U.S. Office of Government Ethics

or Nomination (Month, Day, Year)

Reporting Individual's Name

Position for Which Filing

Location of Present Office

Position(s) Held with the Federal

Government During the Preceding

12 Months (If Not Same as Above)

Presidential Numbres Subject to

(or forwarding address)

Senate Confirmation

Date of Appointment, Candidacy, Election

Reporting Status

morouvlate baces

Last Name

Leonard

Title of Position

(Check

Form Approved:

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

X or Candidate

Joe F.

New Entrant, Nominee.

First Name and Middle Initial

Department of Agriculture

Yes

Department or Assacy (If Applicable)

Calendar Year

Incumbent

Assistant Secretary for Civil Rights

Title of Position(s) and Date(s) Held

Address (Number, Street, City, State, and ZIP Code)

Congressional Senior Assistant 1-7-09 - Present

Name of Congressional Committee Considering Nomination

Committee on Agriculture, Nutrition, and Forestry

2264 Raybum House Office Building, Washington DC 20515

Executive Director Congressional Black Caucus (1-3-07 to 1-6-09)

Covered by Report

OMB No. 3209-0001

Fee for Late Filing

Reporting Periods

Incumbents: The reporting period is

the preceding calendar year except

Part II of Schedule C and Part I of

Schedule D where you must also

annlicable.

include the filing year up to the date you file. Part II of Schedule D is not

Termination Filers: The renorting

covered by your previous filing and ends

period begins at the end of the period

at the date of termination. Part li of Schedule D is not applicable.

Any individual who is required to

file this report and does so more than

required to be filed, or, if an extension

is granted, more than 30 days after the

last day of the filing extension period

shall be subject to a \$200 fee.

3f) days after the date the report is

Termination Date (If Appli-cable) (Month, Day, Year)

Tennination

(202) 225-2261

Do You Intend to Create a Qualified Diversified Trust?

Telephone No. (Include Area Code)

X No

Filer

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2009

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Certification	Signature of Reporting Individual	Date (Month, Day, Tear)	
ECERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Julu 2, Ir-	Herch 27, 2009	Nominees. New Entrants and Candidates for President and Vice President:
Other Review (If desired by agency)	Signifure of Other Reviewer	Date (Month. Dav. Year)	Schedule A.—The reporting revised for income (BLOCK C) is the preceding 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.
	Signature of Designated Agency Ethics Official/Reviewing Official	Date (Month, Day, Year.)	Schedule BNot annicable
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).	RAher	3/27/2009	Schedule C. Part 1 (Lisbilities)— 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 At Lariale	3/27/09	within 31 days of the date of filling. Schoolule C. Part 11 (Agreements or Arrangements) - Show any agreements
Comments of Reviewing Officials (if additto	nal snace is required, use the reverse side of this sheet)		or arrangements as of the date of
	(Check box if filing extension	granted & indicate number of days]	filing. Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
			Agency Use Only
	(Check bo	x if comments are continued on the reverse side)	MAR 2 7 2009
Supersedes Prior Editions, Which Cannot Be	z Used. 278-112	Form Designed in Microsoft Excel	2000 NSN 7540-01-070-8444

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics																,													
Reporting Individual's Name												T B	DI	/ Y Y	71 A													Page Number	,,
Joe E. Leonard, Jr.												110	DU —		G A													2	
Assets and Income			V		ation at ele portion	ose o g pe	f riod	ets					1	nco the	me: entr	tvne y is t	an(d am ded i	oun n Bi	t. Ií lock	C ft	or th	et it	ess i em,	than	\$20	ΙŻº	is checked, no	
BLOCK A	****			98	BLC	CK 8	<u> </u>	***	- 18	268 -			888¥	-	Type		_)CK							
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 carned income exceeding \$200 (other than from the U.S. Government). For your spous report the source but not the amount of carned income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse).	Vone (refess than \$1,988)	S1,001 - S15,000	(815.04) - 241.000	SS0,001 - S100,000	S250,001 - S500,000	SSIM 进行 - SLAMAHI	Over \$1,000.000 *	28.23	\$5,000,001 - \$25,000,000	Cyer S50,000,000	Exemple anserthent find	Excepted Trust	Pusifiked Tand		Rent until Sont Hiele	Special	None (or less than \$201)	\$20954.900	\$1,001 - \$2,500	33-50] 53-606		515,041 559.0ft	SS0,001 - S100,000	Station Statistic	Over \$1,000,000*	Stanting Scienting	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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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.

C.1 J.S.	Office of Government Pahics	o not Complete S	chedule B if you are a new entrant, nomine	e, Vlċ	e Pı	resid	dential c	or Pr	esido	entia	l Cai	ndld							Mar. 21.
•	oring Individual's Name e E. Leonard, Jr.		SCHEDULE	В			_							Page N	umber	-	3		7008
Pa	art I: Transactions		:	•				None											::
OL C	port any purchase, sale, or exchar dependent children during the rep perty, stocks, bonds, commodity	porting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of		Transaction Type (x)		Date (Mo.		-		Amount of Tran								
SECI	parities when the amount of the in 1900. Include transactions that res	ansaction exceeded	divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.			Exchange		- 53	,001 - ,000	\$100,000	0,000	0,000	000,000	Over \$1,000,000°	31,000,001 - 55,000,000	\$5,000,0001 - \$25,000,000	\$25,000,001	Over \$50,000,000	Certificate of divestitute
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_	the filer or jointly held by the file art II: Gifts, Reimb		tent children, use the other higher categories of value, as approp Fravel Exnenses	riate.										-				_	\dashv
For for (2), this as	or you, your spouse and dependen, and the value of: (1) gifts (od, or entertainment) received I travel-related cash reimburs ann \$260. For conflicts analysis personal friend, agency appropriate, etc. For travel-related	dent children, report the such as tangible items, to from one source totaling ements received from ones, it is helpful to indicate oval under 5 U.S.C. 6 41 gifts and reimbursemen	source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more s a basis for receipt, such 11 or other statutory ts, include travel itinerary.	rece inde the d total	ived : pend- lonor lyalu	from ent of 's res e froi	roment; gir relatives; i f their rela iidence. Al m one sour isions.	receive tionshi so, for	ed by ip to v purp	vour si ou; or uses of	oouse provi	or de ided a regatin	pend s per 12 gil	ent ci sonal lis to	rild to hospi detern	tally tality rine ti tructi	at he		1
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loe E. Leon	ard, Jr.		SCHEDUI	JLE C													
Part I; Li	iabilities		- , ,			-										•	
•	ties over \$10,000 owed to any		personal residence unless it is rented out; loans secured		Category of Amount or Value (x)												
i ny time dur ar dependent	ing the reporting period by you children. Check the highest a	u, vour saouse, mount oved	by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions.		I			Γ		_	-			<u>۱, ۱</u>	1 0	- 0	
luring the rer	ing the reporting period. Exclude a mortgage on your		See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if appli- cable	\$10,001 -	\$15,001 -	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	200,000	\$1,000,0001	\$5,000,001	950,000,000 950,000,000	Over
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Examples:	First District Bank, Washington, John Jones, 123 J St., Washington	DC	Mortgage on rental property, Delaware Promissory note	- 1991 1999	10%	on demand		 -	- x -				 	┝	 	 -	 -
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5 C.F.R Part 20						
	dividual's Name		SCHEDULE D		Page Number 5	
Report any compensate	positions held during the ard or not. Positions include	ide U.S. Government pplicable reporting period, whether but are not limited to those of an officer, ictor, representative, employee, or		nthership, or other business enterprise or any institution. Exclude nositions with relipious of those solely of an honorary nature.	•	
	Organ	ization (Name and Address)	Type of Organization	Position Held	None From (Me., Yr.)	To (Mo., Yr.)
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	Source (Name and Address)			Brief Description of Duties		
Examples:	Doc Jones & Smith, Hometon Metro University (client of Do	n, State or Jones & Smith), Moneytown, State	Legal services in connection with unive	esity construction		
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