Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics				
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check Incumbent Covered by Report appropriate boxes)	New Entrant, Nominee, or Candidate	Termination Date (If Applicable) (Month, Day, Tear)	Fee for Late Filing Any individual who is required to file this report and does so more than
				30 days after the date the report is
医医性性切迹 化一次分类 的复数化的线线线线线	Last Name	First Name and Middle I	nitial	required to be filed, or, if an extension
Reporting Individual's Name	Berry	Morrell John		is granted, more than 30 days after the last day of the filing extension period
	Title of Position	Department or Agency (.	If Applicable)	shall be subject to a \$200 fee.
Position for Which Filing	Director	Office of Personnel	Management	Donostino Bosis do
	Address (Number, Street, City, State, and ZIP Code)	L	Telephone No. (Include Area Code)	Reporting Periods Incumbents: The reporting period is
Location of Present Office (or forwarding address)	National Zoo, 3001 Connecticut Avenue NW		202-633-4442	the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held		. 114.00	include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)				you file. Part II of Schedule D is not applicable.
7		the magnetic for the transplant of	V	Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create	a Qualified Diversified Trust?	period begins at the end of the period
Senate Confirmation	Homeland Security and Governmental Affairs	Yes	X _{No}	covered by your previous filing and ends at the date of termination. Part II
Certification		1 4 3	Dale (Monih, 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	Signature of Reporting Individual Marvell John Ser	<u></u>	3/5-/129	Nominees, New Entrants and Candidates for President and Vice President:
to the best of my knowledge	Signature of Other Reviewer	A	Date (Month; Day, Year)	Schedule A—The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	(week Dluntell Ex	int Dy-	3/5/09	calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)	Schedule B-Not applicable.
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Gr. Wan Miller DAL	EO	3/5/09	Schedule C, Part I (Liabilities)— The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is
Office of Government Ethics Use Only	Signature		Date (Month, Dat, Year) 3 /10/09	within 31 days of the date of filing. Schedule C. Part II (Agreements or
The second section of the second seco	1 W/ It Carel	- C	2/1/1	Arrangements) - Show any agreements
Comments of Reviewing Officials (If additi	lonal space is required, use the reverse side of this sheet)	<u></u>	<u> </u>	or arrangements as of the date of
* Reporting official's name	e added to each page. (Check box if,	filing extension granted &	indicate number of days)	filing Schedule DThe reporting period is
	mb 312/08			the preceding two calendar years and the current calendar year up to the date of filing.
				Agency Use Only
		(Check box if comme	nts are continued on the reverse side)	OGE Use Only MAR = 6 2009

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Reporting Individual's Name						40				. 77								1:1	1.1.	7		1					1.77	Page Number	
M. John Berns											S	CI	HEL) U	LE.	\mathbf{A}											1	2	
											_																		
Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item.												is checked, no																
BLOCK A					-	OCK.															В	OCK	cc_						
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 repoing 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	ort-)		0	00	000	000	*	909'000	,000,000	£000,000	0	ment Fund			Ty			n \$201)					oun 00		*	000'00		Other Income (Specify Type & Actual	Date (Mo., Day, Yr.) Only if
amount of earned income exceeding \$200 (oth than from the U.S. Government). For your spreport 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). None	ouse, 🌋	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100.081 \$250.090	\$220,001 - \$300,000 \$500,061 - \$1,000,000	Over \$1,000.000 *	51,000;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	Dividende	Rent and Royaldes	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$2.501 AS GRO	\$5,001 - \$15,000	\$15,001-\$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,600,001 - \$5,600,000	Over \$5,000,000		Honoraria
Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			<u>.</u>	×					— — —	=				> -		 			×		 							Law Partnership Income \$130,00	2.13.31
Congressional Federal Credit Union: Money Market Acct, savings, checking (cash)	g				X											×			х										
Bank of America: Money Market Acc	t			x												x			x										
TD Bank: CD/checking acct			X													×			X										
Smithsonian Institute											1																	salary \$256,000	
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 This category applies only if the asset/incommark the other higher categories of value, as a 			oft	the fi	ler's s	pous	e or o	leper	ndent	chil	ldrei	n. If	the as	set/ii	ncome	is e	ither t	hat	of the	filer	or jo	intly	held	by 1	the fi	ler w	vith t	he spouse or depen-	dent children,

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5 C F R Part 2634

U.S. Office of Government Ethics		
Reporting Individual's Name	SCHE	EDULE A continued Page Number 3
1 John Bern	열 화 (뭐 ^ ^) 그	Use only if needed)
TO SOME ISSUED		
Assets and Income	Valuation of Assets at close of	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.
BLOCK A	reporting period BLOCK B	BLOCK C
	BLOCK D	Type Amount
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a to sign	Nome (or less than \$1,00f) \$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$20,000 \$150,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$1,000,000 * \$1,000,001 - \$25,000,000 \$250,001 - \$25,000,000 \$250,000,001 - \$25,000,000	Excepted foresmient of Excepted foresmient of Excepted foresmient of Excepted foresmient of Dividends Rent and Royalder State of Least than 5201 Signification of Less than 5201 Signification of L
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1 CREF stock	x	X X
CREF Social Choice	x	x x
3 CREF Growth	x	x x
Smithsonlan Institute GSRA: (defined contribution plan)		x
5TIAA Traditional	x	x x
-TIAA Real Estate	x	x x
CREF stock		x
8 CREF Global Equities	x	x x
9 –CREF Growth	x	× × ×
* This category applies only if the asset/income is mark the other higher categories of value, as appropriate the control of the categories of the categories of value, as appropriate the categories of the categ		iren. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children

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* This category applies only if the asset/income is			at of	the	filer	's sp	ouse	or c	lepe	ndei	nt ch	ildr	en.	If the	ass	et/inc	ome	e is e	ther	that	of th	ne fi	er or	join	tly h	eld b	y the	filer	with	the spouse or de	pend	lent children,
mark the other higher categories of value, as approp	priate	: .																														

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

Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any children during	Reporting Individual's Name SCHEDULE B Page Number												
Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Mone	M. John Berry									35			
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Identification of Assets	Report any purchase, sale, or exchange by you, your spouse, or dependent	property used solely as your personal		·	,								
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Check the "Certificate of divestiture from OGE." Check the "Certificate of divest			Transaction Type (x)			<i>F</i>	mount	of Tran	saction	(x)			
Example Central Airlines Common 2/1/99 3 4 *This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held	futures, and other securities when the amount of the transaction exceeded \$1,0	Check the "Certificate of divestiture" block to indicate sales made pursuant to a		ate Mo., Jay, Yr.)	5,001 5,001	9,000 9,000 90,001	20,000 20,000 20,000	000,000	000,000	000,000,5	- 000,000,000,000,000,000,000,000,000,00	SSO,000,000 Certificate of divestiture	
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*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held	5	<u> </u>			総会 開発	\$ 2.58 3 . 3	-			1,	<u> </u>		
*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.								, i		800	. k.	4	
Don't II. Cifts Daimhungaments and Travel Evmonas	by the filer or jointly held by the filer with t	he spouse or dependent children, use the other higher cate	gories of value, as app	propriate.	ther ner								
Part II: Gifts, Reimbursements, and Travel Expenses For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260, and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by The U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions. None	For you, your spouse and dependent chition, and the value of: (1) gifts (such as food, or entertainment) received from o (2) travel-related cash reimbursements than \$260. For conflicts analysis, it is he as personal friend, agency approval und authority, etc. For travel-related gifts an	the U tangible items, transportation, lodging, one source totaling more than \$260, and received from one source totaling more the delpful to indicate a basis for receipt, such der 5 U.S.C. § 4111 or other statutory and relmbursements, include travel itinerary,	S. Government; giv yed from relatives; endent of their relation onor's residence. A value from one sou	received ationshi	by you p to you purpose	r spous ; or pro es of ago	e or de vided regati	pende as per	nt chí sonal l s to de	ld tot hospi eterm e instr	ally ality a ine the uction	3	
Source (Name and Address) Brief Description Value	Source (Name and Address)		Brief Descriptio	n							Val	ue	
Examples Nat'l Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) \$500	Examples		nal conference 6/15/99	(persona	activity	unrelated	to duty						
Frank Jones, San Francisco, CA Leather briefcase (personal friend) \$300		Leather briefcase (personal friend)									\$30	0	
2	2												
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Reporting Individual's Name			A ALPHANIA	- ~									age Nu	mber	_		
M. John Berry			SCHEDUL	E C											6		
Part I: Liabilities						# 1 A			•			•					
Report liabilities over \$10,000 owed to an		- 19 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	it is rented out; loans secured	ı	No	ne X	1 2 EE			Catego	ry of A	mount o	or Value	e (x)		-	
any time during the reporting period by your dependent children. Check the highest	ou, your spouse,		d furniture or appliances; and relatives listed in instructions.						1							,	\dashv
during the reporting period. Exclude a mo		See instructions for revol		Date	Interest	Term i		-	- 8	2 8	- 8	- 8	8	8 8 8	000	90,0	8
	State of the state			Incurred	Rate	appli- cable	\$10,001	\$15,001	\$50,001 - \$100,000	\$100,001 \$250,000	\$250,001	\$500,001 - \$1,000,000	Over \$1,000,000	\$5,000,000 \$5,000,000	200	55,000,001	Over \$50,000,000
Creditors (Name and A			pe of Liability	1001	8%	25 yrs.	<u>~ ~ ~</u>	₹ 33	\$ 18	\$2	\$ \$	₩ ₩	ठ क्र	- 8 8	¥ 23	\$ 52	Q %
Examples: First District Bank, Washington, John Jones, 123 J St., Washington		Mortgage on rental property Promissory note	, Delaware	1991 1999	10 %	on deman	nd -		<u> </u>		x-			+	-	· — :	4
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* This category applies only if the liability with the spouse or dependent children, many			ldren. If the liability is that of the	iler or a jo	oint liabilit	ty of the f	ler										
Part II: Agreements or A		gerree, and appropriate.	· · · · · · · · · · · · · · · · · · ·									-					
Report your agreements or arrangeme	ents for: continuing p	articipation in an		of absen								regard	ing th	e repo	orting		
employee benefit plan (e.g. 401k, def payment by a former employer (inclu-	ferred compensation;	(2) continuation		of negoti	iations fo	r any of	hese ar	rangen	nents	or be	nefits						
payment by a former employer (inclu-	ding severance payin	enis); (3) leaves									Verye r	N	one [
		Agreement or Arrangement	\$ 1950°			-				Parties	Salatin .					Da	te
Example: Pursuant to partnership agreem calculated on service performe	d through 1/00			Andrew Grand Co.	militari Militari Jawa Militari		oe Jones				State	<i>2</i>				7/8	5
I will continue to participate in my I (a defined contribution plan). Neith	FIAA-CREF Retireme	nt account - defined con	ntribution plan & Group Supplen	nental Re	tirement /	Annuity	mithso	nian In	stitute	3						11/	05
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contributions.						F	lational	risn a	na vv	nante	Found	nomation				11/	
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Prior Editions Cannot Be Used.

Reporting Individual's Name				Page Number	
M. John Berry		SCHEDULE D		7	
Part I: Positions Held Outside Report any positions held during the appli- compensated or not. Positions include bu- director, trustee, general partner, proprieto	icable reporting period, whether	consultant of any corporation, firm, partne non-profit organization or educational inst social, fraternal, or political entities and th	titution. Exclude positions with religious		:
	ion (Name and Address)	Type of Organization	Position Held	None From (Mo., Yr.)	To (Mo., Yr.)
Nat'l Assn. of Rock Collectors N	y NY	Non-profit education	President	6/92	Present
Examples: Doe Jones & Smith, Hometown, S	tate	Law firm	Partner	7/85	1/00
Smithsonian Institute		non-profit	Director, Naitonal Zoological Park	11/05	present
2					
3					
4					
5	<u></u>				-
6					
Report sources of more than \$5,000 comp business affiliation for services provided the reporting period. This includes the na	directly by you during any one year of	corporation, firm, partnership, or other but organization when you directly provided to fimore than \$5,000. You need not report	he services generating a fee or payment	Do not comp if you are an Termination Vice Preside or President None	Incumbent, Filer, or Intial al Candidate
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown, S Metro University (client of Doe Jo	ones & Smith), Moneytown, State	Legal services Legal services in connection with university	construction		
Smithsonian Institute		Director of the National Zoological Par	rk		
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