SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Incumbent Calendar Year Covered by Report (Check Appropriate Boxes)	New Entrant, Nominee, or Candidate	Termination Termination Date (IfAppli- Filer cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days				
Reporting	Last Name	First Name and	Middle Initial	after the date the report is required to be filed, or, if an extension is granted, more				
Individual's Name	DARCY	JO-ELLEN		than 30 days after the last day of the filing extension period, shall be subject				
East of Sciences	Title of Position	Department or	Agency (If Applicable)	to a \$200 fee.				
Position for Which Filing	Assistant Secretary of the Army, Civil Works	Department of t	he Army	Reporting Periods Incumbents: The reporting period is				
Location of	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D				
Present Office (or forwarding address)	104 Army Pentagon Washington, DC :	70301-0104	(703)697-8986 SN	where you must also include the filing year up to the date you file. Part II of				
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held Senior Environmental Advisor to the Senate Committee or 1/2007 - Present	Schedule D is not applicable. Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of						
Presidential Nominees Subject	Name of Congressional Committee Considering Nomination	on Do You Intend t	o Create a Qualified Diversified Trust?	Schedule D is not applicable.				
to Senate Confirmation	Committee on Armed Services	× №	Nominees, New Entrants and					
B. We division	I and the second		Ta	Candidates for President and Vice President:				
Certification ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Signature of Reporting Individual		appil 13, 2059	Schedule A-The reporting period for income (8LOCK C) is the preceding calendar year and the current calendar				
Other Review	Signature of Other Reviewer		Date (Month, Day, Year)	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.				
(If desired by agency)				Schedule BNot applicable.				
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewin	g Official	Date (Month, Day, Year)	Schedule C, Part I (Liabilities)-The reporting period is the preceding calendar				
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).			4/16/09	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.				
Office of Government Ethics	Signature		Date (Month, Day, Year)	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or				
Use Only	That I Cake		4/20/09	arrangements as of the date of filing. Schedule D – The reporting period is				
Comments of Reviewing Officials	(If additional space is required, use the reverse side of this	s sheet)		the preceding two calendar years and the current calendar year up to the date				
	(Check box if filing a	extension granted & i	ndicate number of days)	of filing.				
				Agency Use Only				
	200			OGE Use Only				
	(Ch	eck box If comments	are continued on the reverse side)	APR 1 6 2009				

Jan 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ng Individual's Name JO-ELLEN											S	CF	ΙE	D	UI	E	A													Pa	ge Number 2 of	5
	Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or less checked, no other entry is needed in Block C											ss than \$201)" is C for that item.																				
	BLOCK A					BL	OCA	K B																BL	OCK	C							
producti	your spouse, and dependent children, ach asset held for investment or the on of income which had a fair market											0						Ту	pe								Am	ou	nt	F			
ing perio	seeding \$1,000 at the close of the report- d, or which generated more than \$200 e during the reporting period, together n income.	\$1,00			0	00	00	0000		000'00	000'000	000000		nt Fund							\$201)							000		00000			Date (Mo., Day,
than from report th		100	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000	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 - \$1,000	\$1,001 - \$2,500		\$5,001 - \$15,000	100	\$50,001 - \$100,000	\$100,000,12 - 1000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	(Specify Type & Actual Amount)	Yr.) Only if Honoraria
-	Central Airlines Common				x								-				×						x										
Examples	Doe Jones & Smith, Homelown, State	1		x	T											T					-					-	-	-	-	-		Law Partnership Income \$130,000	
	Kempstone Equity Fund	1				×			-		-			×		T				-			-	×	-	-	-	-	-	-		110000 3230000	
	IRA: Heartland 500 index Fund	1	Į.					×						×	П	T		_	_		7	-			×		-		-	-			
1 Schwa	b Municipal Money Fund		×											×						X	×												
² Dreyfu	s Roth IRA – cash		×																+		×												
3 Cisco			×																		×												
4 Fidelity	Municipal Income Fund		×											×								×											
5															T							i i											
6						7																											
		100																															

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

Reporting Individual's Name DARCY, JO-ELLEN		SCHEI	UL	E E	3								Page			of 5					
Part I: Transactions Report any purchase, sale, or exchar		Do not report a transaction involving	None																		
children during the reporting period		ely that of the filer's spouse or dependent children. If the underlying asset is either held or dependent children, use the other higher categories of value, as appropriate. Ints, and Travel Expenses port the source, a brief descriptems, transportation, lodging, totaling more than \$260, and from one source totaling more dicate a basis for receipt, such c. § 4111 or other statutory rsements, include travel itinerary,	(x)																		
futures, and other securities when the amount of the transaction exceeded	Do not report a transaction involving property, spouse, or dependent property, stocks, bonds, commodity es, and other securities when the int of the transaction exceeded \$1,000. de transactions that resulted in a loss. Identification of Assets Identification of Assets Identification of Assets Identification of Assets In Category applies only if the underlying asset is solely that of the filer's spouse or dependent children, use the other her filer or jointly held by the filer with the spouse or dependent children, use the other her filer or spouse and dependent children, report the source, a brief descripand the value of: (1) gifts (such as tangible items, transportation, lodging,					(Mo.,	5,000	5,001 -	000,00	50,000 -	- 000000	000,000,	*000,000	- 1000,000	5,000,000 -	\$25,000,001 -	000,000,0	filicate of			
td	lentification	of Assets	-	Sa	Ä		SI	\$11	\$5(\$22	\$25	\$5	\$1.	SSI	\$22	\$25	350	38			
Example Central Airlines Common			X			2/1/99	-		×												
1				-											110						
2			1																		
3										A.L											
4																					
5'			-				-										-				
			_	_	-			_	_		_	_	_					_			
For you, your spouse and dependention, and the value of: (1) gifts (such food, or entertainment) received fro (2) travel-related cash reimbursemethan \$260. For conflicts analysis, it is as personal friend, agency approval	t children, n as tangib om one sou ents receive is helpful t under 5 U ts and reim	report the source, a brief descrip- le items, transportation, lodging, irce totaling more than \$260, and independent from one source totaling more to indicate a basis for receipt, such is.S.C. § 4111 or other statutory abursements, include travel itinerary,	S. Gov red fro enden onor's value f	m re t of t resid	their dence one	es; received relationsh e. Also, for	d by	your you; ooses	or p	rovi	ded gati	as p	dent ersoi ifts t	chil nal h o de	d tot lospi term instr	ally tality ine t	at he ons				
Source (Name and Addres	55)		В	rief D	Descrip	ption										V	alue				
Examples Nat'l Assn. of Rock Collectors, NY.	NY	Airline ticket, hotel room & meals incident to natio	nal conf	erenc	e 6/15	5/99 (person	al activ	ity un	relate	ed to	duty))				-	at second control of the second control of t				
Frank Jones, San Francisco, CA	777	Leather briefcase (personal friend)					0.11	15	2.4.5						- 1	5	300				
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2																					
3											7							_			
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4																					

	Individual's Name	S	CHED	II F (Page	Numb			
	I: Liabilities				-	-		_		_			4	of	5	_
Report 1	iabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	None >					(Catego	ry of A	moun	or Va	lue (x)			
during to your spe Check th	the reporting period by you, buse, or dependent children. the highest amount owed the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.				\$10,001 -	\$15,001 -	\$50,001 -	\$100,001-	\$250,001 -	\$1,000,000	Over \$1,000,000*	\$1,000,000-	\$25,000,0001 -	.000,000,	S50,000,000
	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$10	\$15	\$50	\$25	\$25	\$1,0	Ove \$1,0	\$1,0	\$25,0	\$25	SSO
Examples	First District Bank, Washington, DC John Jones, 123 JSL, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8% 10%	25 yrs. on demand	-		_ x	-	×		-		-		
1																
2																
3																
4			-													-
5			-		-		-									-
		colely that of the filer's spouse or dependent child														
Part Report	II: Agreements or arrangements or agreements or arrangements or arrangements benefit plan (e.g. pension, 401	Arrangements s for: (1) continuing participation in an k, deferred compensation); (2) continuancluding severance payments); (3) leaves			(4) future ons for any								ing th	ne rep	ort-	
don or j		erms of any Agreement or Arrangement				_	_	_	Partic	0.5	-		-	_	_	Date
Example	Pursuant to partnership agreement,	will receive lump sum payment of capital account & p	artnership sh	are	Doe Jones	& Smi	th. Hor	petown			_	-	-	-	+	7/85
1	calculated on service performed thro	ough 1/00.		-	-		_		_		-		- 8		+	_
2			-		-			_		-			_	_	+	
3								_		_	_				+	
4												_			-	
5																
6												-				

Reporting Individual's Name				Page Number	
DARCY, JO-ELLEN	**	SCHEDULE D		5 .	15
Part I: Positions Held (Report any positions held during the applicated or not. Positions include but are not trustee, general partner, proprietor, repairs any corporation, firm, partnership, or of	plicable reporting period, who the limited to those of an office resentative, employee, or content of the limited periods.	nether compen- cer, director, nsultant of or educat social, fraternal, or pol nature.	ional institution. Exclude posit itical entities and those solely of	f an honorary	s,
Organization (Name a	A STATE OF THE PARTY OF THE PAR	Type of Organization	Position Held	From (Mo., Yr.,	To Mo Ve
Nat'l Assn. of Rock Collectors, NY, NY	114 7441 C337	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
2			-		-
3					
4					
5		+		-	
6					
Report sources of more than \$5,000 conbusiness affiliation for services provided the reporting period. This includes the corporation, firm, partnership, or other	npensation received by you I directly by you during any names of clients and custom	one year of you directly provided ers of any services generating a f	n when Presidential or Pr	esidential Can 000. You	r Vice didate.
Source (Name and	(Address)		Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legal services			
Metro University (client of Doe-Jones & Sn	nith), Moneytown, State	Legal services in connection with university	construction	TO COLUMN TO SERVICE T	
2					
3					
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