominee,	Termination	cable) (Month, Day, Tear)	Any individual who is required to
	appropriate boxes)			X	or Candidate	Filer		file this report and does so more than
	Last Name		1		First Name and Middle	Initial		30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Martin				Carmel M.			is granted, more than 30 days after the
								last day of the filing extension period
n it c will built	Title of Position	otany for Plannin	g, Evaluation, and		Department or Agency (	(If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing	Policy Develop	,	g, Evaluation, and	- 1	Department of Edu	ıcation		Reporting Periods
		Street, City, State,	and ZIP Code)			Telephone No. (Inc.	clude Area Code)	Incumbents: The reporting period is
Location of Present Office	400 Maryland	Ave., SW, Wasl	nington, D.C. 2020	2				the preceding calendar year except Part II of Schedule C and Part I of
						202-401-0831		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)	General Coun	sel, Committee	on Health, Educati	on, La	abor and Pensions,	U.S. Senate, Ja	n 2005 to Nov 2008	applicable.
								Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congress	sional Committee Co	onsidering Nomination		Do You Intend to Create	e a Qualified Diversi	fied Trust?	period begins at the end of the period
Senate Confirmation	Committee on	Health, Educati	on, Labor and Per	sions	Yes	X No		covered by your previous filing and ends at the date of termination. Part II
								of Schedule D is not applicable.
Certification	Signature of Repo	rting Individual				Date (Month, Day,	Year)	NY NY VE
I CERTIFY that the statements I have made on this form and all attached		0 11	1			3/19/0	9	Nominees, New Entrants and Candidates for President and Vice
schedules are true, complete and correct to the best of my knowledge.	ari	nel 1	Nath	-		101110		President:
	Signature of Othe	r Reviewer				Date (Month, Day,	Year)	Schedule A-The reporting period for income (BLOCK C) is the preceding
						1		calendar year and the current calendar
Other Review (If desired by						1		year up to the date of filing. Value assets as of any date you choose that is
agency)						]		within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Designature	gnated Agency Ethic	s Official/Reviewing O	fficial		Date (Month, Day,	Year)	Schedule BNot applicable.
On the basis of information contained	///					,	/	Calculate C. Daniel I (1 intelligion)
in this report, I conclude that the filer is in compliance with applicable laws and						/ /		Schedule C. Part I (Liabilities)— The reporting period is the preceding
regulations (subject to any comments	MI	MAL				3/36/0	9	calendar year and the current calendar
in the box below).	Signature					Date (Month, Day,	Year	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	O LETILICATION OF THE PARTY OF	10-1-		/		1011	/- 0	
Use Only		oly 1	A Guis			3/24/	07	Schedule C. Part II (Agreements or Arrangements)—Show any agreements
Comments of Reviewing Officials (If addit.	ional space is requi	red, use the reverse	side of this sheet)					or arrangements as of the date of
			(Chaol l	:C61:	ine automaian — autod 0	in diame would be of	/ 1	filing.
			(Cneck be	ox ij jiii	ing extension granted &	inaicate number of a	lays	Schedule DThe reporting period is
								the preceding two calendar years and
								the current calendar year up to the
								Agency Use Only
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					(Check box if comme	ents are continued on	the reverse side)	OGE Use Only
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5 C.F.R Part 2634	

	Office of Government Ethics																									- 10							
Repor	rting Individual's Name														TT	ובדי	rtv	1177														Page Number	
Cam	mel Martin													· · ·		D	UL	.E.	<b>A</b>													2	
													-																				,
	Assets and Income	Ł			Va			of ose		sets	;																			n \$2	(10)	' is checked, no	
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	BLOCK A					-		CK E																	BL	OCK	С						
For y	ou, your spouse, and dependent children,		Π															Ty	pe							Am	our	t					
produ value ing p in inc	rt each asset held for investment or the uction of income which had a fair market e exceeding \$1,000 at the close of the reporteriod, or which generated more than \$200 come during the reporting period, together such income.	\$1,001)						00		,000	0,000	000,000		Excepted Investment Fund							\$201)						1,000	00		000		Other Income (Specify Type &	Date (Mo., Day, Yr.)
amou	yourself, also report the source and actual unt of earned income exceeding \$200 (other from the U.S. Government). For your spouse, at the source but not the amount of earned	None (or less than \$1,001)	\$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	Investme	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	a	8	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	- \$100,000	\$100,001 - \$1,000,000	Over \$1.000,000*	\$1,000,001 - \$5,000,000	Over \$5.000.000	Actual	Only if Honoraria
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Exa	mples Doe Jones & Smith, Hometown, State		[]	x																			_]									Law Pertnership Income \$130,000	
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	Hogan & Hartson LLP, McLean, VA (Spouse Employer)					X																										Salary and Capital Account	
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4	Option 2. Aged Based	5:23	-				-	\$\$ G		\$0.00 300\$	-	625. 1008		(共成) (表达)	-	10/251	⊢	7.000 6.000	-	(3)44 (3)46 (3)46 (3)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46 (4)46						PAZ S	-	1545 1146	-	267.6 1977.4	<u> </u>	<del> </del>	
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	Fidelity OTC Fund	×												X						X		X								37.5			
	his category applies only if the asset/income is the other higher categories of value, as appro			at of	the	filer	's sp	ouse	or d	eper	ıden	t chi	ldre	n. If	f the	asse	t/inc	come	is e	ithe	that	of t	he fi	ler c	гјо	intly	helo	by 1	the f	iler v	with	the spouse or depend	ent children,

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	orting Individual's Name									S	CH	Œ	Dί	JLI	E A	\ c	on	tir	ıue	d											Pag	ge Number	
Ca	rmel Martin		(-10-)									(U	se	only	y if	ne	ede	ed)															
	Assets and Income	T				at epoi	ion of close ting p	of erio													amo ed ir			C f		at it		than	\$20	01)"	is o	checked, no	
	BECCKA	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000		\$250,001 - \$500,000 \$500,001 - \$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		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201-\$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000		<b>A</b> m(	oun	\$100,001 - \$1,000 Jun	Over \$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
	None .													9								5		<b>S</b>		9	•						
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3	ExxonMobil Common	5.4	x							0.00 mg/s		100		2000		х				x													
4	Fidelity Growth Company Fund			X						1000			X	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		х				х													
5	Fidelity Contrafund				х			7					X	100 N		х						x											
6	Fidleity International Real Estate Fund	1 / A	x					10 Mes 420					X	1772 Table 1884						Х	經濟學												
7	Fidelity Low Priced Stock Fund		x							100000000000000000000000000000000000000			X			x						x											
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9	Fidelity Real Estate Fund		x				90 90 90 90 90 90 90 90 90 90 90 90 90 9			27.5			X	3		х				Х													
Mgz.	This category applies only if the asset/incom	e is so	ely t	hat o	of the	file	r's spo	use o	r dep	ende	nt c	hild	ren.	If th	ne as	sset/	inco	me	is ei	ther	that	of tl	ie fi	er o	r joii	itly !	neld	by t	he fi	ler w	vith	the spouse or c	ependent child

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mark the other higher categories of value, as appropriate.

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Reporting Individual's Name									HE	ותי	rtt	TE*	A 4	·	tiv	2216	'Y											Page	Numl					
Carmel Martin										SC								ıut	u													•	4	
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				,			se oi g per								oth	er e	ntry	is n	eec	led in	ı Bi	ock	Ct	or t	nat 1	tem.	•							
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	None (or less than \$1,001)	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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	850,001 - \$100,000	\$100,001-\$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000		(Spe Typ Act			Yr.) Only if Honoraria
None	No	\$1.001	\$15	850	\$10	\$25	820	Ŏ	\$1,0	35,0	ð	Exc	Exc	Oms	Div	Ren	Inte	Cap	Non	\$201	\$1,0	\$2,5	\$5,0	\$15,	\$50,	\$100	Ove		Ove					
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General Electric Common			x					Synches St							х		,			x														
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5 Fidelity Municipal Money Market Fund		×						127.000.00			S	x					х		х															
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Johnson & Johnson		x	200					100 E	96 34,		2000			調整を	х				X															***********
John Hancock Lifestyle Growth Fund			×					\$ 100 miles		2000		×			х				х															
Fidelity Cash Reserves (FDRSS)			x								15 (15 (15 (15 (15 (15 (15 (15 (15 (15 (	×							х												A Company of the Comp			
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mark the other higher categories of value, as appropriate.

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 5 Carmel Martin (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 **Excepted Investment Fund** None (or less than \$1,001) \$25,000,001 - \$50,000,000 Income (Mo., Day, \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify Yr.\$500,001 - \$1,000,000 \$100,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 Over \$1,000.000 \* Only if \$15,001 - \$50,000 \$50,001 - \$100,000 Actual Over \$50,000,000 \$15,001 - \$50,000 Over \$1,000,000\* Over \$5,000,000 Qualified Trust Honoraria **Excepted Trust** \$5,001 - \$15,000 Amount) Capital Gains \$2,501 - \$5,000 \$1,001 - \$2,500 \$201-\$1,000 Dividends Interest None Newberger Berman Preservation Fund Х Х Nucor Common Х X 3 X Pimco Real Return Instl Fund (PRRIX) x X X Pimco Corporate Opportunity Fund Citibank (cash account) Х X X Spartan Extended Market Index Fund Х Χ Texas Instruments Common Х Verizon Communications Common Х Х 9 Redbrick II, LP (District of Columbia) (invests in residential rental real Х

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.

estate) partnership interest

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Reporting Individual's Name										SC	CH	ŒΙ	n	LI	EΑ	A c	on	tin	ue	d											Pag	ge Num		6	
Carmel Martin												(Us								_															
Assets and Income						clo	se o	f				T															less tem.		\$20	01)"	is c	heck	ed, no		
BLOCK A				r	epo:	rting BLOC																		BL	OCK	С									
	None (or less than \$1,001)	\$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 \$56,000,000	Excepted Investment Kund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000		Inc (Spe Typ Ac	ther come ecify pe & ctual count)		Date Mo., Dav, Yr.) Only if fonoraria
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3 ABS Capital Partners VI, LP Camden Partners Strategic Fund IV, LP		X								8			X X		99. 62. 74.			5		X															
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* This category applies only if the asset/income is mark the other higher categories of value, as appro			hat c	f the	file	r's sp	ous	e or	depe	ende	nt cl	nildr	en.	If th	ie as	sset/	inco	me i	s ei	ther	that	of ti	he fi	ler o	or joi	ntly	held	by t	he fi	ler w	ith 1	the sp	ouse or	deper	dent child

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

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Reporting Individual's Name						,							Page N	umber				
		SCHEDULE	В															
Part I: Transactions		The state of the s					None							<u>.</u>		*******		
Report any purchase, sale, or exchanger dependent children during the repo		report a transaction involving property used solely as your personal residence, or a transaction solely between you,	1	ansacti 'ype (x						Ar	nount o	f Trans	action	(x)				
property, stocks, bonds, commodity is securities when the amount of the tra \$1,000. Include transactions that resu	futures, and other nsaction exceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 - \$50,000	\$50,001 - \$100,000	0,001 -	0,001 -	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 -	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
	Identific	ation of Assets	Pur	Sale	Ä		\$1,001	\$15 \$50	\$50	\$10	\$25	\$1,0	Over \$1,00	\$1,0 \$5,0	\$5,0	\$25	550,0	dive Cert
Example: Central Airlines Common	n		×			2/1/99			х									
1								1										
2										3								
3							-		-									
							-					-						_
4																		
5																		
* This category applies only if the u	inderlying asset is solely t	hat of the filer's spouse or dependent children. If the underly	ng asse	t is eit	her h	neld												
		endent children, use the other higher categories of value, as ap																
Part II: Gifts, Reimbu			<u> </u>															
For you, your spouse and depend tion, and the value of: (1) gifts (s food, or entertainment) received (2) travel-related cash reimburset than \$260. For conflicts analysis, as personal friend, agency approvauthority, etc. For travel-related a dates, and the nature of expenses	lent children, report the uch as tangible items, tr from one source totalingments received from one it is helpful to indicate val under 5 U.S.C. § 41 gifts and reimbursement	source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more a basis for receipt, such I l or other statutory s, include travel itinerary,	receinde inde the c total	ved f pende lonor' value	rom ent of 's res e from	rnment; gir relatives; r f their rela idence. Al m one sour sions.	eceive tionsh so, for	d by ip to y purp	your s you; o	pouse r prov	e or d /ided regati	epend as per ng gif	ent ch sonal ts to c	ild to hospi letern	tally itality nine to struct	at he		l
Source (Name an			Br	ef Des	cripti	on											Value	
Examples: Nat'l Assn. of Rock Coll Frank Jones, San Francis		Airline ticket, hotel room & meals incident to national conference 6  Leather briefcase (personal friend)	(15/ <u>99</u> (p	ersona	l activ	vity unrelated	to duty	<u></u>									\$500 \$300	
1							• • • • • • • • • • • • • • • • • • • •											
2														<u> </u>				
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Prior Editions Cannot Be Used							_											

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE C** 7 Carmel Martin Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None Category of Amount or Value (x) any time during the reporting period by you, your spouse, by automobiles, household furniture or appliances; and or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. \$15,000 \$15,001 -\$50,000 \$100,000 -\$100,001 -\$250,000 -\$250,000 -\$500,000 -\$500,000 -\$1,000,000 -\$1,000,000 during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Term if Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC John Jones, 123 J St., Washington, DC Mortgage on rental property, Delaware Promissory note 1991 8% 25 yrs. 1999 10 % on demand 1 USAA Savings Bank, San Antonio, Texas Credit Card 2008-10% on demand 2009 2 Citibank, Washington, DC Loan for Capital Contribution for Law Firm 2008 5% 5 Years Х (Spouse) 3 ALBA 2008 Partners, LLC Contractual Liability 2008 N/A N/A \*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 filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate. Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing participation in an of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None X Status and Terms of any Agreement or Arrangement Parties Date Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State 7/85 calculated on service performed through 1/00. 2 3

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Reporting Individual's Name				Page Number	
Carmel Martin		SCHEDULE D		8	
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, propri	pplicable reporting period, whether but are not limited to those of an officer,	consultant of any corporation, firm, p non-profit organization or educationa social, fraternal, or political entities a	artnership, or other business enterprise or ar il institution. Exclude positions with religiound those solely of an honorary nature.	ny ns, None	
Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
1 Presidential Transition Team		non-profit	volunteer	12/08	1709
2					
3					
4					
5					
6					
Part II: Compensation In Excess Of \$5,000 Paid by One Sour Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any		corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.			
Source (Name and Address)		Brief Description of Duties			
Examples: Doe Jones & Smith, Hometown, State  Metro University (client of Doe Jones & Smith), Moneytown, State  1 United States Senate		Legal services in connection with university construction			
/		Employer			
2					
3	•				
4					
5					
6					

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