Form App OMB No. 3209

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year (Check Incumbent Covered by Report	New Entrant, Nominee, Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing
1/20/2009	incambelli Covered by Report	or Candidate Filer		Any individual who is required to file this report and does so more than
1100 2001	Last Name	First Name and Middle Initial		30 days after the date the report is
Reporting Individual's Name				required to be filed, or, if an extension is granted, more than 30 days after the
	DeRosa	Mary B.		last day of the filing extension period
Position for Which Filing	Title of Position	Department or Agency (If Applicable)		shall be subject to a \$200 fee.
Position for which Fining	Deputy White House Coursel for Security	White House		Reporting Periods
Landin of Dunant Office	Address (Number, Street, City. State, and ZIP Code)		Include Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	Dirksen office Building, RM 224	(803) 2	04-7703	the preceding calendar year except Part II of Schedule C and Part I of
Problem(a) Hold with the Endard	Liloshina ton. TC			Schedule D where you must also
Position(s) Held with the Federal Government During the Preceding		eric flow S		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 Counsel for National Servi Judiciary Committee, u. s. Se	1		applicable.
	1 1000			Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Dive		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 ll
				of Schedule D is not applicable.
Certification I CERTIFY that the statements I have	Signature of Reporting Individual	Date (Month, De	ly, Tear)	Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct	Mary 13. Day	- $a/17$	109	Candidates for President and Vice President:
to the best of my knowledge.			<i>[</i>	Schedule A-The reporting period for
	Signature of Other Reviewer	Date (Month, De	rv, Year)	income (BLOCK C) is the preceding calendar year and the current calendar
Other Review (If desired by		2/12	100	year up to the date of filing. Value assets as of any date you choose that is
agency)	Name	1 2/2/	109	within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official	Date (Month, Do	ηγ. Year)	Schedule B-Not applicable.
On the basis of information contained in this report, I conclude that the filer is	1 1 1 1 1 1 1 1 1 1			Schedule C. Part I (Liabilities)-
in compliance with applicable laws and	Vii - 1. Wit	3/23/0	G	The reporting period is the preceding
regulations (subject to any comments in the box below).	19-1	3/23/0	7	calendar year and the current calendar year up to any date you choose that is
Office of Government Ethics	Signature	Date (Month, Do	n, Year)	within 31 days of the date of filing.
Use Only				Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If additional comments)	I onal space is required, use the reverse side of this sheet)			Arrangements) Show any agreements or arrangements as of the date of
				filing.
	(Check box if fi	ing extension granted & indicate number o	f days)	Schedule D-The reporting period is
Notations made	per conversation with	Piles 1. An	\$t	the preceding two calendar years and
77 57667 5773	con cisacion c	Kanbulkein	n ;	the current calendar year up to the date of filing.
		1		Agency Use Only
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				OGE Use Only
		(Check box if comments are continued of	on the reverse side)	

US Office of Government Ethics Page Number Reporting Individual's Name Mary B DeRosa SCHEDULE A 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 B BLOCK C BLOCK A Type Amount For you, your spouse, and dependent children, report each asser held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the report-Sone (of less than \$1,001) Other Date ing period, or which generated more than \$200 Over \$50,000,000 Excepted Investment Fund Over \$1,000,000 "
\$1,000,001-\$5,000,000 (Mo., Day, Income \$25,000,001 - \$50,000,000 in income during the reporting period, together 85,000,000; - \$25,000,000 \$500,001 - \$1,000,000 Rent and Royalties Yr.) \$1,000,001 - \$5,000,000 (Specify with such income. \$100,001 - \$1,000,000 Type & - (\$15,001 - \$50,000 Qualified Trust \$50,001 -\$100,000 Actual Only if For yourself, also report the source and actual Capital Gains \$15,001 - \$50,000 Over \$1,000,000* \$2,501 - \$5,000 \$1,001 - \$15,000 Over \$5,000,000 Honoraria Amount) amount of earned income exceeding \$200 (other \$5,001 - \$15,000 **Excepted Trust** \$201 - \$1,000 \$1,001-\$2,500 than from the U.S. Government). For your spouse. report the source but not the amount of earned Dividends income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of vour spouse). None W. Central Airlines Common 1 SEA. Law Parthorship Income \$130,000 Examples Doe Jones & Smith, Hometown, State 体技 **教教** X Kempstone Equity Fund 1 . 77 X 10 IRA: Heartland 500 Index Fund American han inc MICHA- DONG Contaer Toberaca Seccuritization Bond 3 Berkley MI School X , e., enicago, Ill, Midway Airport res. Bonds Distrofalumbia Tob gettlement ***** 夢遠 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.

ark the other higher categories of value, as appropriate.

Prior Editions Cannot be Used.

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

Reporting Individual's Name Mary B. DeRosa										S	C							nti		ed											Page Number		
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5	CA			T	T	T	1	1										-		-			-	-	-	-	-				1		

* 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.

Intel Corp

Tob settlement FING CON- Bond UNIV OF MD Bond Virginia Housing DEV

5 C.F.R. Part 2634

U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE A continued** Mary B. DeRosa (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 Excepted Investment Fund \$1,001) Date Other \$25,000,001 - \$50,000,000 \$1,000,001 - \$ 5,000,000 \$5,000,001 - \$25,000,000 Mo., Dav. None (or less than \$201) \$201 - \$1,000 Income \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 (Specify Yr.)\$250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalties Type & \$50,001 - \$100,000 Over \$1,000,000 * \$50,001 - \$100,000 Over \$50,000,000 Only if Actual Over \$1,000,000* \$2,501 - \$5,000 \$5,001 - \$15,000 \$1,001 - \$15,000 Excepted Trust Qualified Trust Over \$5,000,000 Amount) Honoraria Capital Gains \$1,001 - \$2,500 Dividends Interest None Pfizer Inc. Lincoln Noti Life AGE Bank Deposit Dow Jones Telecom Consumer Discretionary Francial 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

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued Mary B. De Rosa (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 B BLOCK A BLOCK C Type Amount Over \$50,000,000 Excepted Investment Fund Other Date \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 Mo. Dav. \$1,000,001 - \$ 5,000,000 Income Capital Gains None (or less than \$201) \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 Yr.)(Specify \$100,000,18-100,0018 \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties Type & Over \$1,000,000 * \$50,001 - \$100,000 \$15,001 - \$50,000 Only if Over \$1,000,000* Actual \$15,001 - \$50,000 Qualified Trust \$2,501 - \$5,000 Excepted Trust Over \$5,000,000 \$5,001 - \$15,000 Honoraria Amount) \$1,001 - \$2,500 \$201-\$1,000 Sector SPOR TR 581 Industrial
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5 C.F.R.	Part 2634	
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Reporting Individual's Name Mary B. De Rosa										S	Cl					A			nu	ed											Page	Number /	/		
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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued Mary B. De Rosa (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 Excepted Investment Fund \$1,001) Other Date \$25,000,001 - \$50,000,000 \$1,000,001 -\$ 5,000,000 \$5,000,001 - \$25,000,000 Mo. Dav. None (or less than \$201) Income \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 (Specify Yr.)\$100,001 - \$1,000,000 \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties Type & \$50,001 - \$100,000 Over \$1,000,000 * \$15,001 - \$50,000 Over \$50,000,000 \$50,001 - \$100,000 Only if \$15,001 - \$50,000 Over \$1,000,000* Actual \$1,001 - \$15,000 **Excepted Trust** Qualified Trust Over \$5,000,000 \$5,001 - \$15,000 \$2,501 - \$5,000 Honoraria Capital Gains \$1,001 - \$2,500 Amount) \$201 - \$1,000 Dividends Interest None Income Fund d (D) American 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

Reporting Individual's Name Mary De Rosa						-			S	Cl			UL					nu	ed											Pag	e Num	iber			
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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued B. DeRosa (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 Amount Type **Excepted Investment Fund** Other Date None (or less than \$1,001) \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 (Mo., Dav. \$1,000,001 - \$ 5,000,000 Income \$1,000,001 \$5,000,000 $Y_{F,j}$ \$500,001 - \$1,000,000 (Specify \$100,000 - \$1,000,000 \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties Type & \$50,001 - \$100,000 \$50,001 - \$100,000 None (or less than \$15,001 - \$50,000 Over \$50,000,000 Only if \$15,001 - \$50,000 Over \$1,000,000* Actual Over \$1,000,000 \$1,001 - \$15,000 Qualified Trust Over \$5,000,000 **Excepted Trust** \$5,001 - \$15,000 \$2,501 - \$5,000 Honoraria Capital Gains \$1,001 - \$2,500 Amount) \$201 - \$1,000 Dividends Interest Toma to ban

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

Reporting Individual's Name									SC	Ή	ED	HII	Æ	A	con	tir	1116	-d										Page Number		
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Reporting Individual's Name Mary B. DeRosa										S	(C)							nti		ed							-					Page	e Nun	nber /	/		
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Growth Fund American (5)				X									X			 						X															
12 Intel Corp			X													X						X			-		-										
" Wash Mutual INUS FD Americs)				X									X										X		.:								-				
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Furo Pacific American Growth FD (5)				X	1	1	1	1					X			 						X	-						1	1							
* New Perspective PD INC American(S)			X										X									X															
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* This category applies only if the asset/income is children, mark the other higher categories of value.					tile	r's s	pous	e or	dep	end	ent	chile	dren	. It	the	asse	t/in	como	is e	ithe	er th	ai oi	the	liler	or j	oint	y he	ld b	y the	e li	ler v	vith t	he si	Mileo	 1		

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	porting Individual's Name	-	-							-					,	-	-															Page Number	
	Mary B. DeRosa													SC:	HE	D	UL	Æ	A													12	
	Assets and Income				repo	nt cle	n of ose o	of erio		•				1										(C)		hat			n \$2	01)'	' is checked, no		
For	r you, your spouse, and dependent children,		T	T	T	Γ	T	T										Ty	pe							Am	our	t					
rep pro val- ing in i wit and that rep inco	port each asset held for investment or the eduction of income which had a fair market the exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 income during the reporting period, together the such income. If yourself, also report the source and actual ount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, wort the source but not the amount of earned come of more than \$1,000 (except report the unal acount of any honoraria over \$200 of the property of the property of the property of the unal acount of any honoraria over \$200 of the property of	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	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	\$50,001 - \$100,000	\$100,001 - \$1,000,000	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
	Central Airlines Common		Γ.	_	Х							_					X	_	_				Х					_		_			
Eν	Kamples Doe Jones & Smith, Hometown, State Kempstone Equity Fund		<u> </u>	<u>x</u>	_	<u>x</u>						_		- x				-	_	-	 			X_		_	_	_				Law Partnership Income \$130,000	
1	IRA: Heartland 500 Index Fund							X						X											×								
2	Ford Motor Co. IEL Bond Global Landmark SPCS		X																χ				X										
3	Ford Motor Credit Co. Bend		X																X			X											
4	Ford Motor Credit Co.		X																X			X											
5	Hartford Life Blobal		X																X			χ											
-	Intermediate Bond FD Amer. American			X							dent								X				X							,		ne snouse or depende	

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, the other higher categories of value, as appropriate.

	y B. De Rosa												5	SC.	HF	ΞD	UI	Æ	A													Page Number	
	Assets and Income					8	at cloortin	ose	of erio		8											i am led i			Ćſ		hat			n \$2	01)"	' is checked, no	
report each production value excee ing period, in income d with such in For yourself amount of e than from the report the scincome of management of the scincome of management exception.	ur spouse, and dependent children, asset held for investment or the of income which had a fair market ding \$1,000 at the close of the reportor which generated more than \$200 uring the reporting period, together acome. f. also report the source and actual arned income exceeding \$200 (other the U.S. Government). For your spouse, ource but not the amount of earned more than \$1,000 (except report the not of any honoraria over \$200 of	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000		0		\$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		815,001 - \$50,000		00	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Examples	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			x	<u>×</u>	- <u>X</u>		X				_ _ _		- x x			x		<u>-</u>				×	x	x	_	_	-		-		Law Partnership Income \$130,000	
	Treasury Note		/																Χ		X												
2 Vav	n Kampen Senior ncome Trust			X													X							X									
3 Amer	DITATIONS (Mass				X									X											X								
4 IV	Come Fund of America (lass A					X								X					,)	1								
																	,																
6 66 W	eral Electric (0.		X			-11											X				41	X					1 -2	h	. F	,	eh el	o snouse or denor d	ant children

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Reporting Individual's Name Mary B. De Rosa					_	_							SC	H	ED	UL	E	A									-				Page Nun	nber	
Assets and Income	<u> </u>				repo	at clo	lose	of perio		ts				1000 0 0 000										k C		that			n \$2	:01)'	" is check	ted, no	
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 reporting 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).	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000			0		\$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	Soyalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000			nour	000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Inc (Spe Typ Ac Ame	ther come ecify pe & ctual ount)	Date (Mo., Dav, Yr.) Only if Honoraria
Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund	-		<u>x</u>	<u>x</u>	<u> </u>		x		-			-	- X X	+		×	— - — -	- - -				×	X		 		-				Law Partnership	Income \$130,000	
Growth Fund American Amer Inc. Funds				X									X								X												
I' Intel Corp		X														X					X												
" Merk & Co.		X														X					X												
1 Pfizer		X														X						X											
5 Wash Murual 6 Smallcap World 6 American Fund			X													X						X											
Smallcap World American Fund			X										X									X							,				
* This category applies only if the asset/income is s			t of t	the f	iler's	s spo	ouse	or d	eper	nden	t chi	ldre	n. If	the	asset	t/incc	ome	is ei	ther	that	oft	ne til	ler o	r joir	atly l	held	by th	ie tile	er wi	th th	ie spouse o	r depende	ent children,

Mary B. DeRosa												1	SC	HI	ΞD	UI	Æ	A													Page Number	15	
Assets and Income					repo	it cl	ose	of erio		 s				5				ne: 1						(C)		hat			n \$2	01)	" is checked,	no	
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 reporting 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 spous 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).	None (or less than \$1.00f)	\$1.001 - \$15.000	\$15,001 - \$50,000	\$50,001 - \$100,000	0		01	Over \$1,000,000 *	\$1,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	0	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltics	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		S50,001 - S100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount	e / :	Date (Mo., Day, Yr.) Only if Honoraria
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund	- + -		<u>x</u>	<u>x</u>	- <u>x</u>		 x			·	_		x x			_x_		_				<u>x</u>	x_		<u></u> -	_	_				Law Parmership Income	2\$130,000	
1 AGE Bank Deposity Program Cusy 2 National City BK Clevel and Ohio Bar 3 Wachovia Mortgage	_	X		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \														X		Χ	X												
Cleveland Ohio Bar * Wachovia Mortgoge Bond	9			X														X			<u>/\</u> X											•	
Bond Alaska Energy Authory Rev. Brasier Lake B	end.		X															X			X												
Mun: Municipal Bd FD					χ													X						X					,				
		X		the	filant	e end	nice	or d	e Der	den		ldre	n 14	the	2603	t/inc	ome	X	ther	that	X of the	ne fil	ler o	rioi	ntly	heid	by t	he fil	er w	ith t	he spouse or d	ependi	ent children.
* This category applies only if the asset/income mark the other higher categories of value, as appro	s sole		at of	the 1	tiler'	s spc	ouse	or d	eper	nden	t chi	ldre	n. 11	the	asse	t/inc	ome	is ei	ther	that	of th	ne fil	ler o	r joi	ntly	heid	by t	he fil	er w	ith tl	ne spouse or de	epende	nt children,

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Reporting Individual's Name Mary B, De Rosa												5	SC.	HI	ΞD	UL	Æ	A													Page Number	
Assets and Income					a repo	tion at clo ortin BLO	ose o	of erio		8			-	:						and need				C f		hat i			n \$2	01)'	" is checked, no	
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 reporting 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).	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	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		\$50,001 - \$100,000	\$100,001 - \$1,000,000	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
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund	 - -		x	<u>x</u>	<u>x</u>		X				_ _ _		x x			X		_ _ _				<u>x</u>	X	X		_	_		-		Law Partnership Income \$130,000	
1 Fairfax CNty VA Good win House Bond			X										,					X				X										
2 Fairfax CNTY VA bod Water authority			X															X				X										
3 Fauguier CN+YVA Inductrial dev. Br			X															X				X										
Fidelity Court Street TK				X									X										X									
* VENTICO CNITY FORS/CHS Bond		X																X			X											
6 JEA FL, Bond Elec+PUB PUR S/S, * This category applies only if the asset/income is		X	. 06	iho t	l ou's					dani	alai!	daa	16	th a		(i-a		X		dh a i	X	-			11			. 471	Í	• la • 2-		ot children

* 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.

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For you, your spouse, and dependent children,	1	T	Т		T	BLO	I	-	T	T		T	1-	T i	T	\vdash	Tı	ype		Т				ы		our	ı t					T
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 reporting period, or which generated more than \$200 in income during the reporting period, together with such income.	in \$1,001)		0	00	000	000	0,000	*	000,000	,000,000	0,000,000	0.	ment Fund							n \$201)						00	0,000	*	00,000		Other Income (Specify Type & Actual	Date (Mo., Dav, Yr.) Only if
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).	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	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	\$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	Amount)	Honoraria
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			_x	<u>x</u>	<u>x</u>		X				_		<u>x</u>			х		 				X	x								Law Partnership Income \$130,000	
1 Maryland Higher Edifors Bond			X															X				X										
2 Maryland Higher Ediffact Bond			X															X				X										
3 Metro pier + expo			X															X			X											
3 Metro piertexpo auth Heconnick 4 New York City Geniobli Bond		χ																X		X												
Tobacco Settlement		X																X			X											
· Virginia Public School Author Bond			X															X			X										ne snouse or depende	

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 that of the filer or jointly held by the filer with the spouse or dependent children that of the filer or jointly held by the filer with the spouse or dependent children that of the filer or jointly held by the filer with the spouse or dependent children that of the filer or jointly held by the filer with the spouse or dependent children.

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Assets and Income		-			lua repo	at clo	ose	of		s				i												e (or that			n \$2	:01)	" is checked, no		
BLOCK A	-		_		_	BL.O	CK.	В	1	,	_	_	┨—	· ·	1	-	Æ.			_				В	LOC							т —	
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 reporting period, or which generated more than \$200 in income during the reporting period, together with such income.	n \$1,001)			00	000	000	0000	*	000,000	000,000	- \$50,000,000		nent Fund					pe		\$201)						nour			00,000		Other Income (Specify Type & Actual	Da (Mo., Yr,	Day. :.)
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). None	None (or less than	\$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	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltics	Interest	Capital Gains	None (or less than	\$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		Hono	
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund				<u>x</u>	X		 x						x x			_X_		_				- X -				_	_				Law Parmership Income \$1303	(4)	
Wash Mutual INUS ED Lyncoln Note Life					X								X										X										
2 Lincoln' Note Life				X.												1				X													
" Metlife Inv co					X											X		1		X													
New perspective			X										X									X					_		_				
5 Infernational Computer + 100 MM & Fr.) America 6 Bank of America (savings)			X										X			,				X													
(S) Citibank (Savings)			×	1																×													
* This category applies only if the asset/income is mark the other higher categories of value, as approp			t of	the i	filer'	s spc	use	or d	eper	den	t chi	ldre	n. If	`the	asse	t/inc	ome	is e	ither	that	oft	he ti	ler o	r joi	ntly	held	by t	he fi	er w	ith ti	ne spouse or depen	dent child	ren,

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

1	Mary B. De Rosa	SCHEDULE B							Pag	e Num	ber			
I -	Part I: Transactions eport any purchase, sale, or exchange by y	ou, your spouse, report a transaction involving property used solely as your					Ν	lone						
	r dependent children during the reporting property, stocks, bonds, commodity futures,		1	Type (1	tion ()	D		Am	ounto	f Tran	saction	n (x)		
se	ecurities when the amount of the transaction 1,000. Include transactions that resulted in	on exceeded ture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	15,001 -	\$50,001 -	100,001 -	\$250,001 - \$500,000	500,001 -	ver 1,000,000	Certificale of divestiture
		Identification of Assets	X X	· ·	ш	2/1/91	\$ 69	₩ ₩	x	44	₩₩	₩₩	0 %	0.0
1	Example: Central Airlines Common		Ť			221/31			X					
2														
3														
4														
5														
For de lo si	Part II: Gifts, Reimbur or you, your spouse and dependent children escription, and the value of: (1) gifts (such adging, food, or entertainment) received from (2) travel-related cash reimbursements 250 or more. For conflicts analysis, it is heleach as personal friend, agency approval untatutory authority, etc. For travel-related g	as tangible items, transportation, mone source totaling \$250 or more; received from one source totaling pful to indicate a basis for receipt, der 5 U.S.C. § 4111 or other given to you by the U.S. Government; given official travel; received from relatives; received totally independent of their relationship hospitality at the donor's residence. Also, for determine the total value from one source, expenses the control of the	to yo ved by ip to r pur	ur age y your you; o poses	ency in spour properties of ag	n connectionse or dependent vided as pergregating g	n with ident rsonal rifts to	h.				None	e <u> </u>	
Г	Source (Name and Address)	Brief Description										Valu	е	
	Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/90 (personal ac Leather briefcase (personal friend)	tivity	unrela	ted to	duty)						\$50 \$30		
1	Frank Jones, San Francisco, CA	Leather Diferense (personal mend)	_					_				*30	,,,	
2														
3														
4														
5														

	ndividual's Name y B. De Roso		SCHEDI	JLE C						Page	Numbe	er		
	I: Liabilities		;											
	pilities over \$10,000 owed to any or		personal residence unless it is rented out; le			Nor	ıe 🔀		Cate	gory of	Amount	or Valu	e (x)	
or depende	during the reporting period by you ent children. Check the highest am reporting period. Exclude a mort	nount owed 1	oy automobiles, household furniture or appiabilities owed to certain relatives listed in See instructions for revolving charge accoun	instructions.	Date Incurred	Interest Rate	Term if applicable	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 -	\$100,001- \$250,000	\$250,001 - \$500,000	\$1,000,000	Over \$1,000,000
	Creditors (Name and Address)		Type of Liability		7									
Examples:	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC		Mortgage on rental property. Delaware Promissory note		1981 1989	13%	25 yrs.			x		x		
1														
3														
4														
5														
Part l	II: Agreements or	Arrangem	ents									·		
(1) continuity pension, 4	our agreements or arrangemen ing participation in an employee b 01K, deferred compensation); (2) c y a former employer (including sev	penefit plan (e.g. continuation of	(3) leaves of absence; and (4) future regarding the reporting of negotiator benefits.				S				None	X		
	Status and Terms o	of any Agreement or Arra	ngement			Parti	es						Da	te
Example:	Pursuant to partnership agreement, wi performed through 11/91.	ill receive lump sum pays	nent of capital account & partnership share calculate	d on service D	Doe Jones & Sn	aith. Homet	own, State						7/3	85
1														
2														
3														
4														
5														
6				[i	

Reporting Individual's Name Mary B. De Rosc	SCHEDULE D		Page Number		
Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.					
Organization (Name and Adda	ress)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/82	Present
Examples: Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	11/91
1		;			
2					
4					
5					
6					
Part II: Compensation In Excess Of \$5,000 Paid by One Source 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 of more than \$5,000. You need not report the U.S. Government as a source.			Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate None		
Source (Name and Address)		Brief Description of Duties			
Examples: Doe Jones & Smith. Hometown, State Metro University (client of Doe Jones & Smith), Moneytown. State	Legal services Legal services in connection with university construction			
2					
3					
4					
5					
6					