Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes) Incumbent Calendar Year Covered by Report Ko Calendar Year Covered by Report Ko Calendar Year Covered by Report Ko Calendar Year Ko Calendar Year Covered by Report Ko Calendar Year Ko Covered by Report Ko Calendar Year Ko Calendar Year Ko Covered by Report Ko Calendar Year Year Year Year Year Year Year Ye	w Entrant, minee, or ndidate	Termination Termination Date (If Applifiler Cable) (Month, 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 required to be
Reporting	Last Name	First Name and Mi	iddle Initial	filed, or, if an extension is granted, more
Individual's Name	Jenkins	Bonnie O.		than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.
W 544 6 1171 - 1 - 1	Title of Position	Department or Ag	ency (If Applicable)	tu a 3200 ree,
Position for Which Filing	Coordinator of Cooperative Threat Reduction Programs	US Department of	State	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 If of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	320 East 43rd Street New York, NY 10017		212-573-4622	where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)	N/A			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 Komination	Do You intend to C	reate a Qualified Diversified Trust?	Schedule D is not applicable.
to Senate Confirmation	Committee on Foreign Relations	Yes	⊠ No	Nominees, New Entrants and Candidates for President and
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	Vice President:
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.	Bonno Daentes		Leb 22, 09	Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
OtherReview	Signature of Other Reviewer		Date (Month, Day, Year)	as of any date you choose that is within 31 days of the date of filing.
(If desired by agency)				Schedule B-Not applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing C	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 tepost, I conclude that the filer is in compliance with applicable laws and regulations (subject to	Waldo W Sworks ABAS		MAR 2. 2009	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
any comments in the box below).	Signature /		Date (Month, Day, Year)	Schedule C, Part II (Agreements or
Office of Government Ethics Use Only	-14. A. C. 1		4/23/09	Arrangements)—Show any agreements or arrangements as of the date of filing.
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sh	noet)	17 -7	Schedule D.—The reporting period is the preceding two calendar years and the current calendar year up to the date
	(Check box if filing exte	ibni & besnærg avien	cate number of days)	of filing.
				Agency Use Only
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		h 18"		OGE Use Only
	(Check	DOX II COMMENTS AFE	continued on the reverse side/	APR 2 0 2009

SF 278 (Rev. 03/2000) S C.F.R. Part 7634 U.S. Office of Government Ethics Reporting Individual's Name Jenkins, Bonnie

SCHEDULE A

Page Number

2 of

	Assets and Income	Valuation of Assets at close of reporting period													ch	iec	ked	; ty	ype o ot	he	d a	ntry	lun Is	t. If nee	"N ede	i b	e (i	or i	ess k C	than \$201 for that lt)" is em.	
	BLOCK A		BTOCK B									Ĺ.,										BL	DCK	c			_					
FLOCK A 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 IJ.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None				0000055 1001515	\$50,001 - \$100,000	\$100,001 - \$250,000	\$500 001 = (C1 000 000)	Over \$1,000,000*	000'000'55 100'000'75		\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted investment Fund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gams	None (or less than \$201)	\$201 \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$50,000		5100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,000 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Dai (Mo., , Yr. Only Honor
	Central Airlines Common				T	1		I	Ī	1-						×					, s	×	*									
xamples	Doe Jones & Smith, Hometown, State	l _;	4_	×					<u> </u>	↓_			_		<u>.</u>	_					نر.		_			_}					Lacy Parmership Introde \$130,000	
	Kempstone Equity Fund]_		<u> </u>		*	نے ا	4	L.	1_			X		إـــ	_	_	_ [_ }		اـ.		<u>*</u>				<u>.</u>					
	IRA: Heartland 500 Index Fund		_	.:			*	۲,	L	上			X.				· .							*	· . `		.]			_		
	epartment Federal Credit Union drie, Virginia (SOULIOS)			×												Ċ	,	×				×										
	Lynch - Blackrock Government Income o New Bruhswick, New Jersey Chickt		×										,,,			×			. :		×							7)			. ;. :	
TIAA C Nevi Yo	REFRETIONER				×	Sales a		:	: :											×				·								
	Investment Retirement	,		×	:						· "		·	• ;						×		·										
	on Federal Credit Union Refirement irla, VA		×							:	400		į		,			j.		×		. [:										
	ile Corporation of New York ork, NY (consultant - see schedule D)								:		Date of		. :				7:		:		i					Ī	-			- 1	Consulting fee: \$300	

Prior Editions Cannot Be Used.

OCIE/Adoba Acrobat version 1,0,2 (11/91200)

Page Number Reporting Individual's Name SCHEDULE A continued Jenkins, Bonnie (Use only if needed) Income: type and amount. If "None (or less than \$201)" is Assets and Income Valuation of Assets checked, no other entry is needed in Block C for that item. at close of reporting period BLOCK C BLOCK R BLOCK A Type Amount \$25,000,001 - \$50,000,000 ()ver \$50,000,000 Excepted Investment Fund \$5,000,001 - \$25,000,000 Over \$1,000,000* \$1,000,001:\\$5,000,000 \$1,000,000 - \$5,000,000 Other Date \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$250,000 \$250,001 - \$500,000 (Mo., Day. Income 000,001 - 100,000 \$50,001 - \$100,000 Rent and Royaltles None (or less than S15,001 - \$50,000 None (or less than \$15,001 - \$50,000 (Specify Yr.) \$1,001 - \$15,000 \$5,001 - \$15,000 Over \$1,000,000* Over \$5,000,000 Qualified Trust \$1,001 - \$2,500 Type & \$2,501 - \$5,000 Excepted Trust Acrual Only if Capital Gains Нопогана Amounti Dividends Interest Merrill Lynch - Blackrock Balanced - Capital Merrill Lynch - Błackrock Government - Income X Merrill Lynch - ML Bank USA (cosh deposits) × TIAA CREF Retirement - TIAA Traditional Annuity × × TIAA CREF Retirement - Equity Index × X TIAA CFEF Retirement - Real Estate × TIAA CREF Retirement - Money Market × Invesco AIM - Money Market Fund Invesco Aim - US Government Fund ×

^{*} 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.

	Reporting Individual's Name enkins, Bonnie								S	CF	(U			E A					1e	d									Pa	ge Kumber 4 of	7
	Assets and Income	Τ	a	V	alu	ati of	ion (o f	Ass	ets	s iod					Ir cl	hec) m	е: t	ype o ot	an her	d a	mot try	int is i	. If '	"No	nc in	(or	less ck C	than \$20 for that	01)" is item.
	BLOCK A					1	BLOC	ΚB															вьо	CK (3						
								·.[·	T	-	Τ	Π		Γ.	Ту	pe							Αп	101	ınt				
		None (or less than \$1,001)		\$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*	ST:000,000 - AS,000,000	\$5,000,001 - \$25,000,000	Over \$50.000.000	excepted investment Fund	bxcepted Trust	Qualified Trust	Dividends	Rent and Royaltics	Interest	Capital Gäins.	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	33,001 + \$13,000	\$55,001 - \$50,000	STOCKE - PTENION	Orar El Oro Oro*	\$1 000 001 - \$5 000 000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day Yr.) Only if Honoraria
1	Ford Foundation (employment) New York, NY			"													····		·								_		-	143,000 Salary	
2	USAA - Income Fund (mutual fund) Texas		×										X				·			×					Ī	Ţ					
3	University of Virginia Credit Union (Savings and checking accounts) Charlottesville, VA		×															x		×											
4	US Savings Bonds			×														×		×											
5	Fidelity Investment - Retirement (Asset Mgr)		×										×							×											
6	Fidelity Investment - Retirement (Growth Company)		×										×							×											
7	Fidelity investment - Retirement (Intermediate Bond)		×										×) (ca commun)					×											
8	Fidelity Investment - Retirement (Overseas) FOSEX		×									:	X							×											·
4	Fidelity Investment - Retirement (Ret Gov1 MM)		×										X				:			×							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.

Reporting Individual's Name										SC	Ή'	FΓ	11	ŢŢ	; <u>/</u>	\	<u> </u>	nti	ins	16	ď										Pa	ge Number	
Jenkins, Bonnie												(Us									<u>.</u>											. 5 of	7
Assets and Income			at	Va clo	lu: se	ati of 1	ол гер	o f	A: ling	sse g pe	ts erio	d d					Ir ch	acc sec) m (e: t l, n	уре 0 о	e ar the	rd a	amo ntry	y is	it. I	f "N ede	nov i be	e (d	or l	ess k C	than \$20 for that	01)" is item.
BLOCK A							SLO	CK E	<u>}</u>	T			1			<u> </u>					_			BL	OCK								ı
		an \$1,001}	0	00	000	000.	000'	000;00	•	000'000	000,000,5	50,000,000	00	nent Fund				· .:	pe	: :	an \$201)	٠.			0			000'00		000,000		Other Income (Specify	Date (Mo., Da Yr.)
		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	\$500,0001-41,000,000	Over \$1,000,000*	000'000'5\$: 100'000'15	\$5,000,001 - \$25,000,000	\$25,000,0001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust.	Dividends	Rent and Royaldes	Interest	Capital Gains	None (or less than \$201)	\$201 4 \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	000'51\$ - 100'5\$	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,000 - \$5,000,000	Over \$5,000,000	Type & Actual Amount)	Only if Honorar
Fidelity Investment - Retirement (MSIF Val	ue P)		×											X	·						×												
Fidelity Investment - Retirement (Spartan In			×											×							×					*****							
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5 C.F.R. Par	r. (13/2(K)(I) t 2634 of Government Ethics															
Reporting	g Individual's Name	<u> </u>										Page	Numb	er		
Jenkins,	Bonnie	S(CHED	ULE C	<u> </u>								6	af	7	
	I: Liabilities	a mortgage on your personal residence	None []												
to any	liabilities over \$10,000 owed one creditor at any time	unless it is rented out; loans secured by automobiles, household furniture						(Catego	ry of A	шош	or Va	lue (x)			
during your sp Check t	the reporting period by you, ouse, or dependent children, he highest amount owed the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	- Date	Interest	Term II	\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	100,001-	\$250,001	\$500,000 -	0ver \$1,000,000*	\$1,000,000. \$5,000,000	\$5,000,001~	\$25,000,000 - \$50,000,000	Cycer \$50,000,000
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	ري ريجي	€ §	164 64	Sin	. S. C.	66 65	Ó₩.	25	33.33	25.62	5 %
Examples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.	·		×	_			<u> </u>		<u></u>		
	John Jones, 123 JSL, Washington, DC	Promissory note	1999	10%	on demand			; ;		×	1			 		
1 Bank	of America New York, NY	Credit Card	2007	9.9%		٠	X									:
2														-		:
3																
4																: .
5		·			1					<u> </u>						-
*This c	alegory applies only if the liability is he spouse or dependent children, mar	solely that of the filer's spouse or dependent child rk the other higher categories, as appropriate.	ren. If the li	ability is t	hat of the fil	er or a	joint	liabili	ty of t	the file	er	'- '				
Report employ	ce benefit plan (e.g. pension, 40)	ts for: (1) continuing participation in an lk, deferred compensation); (2) continua-	of abser	ice; and (egoliation	4) future e	mplo of the	ymen se ari	it. See	instr ment	ructions or b	ns re enefi	gardi ts.	ng (h		ort- None	ַ ב
tion of		including severance payments); (3) leaves			1	·			5							_
	Status and T	erms of any Agreement or Arrangement							Partie	:5					1 L	Jate
Example	Pursuant to partnership agreement, calculated on service performed the	will receive lump sum payment of capital account & parough 1/00,	rinership sh	эге.	Doe Jones	द्ध राजार।	h, Hoa	etown.	. State		-				7.	/83
1 Fund:	s in the TtAA-CREF and Fidelity retiren	nent funds will remain in those funds (I will continue t	participate	in the	Ford Foun	dation	New	York, 1	NY						04	/05
2 pens	ion plan with my former employer, the I	Ford Foundation, but neither I nor the Ford Foundatin	will make a	iny											┸	
3 furthe	r contributions to the plan)															
4																i
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Reporting Individual's Name Jenkins, Bonnie SCHEDULE D Page Number 7 Page Number 8 Page Number 7 Page Number 7	of 7
Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compenors and applicable reporting period, whether compenors are admirately applicable reporting period.	ous,
Report any positions held during the applicable reporting period, whether compen- organization or educational institution. Exclude positions with relig	None
sated 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	- 1 m o 2 v
Organization (Name and Address) Type of Organization Position Held From (Mo.	(c.) To (Ma, Ye.)
Nat'l Assn. of Rock Collectors, NY, NY Non-profit education President 6/92	Present
Examples Doe Jones & Smith, Hometown, Scate Law firm Partner 7/85	1/60
Ford Foundation 320 East 43rd Street New York, NY Philanthropic Program Officer (See #) 05/2005	Present
The Spence School 22 East 91st Street New York, NY Academic Institution Trustee (non-compensated) 09/2007	Present
Carnegie Endowment of New York 437 Madison Avenue New York, NY Philanthropic Consultant (compensated - See A) 01/2009	01/2009
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 corporation, firm, partnership, or other business enterprise, or any other Do not complete this part if y incumbent, Termination Filer 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.	or Vice
Source (Name and Address) Brief Description of Duties	
Doe Jones & Smith, Hometown, State Examples Doe Jones & Smith, Hometown, State Legal services	
Metro University (client of Doe Jones & Smith), Moneytown, State Legal services in connection with university construction	~ — — —
The Ford Foundation 320 East 43rd Street New York, NY 10522 Program Officer	
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