SF278 (Rev. 03/2000)

5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved.

OMB No. 3209-0001

U.S. Office of Government Ethics	, posturi			
Date of Appointment, Cardidacy, Election or Nomination (Month Day, Year)	Reporting Status (Check Incumbent Calendar Year Covered by Report Expression (Check)	New Entrant, Nominee, Termination or Candidate Filer	Termination Date (If Appli- capte) (Storili, Day, Year)	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
	Last Name	First Name and Middle Initial		required to be filed, or, if an extension
Reporting Individual's Name	Guthrie	Priscilla E		is granted, more than 30 days after the last day of the filing extension period
-	Title of Position	Department or Agency (If Apolicable)		shall be subject to a \$200 fee.
Position for Which Filing	Associate Director of National Intelligence & CIO	ODNI		Reporting Periods
6 N O O O	Address (Number, Street, City, State, and ZIP Code)	Telcohone No.	Anclude Area Code \	Incumbents: The reporting period is
Eocation of Present Office (or forwarding address)	4850 Mark Center Drive Alexandria, VA 22311	(703) 845.66	572 (0)	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			include the filing year up to the due
Government During the Preceding 12 Months (If Not Same as Above)	Member, Defense Science Board Task Forces (2007 - Present)	Present), USSTRATCOM Strateg	ic Advisory Group (2002 -	you file. Part II of Schedule D is not applicable.
Presidential Nominces Subject to	Name of Congressional Committee Considering Nonunation	Do You Intend to Create a Qualified Dive	ereilieil insti)	Termination Filers: The remains period begins at the end of the period
Senate Confirmation				covered by your previous filing and ends
	Senate Select Committee on Intelligence	Yes X	No	at the date of termination. Part II
Certification	Signature of Reporting Individual	Date (Month, D	av, 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 to the best of my knowledge.	Bajon		17/05	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other Reviewer	Date Month D	Day Year 1	income (BLOCK C) is the preceding
Other Review (If desired by agency)				calendar year and the current calendar year up to the date of filing. Value assets as ut any date you choose that is within 31 days of the date of filing.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing Official	Date (Mond), D	av Year)	Solvednie R-Not amiliable
on the basis of information continued in this report, I conclude that the filer is a compliance with applicable laws and regulations (subject to any comments in the box below).	Coluir 28tre	04/	17/09	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 / Lunish	Description Descri	20/09	within 31 days of the date of fifting. Schedule C. Part II (A organizate or Atranscories). Show any agreements
Comments of Reviewing Officials (If addu	lonal space is required, use the reserse side of this sheen			or arrangements as of the date of
	(Cleek box if))i	ling extension granted & indicate number o	of days	filing
			. 	Schedule D.—The renoming period is the preceding two calendar years and the current calendar year up to the date of filing.
				Agency Use Only
		(Check box if comments are continued)	on the reverse sides	OGE Use Only
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SF278 (Rev.	03/2000)
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U.S. Office of Government Ethics

Reporting	individual's Name					1411/00/10						17		·	`					٠.	2, 484,	, ;		*******	•	,						į P	age Number	
Guthrie,	Priscilla E													SC.	HE	ED	UL	Æ	A	z 1	۸'												2 of 8	3
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report eac productio value exc ing period in income with such For yours amount of than from report the income of	elf, also report the source and actual earned income exceeding \$200 (other the U.S. Government). For your spo source but not the amount of earned more than \$1,000 (except report the unt of any honoraria over \$200 of se).	han S1,001)	\$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 *	S1,000,001 - \$ 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	55,001 - 515,000	000'058 - 100'518	\$50,001 - \$100,000	\$100,000 - \$1,000,000	Over \$1,000,000*	\$1.000,001 - \$5.000,000	Over \$5 000 000	Anning the second	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Example	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			*	<u>x</u>					_			-,-	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			X	— — —					×		- ·×	-						1.2	sy Parinership Income \$139,000	·
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2 Wac	novia - Savings		x																х		Х													
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	ategory applies only if the asset/incomp other higher categories of value, as ap		-	at of	the t	filer's	s spo	use	or d	epen	den	t chi	ldre	n. If	the	asse	t/inc	ome	is ei	ither	that	oft	he fi	ler c	or joi	ntly	held	by t	the fi	ler v	vith 1	the s	spouse or depende	nt children,

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Re	porting Individual's Name							3 ; 4	3		CI	ויסות	NΤ	JLE	A	001	ıtin	n Té	A										Page Number		
Gı	uthrie, Priscilla E									دا ن)(I			only			- /	uc											3 0	:8	
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	None None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001~5,100,000	STORING SERVING	PUNCTURE - TOURS	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 Royalfies		Capital Gains	None (or less than \$201)	\$1 001 - \$2 500	(S) 5417.85 (MI)	\$5,001 - \$15,000	0	\$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 Arnount)		Date fo., Day, Yr.) Only if Ionoraria
1	IDA Tax Deferred Annuity Plan Vanguard International Growth VWIGX		х										X							×											
	IDA Qualified Retirement Plan Vanguard Total Bond Market Index Inv VBMFX			X									X							X											
3	IDA Qualified Retirement Plan Vanguard Windsor II Fund Inv VWNFX		х										Х							X											
4	IDA Qualified Retirement Plan Vanguard International Growth VWIGX		х										X							×											
5	SEI IRA Large Cap Growth SELCX					x							×							Х											
6	SEI IRA Large CAP Value TRMVX					X							x									x						1			
7	SEI IRA Small Cap Value SESVX			x									X				The same			x											
8	SEI IRA Small Cap Growth SSCGX			х									x						x												
9	SEI IRA Core Fixed Income TRLVX					X							X									X									
	This category applies only if the asset/income irk the other higher categories of value, as appr			at of	the fi	ler's	spou	se or	depe	nder	nt chi	ildrer	ı. I	the as	set/i	ncon	e is e	ithe	r that	of th	e fil	er or	joint	ly hel	d by	the f	iler	with	the spouse or depo	ndent	t children,

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	porting Individual's Name uthrie, Priscilla E		£1	J		1 1)					S	СН	ED	U.	ĹĘ	A	co	nti	nu	ed	·		,	- 3		7 :	: ,			, ;	.	Page	Numi		of 8	
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ara .	· · · · · · · · · · · · · · · · · · ·	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	5100,001 - 5250,000	\$250,001 - \$500,000	\$\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$ 5,000,000	55,000,001 - \$25,000,000	\$25,006,001 - \$50,000,000 Over \$50,000 000	Farnfed Investment fund	d Truct	d Truss	ds	loyalties	ype	Gaims	None (or less than \$201)	.000	\$2,500	55,000	215,000		S50,001 - S100,000	900	Over \$1,000,000*	SLOOD BOX SS-mandled	000 000	000,000		Oth Inco (Spec Type Acti Amor	ome cify e & ual		Date (Mo., Dav, Yr.) Only if Honoraria
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1	SEI IRA International Fixed Income SEIFX			x									×										×													
2	SEI IRA International Equity SEITX					X							×										×													
3	SEI IRA Emerging Markets Eq SIEMX				х								×												х										1	
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Ĺ	American Funds																00000						_										
2	New Perspective Fund ANWPX American Funds		3		х									×									х										
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4	SmallCAP World Fund SMCWX American Funds				х									Х							х												
5	Washington Mutual Investors Fund AWSHX		200000000			х								Х										Х									
6	Property, Bluemont, VA					×															×												
7	Property, Bluemont, VA		>	(8													×												
8	Institute for Defense Analyses (job)																															Salary: \$221,000 08 Bonus: \$12,000)
9	Savings Bonds		2	ζ																	х												
के	This category applies only if the asset/income	is sole	elv i	that of	the	filer	r's so	ouse	00	dene	nde	nt ch	ildr	en.	If th	e as	set/i	ncor	ne is	cith	er th	at o	the	file	ror i	ointl	v he	ld b	v the	file	with	a the spouse or deper	dent children.

Prior Editions Cannot be Used.

mark the other higher categories of value, as appropriate.

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Reporting Individual's Name			٠ '					` .			SC.	H	D	T)	LE.	A	con	ıtir	1116	h		71-		_			,	Ÿ			F	Page Number		
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* This category applies only if the asset/income is			hat o	f the	filer	r's sp	ouse	÷ 10 €	depe	ende	nt cl	hildr	en.	If th	ne ass	set/i	ncome	e is e	ithe	r tha	t of t	the f	îler	or jo	intly	y hel	d by	the	file	r wit	th th	ne spouse or depen	dent ch	nildren,

5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C 7 of 8 Guthrie, Priscilla E Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None X Category of Amount or Value (x) any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts. Date Interest Term if during the reporting period. Exclude a mortgage on your \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 Incurred Rate applicable Creditors (Name and Address) Type of Liability 25 yrs. First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% Examples: John Jones, 123 J St., Washington, DC 1999 10% on demand Promissory note 2 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 Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00. 7/85 Example: Doe Jones & Smith, Hometown, State Institute for Defense Analyses 1/07 1 IDA Tax Deferred Annuity Plan Will rollover into other non-conflicting assets. 2 IDA Qualified Retirement Plan Institute for Defense Analyses 1/07 Will rollover into other non-conflicting assets. 5 6

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Reporting Individual's Name Guthrie, Priscilla E	SCHEDULE D		Page Number 8 o	f 8
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		thership, or other business enterprise or an estitution Exclude positions with religion those solely of an honorary nature.	•*	·
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1 Institute for Defense Analysis 4850 Mark Center Drive, Alexandria, VA 22311	Federally Funded Research and Development Center	Employee	1/07	Present
2			,	
3				
4				
5				
6				
Part II: Compensation In Excess Of \$5,000 Paid by One So 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 l	business enterprise, or any other non-profi d the services generating a fee or payment ort the U.S. Government as a source.	t if you are an Termination Vice Preside	Filer, or
Source (Name and Address)		Brief Description of Duties		7.5
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with universi	ty construction		
Institute for Defense Analysis 4850 Mark Center Drive, Alexandria, VA 22311	Division Manager, Information Tech		·	
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