Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

II S Office of Coverment Estin

Date of Appointment, Candidacy, Election	Reporting Status Calendar Year		Termination Date (If Appliation Date (If Appliation Cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Year)	(Check Incumbent Covered by Report	New Entrant, Nominee,	Termination(Month, Day, Year)	Any individual who is required to
	appropriate baxes)	x or Candidate	Filer	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		- (is granted, more than 30 days after the
	Lamont	Thomas R.		last day of the filing extension period
	Title of Position	Department or Agency	(If Applicable)	shall be subject to a \$200 fee.
Position for Which Filing	Asst. Secretary of the Army for Mannower and		(1) Applicable 1	
rosmon for which rightig	Reserve Affairs	Dept. of Army	1	Reporting Periods
	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	Incumbents: The reporting period is
Location of Present Office	Address (Number, brees, City, State, and 221 Code)			the preceding calendar year except
(or forwarding address)	1600 Defense Pentagon, Washington, DC 20301		703-695-3422	Part II of Schedule C and Part I of
(or for warding address)	1000 Bolonzo / Circagon, Tradinington, Bo 2000			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 date
Government During the Preceding	Title of Foundation and Date(o) Freed			you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	None			applicable.
· · · · · · · · · · · · · · · · · · ·				Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Creat	e a Qualified Diversified Trust?	period begins at the end of the period
Senate Confirmation				covered by your previous filing and ends
	Committee on Armed Services	Yes	× No	at the date of termination. Part II
				of Schedule D is not applicable.
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	of Schedule D S not applicable.
CERTIFY that the statements I have	Signature of Reporting Biolividus			Nominees, New Entrants and
made on this form and all attached			11/00/06	Candidates for President and Vice
schedules are true, complete and correct			14121101	President:
to the best of my knowledge.	1 nount & Jamos		1 110 %	
			l	Schedule A—The reporting period for income (BLOCK C) is the preceding
	Name and Aller Designation		I D + O/ I D V	linearms (DY OCV C) is the empedient
	Signature of Other Reviewer		Date (Month, Day, Year)	income (BLOCK C) is the preceding
Other Devices	Signature of Other Reviewer	•	Date (Month, Day, Year)	calendar year and the current calendar
Other Review	Signature of Other Reviewer		Date (Month, Day, Year)	calendar year and the current calendar year up to the date of filing. Value
(If desired by	Signature of Other Reviewer		Date (Month, Day, Year)	calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is
(If desired by agency)		,		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.
(If desired by agency) Agency Ethics Official's Opinion	Signature of Other Reviewer Signature of Designated Agency Ethics Official/Reviewing O	fficial	Date (Month, Day, Year) Date (Month, Day, Year)	calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is
(If desired by agency) Agency Ethics Official's Opinion On the basis of information contained		fficial	Date (Month, Day, Year)	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. Schedule B-Not applicable.
(If desired by agency) Agency Ethics Official's Opinion On the basis of information contained in this report, I conclude that the filer is		fficial	Date (Month, Day, Year)	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. Schedule B-Not applicable. Schedule C. Part I (Liabilities)-
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5 C	:78 (Rev. 03/2000) F.R. Part 2634 . Office of Government Ethics																															
	porting Individual's Name						-																_						***************************************	-	Page Number	
Th	omas R. Lamont												S	CI	E	DU	LI	E A	<u> </u>												2	
	Assets and Income					a repo	tion t clo	g pe	of eriod										type					Cí	for t	hat			n \$2	201)	' is checked, no	<u>·</u>
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rer proval instant with the section of the section	ryou, your spouse, and dependent children, for each asset held for investment or the soluction of income which had a fair market lue exceeding \$1,000 at the close of the report in period, or which generated more than \$200 income during the reporting period, together the such income. If yourself, also report the source and actual count of earned income exceeding \$200 (other in from the U.S. Government). For your spour port the source but not the amount of earned come of more than \$1,000 (except report the rual accumt of any honoraria over \$200 of the spouse).		One (or the then \$1,401)	SESSOT SSC,000	580,001 - S100,000	S.98,001 - \$258,000	\$250,001 - \$500,000	5886.001 - \$1,000.000	Orer S1,000.000 *	\$3,006,001 - \$ 5,008,000	\$5,000,001 - \$25,000,000	525, 600, 601 . \$58,000, #18	Oyer \$50,000,000	Excepted Investment Lund	Excepted Trust	Cutifified Trust		Type The State of	Saltes	Nane (or less than \$201)	226! - S.L,BHI	51,001 - 52,500	52,501 - 55,800	SS,001 - 515,080	S18,001 - \$50,000	SSP,001 - S100,000	\$100,081 - \$1,00Ki,000	Dier \$1,000,000*	11,800,001 - 55,600,000	Omer \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Hoporaria
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E	Central Airlines Common xamples Doe Jones & Smith, Hometown, Sinte Kempstone Equity Fund IRA: Heartland 500 Index Fund University of Illinois			•							_ _ _						×					×	-		_						Salary	
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2	Spouse State of Illinois																														Salary	
3	Michigan vacation home Northport, Michigan		,				х													-			X									
4													\$000									2000000		000000								

* 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.

	SF278 (Rev. 03/2000)
	5 C.F.R Part 2634
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	Reporting Individual
	Thomas R. Lamo
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	Office of Government Ethics outling Individual's Name									-																				Pag	ge Number		
Th	omas R. Lamont									S				LE					ed	-											3		
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	Assets and Income			١		ation at clo	ose (of			_					com ler e												\$20	01)"	is c	checked, no		
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5	" * "IRA-Center Point Energy common		x												×				×														
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eporting Individual's Name						5	SCI	HE.	DU	LE	A	con	tinu	ıęd]	Page Number 4	ļ
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Assets and Income		V	at	ion of	of	ets				-			e: typ								ı \$20	1)" i	is checked, no	
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Edward Jones IRA-Headwaters Inc co	mm X										X			X										
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" "IRA-Steel Dynamics common	X										X			X										
" "IRA-SuperGen Corp. common	- X			-	8	**		_	***		X			X				 ***	-					_

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9 T. Rowe Price-Int. Stk fund

8 " " "IRA-Verizon Comm. Common

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

Reporting Individual's Name			•					5	CF	(F)	DT.	ILE	A	COY	ıtin	1164	d								1	Page Nu	mber	5		
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1 T. Rowe Price Int. Bond fund	3	,	X								X						-				-		. 333			×			<u> </u>	-7
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4 Janus Overseas Fund			X								X						×													
5 Janus Flexible Bond Fund			×								×							Č												
8																														
7 Brown, Hays & Stephens 40 retirement plan: Am. Bar Assoc. Balanced			×								x						,													
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9 Thomas Lamont Trust Mone Edward Jones (cash only)	-		X												X		X													
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U.S. Office of Government Ethics		
Reporting Individual's Name	SCHEDULE A continued	Page Number 6
Thomas R. Lamont	(Use only if needed)	
Assets and Income	Valuation of Assets at close of other entry is needed in Block C for that item. Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item.	s checked, no
BLOCK A	BLOCK B BLOCK C	,
· .	\$5,000.000 \$2,000.000 \$2,000.000 \$2,000.000 \$3,000.000	Other Date Income (Mo., Day, (Specify Yr.) Type & Actual Only if Amount) Honoraria
en yezhoù ezen ezen ezen ezen ezen ezen ezen eze	News (or test than \$1,001) \$1,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$15,000 \$15,001 - \$25,000 \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000 \$25,000,001 - \$25,000 \$25,001,1 - \$25,000 \$25,000,100	
1 Thomas Lamont Trust Gen. Elec. Com		
2 In " Trust Abbott Labs common	X X X X X X X X X X X X X X X X X X X	
3 " " Trust Johnson & Johnson com		
4 " "Trust Pfizer common	X X X	
5 Bridget Lamont Trust Money Mkt Acct.	X X	
8 " " " Trust Applied Materials common	X	
7 " " "Trust Avon Products common		
8 " " "Trust Dow Chemical common		
9 " " "Trust General Cable common	e 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	
I his category applies only it the asset/incom	e is solely that of the ther's spouse of dependent children. It the assembloome is either that of the filer of jointly held by the filer with t	he spouse of dependent chudren,

mark the other higher categories of value, as appropriate.

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	orting Individual's Name									S	CH	ED	U	LE	A	con	tin	ue	ed										Page Number	,	
I ho	omas R. Lamont										(Us	e o	nly i	f ne	ede	ed)														
	Assets and Income			\		atio at c	lose	of												amoi d in							\$20)1)"	is checked, no		
	BLOCK A					_	OCK I					1										R	LOCK	c							
		****	8	***		***		Ī	***	8	** 1	-1	*	1888	-	Ty	ne	Т					_	oun	·					\top	
	None	Nosse (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$300,000 - \$230,000	\$\$00,001.51,000,000	Over \$1,000.000 *	\$1,000,001 × \$5,000,000	\$5,000,001 - \$25,000,000	\$25,649,061 - 550,000,000	Exempted Investment Final		Excepted Trust Qualified Frust	Dividends	Rent and Royalties	-	Cuplini Catas	None (or less than \$201)	900 12: 10013	\$1,001 - 32,000 \$7.461.58.80	\$5,001 - \$15,000	\$15,001 - 556,000	0	\$100,0001-\$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., Day. Yr.) Only if Honoraria
.1	U.S. Bank CD		x									-					X			×										T	
	IRA American Funds-Invest Co. of America			X								×								X											
	Spouse-Northwestern Mut. Life Annuity (fixed) A&G III Limited Partnership, Chicago,IL			X											X					×											
4	underlying assets: Weiman Products, Gurnee, IL (medical care products)	×	X														8	X		×											
	"" "Peerless Industria Group, Inc, Winona, Minnesota (industrial 1st aide)	×																X		Х											
	" "MAY Logistics Services, Inc -Chicago, IL (Supply chain)	X																×		X											
	" "Brook Furniture Rental, Inc -Chicago, IL	X																×		X											
	" "MTI Industrial, Inc -Madison , WI (makes sensors for temperature)	×															00000	X		×											
	" " K B Alloys, IncReading, PA (aluminum alloys maker)	X																X	00000000	X											
	This category applies only if the asset/income is k the other higher categ	solely	tha	t of t	he fi	ler's	spous	e or c	leper	ndent	chile	dren.	lf	the ass	set/ir	com	e is e	eithe	er tha	t of t	he fil	er or	joint	ly he	ld by	the	filer	with	the spouse or dep	ende	ent children,

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1) S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued В Thomas R. Lamont (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 Other Date \$25,808,001 - \$50,000,008 Income (Ma., Day, 55,000,001 - \$25,000,000 981,000,8 S + 100,080,8 \$1,000,001 - \$5,000,000 (Specify Yr.) Type & \$250,001 - \$500,000 550,001 - 5100,000 Over \$1,000.000 * Excepted Investor Only if Over \$50,000,000 Actual None (or less than 550,001 - \$100,000 Over \$1,000;000* \$1,001 - \$15,000 Over \$5,000,000 Honoraria **Excepted Trust** Amount) 55,001 - 515,000 52.501 . SS,000 \$1,001 - \$2,500 201 - \$1,000 Dividends Interest None 1 Vanguard IRA-Wellesley Income "-Prime Money Mkt fund " "-Total International Stk Index " "-Total Bond Mkt Index " "-Primecap Core " "-Dodge & Cox Balanced (roll-over) 7 Vanguard Bond Funds --""" -- Long Term Tax Exempt 8 " "-Total Bond Mkt Index " "-Intermediate Term Bond Index 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 categ

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U.S. Office of Government Ethics Page Number Reporting Individual's Name SCHEDULE A continued 9 Thomas R. Lamont (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income at close of other entry is needed in Block C for that item. reporting period BLOCK B BLOCK A BLOCK C Type Amount Other Date 925,000,005 - \$50,000,000 Income (Mo., Day. \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 (Specify Yr.) \$1,050,501 - \$5,000,000 \$\$**00,001 - \$1,**000,000 **\$108,001 - \$1,**000,000 Type & \$250,001 - \$500,000 **5106,001 - £2**50,000 Renfand Royalties \$50,001 - \$100,000 Only if Over \$1,000.000 * Actual 550,001 - \$100,000 Over \$1,000,000* 515,001 - 558,000 Honoraria \$1,001 - \$15,000 Over \$5,000,000 Amount) **Excepted Trust** \$5,001.-\$15,000 Capital Cains \$201-S1,000 Dividends Interest None Vanguard Bond Funds(cont) Long Term Bond Index 9 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 categ

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Reporting Individual's Name	SCHEDULE A continued											₽	Page Number																					
Thomas R. Lamont										3	CI.								ıuı	u												•	0	
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Assets and Income				Val	at epor	clo	se o	f									ome							C		hat			n \$2	201)				
- BBCCK X		Type Amount											7																					
None	Nose (or feet than \$1.001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$110,001 - \$250,000	\$250,001 - \$500,000	5500,000,151,000,000	Over \$1,006.000 *	\$1,990,601 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,600,001 - 550,000,600	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	51,001 - 52,500	\$2,593 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	Φ	HOD	Over \$1,000,000*	\$\$ 040,000 - \$< 100,000 \$\$	Over \$5 000 000	Over 35,000,000	Other Income (Specify Type & Actual Amount)		Date (Mo., Dav. Yr.) Only if Honoraria
State of IL. Deferred Comp-Ariel fund Deferred Comp		X											Х					-			K	-												.,
2 " " " -LSV Value Equity		X						-					X								ж													
3 " " "—Vanguard Inst. Index				X									×								X													
4 " "-T. Rowe Price New Income		X											ж							X														
5 " "Vanguard Total Bond Market Ind	ex	X											×								×													
6 " " "-Fidelity Puritan fund		х											X								X													
7 Spouse def. comp-T. Rowe Price Retirement 2015	reme				×			000000000000000000000000000000000000000					x											x										
8 Vanguard IRA- —Explorer Fund		х											x								x													
9 " " "Morgan Growth			×										×								X													
 This category applies only if the asset/incommark the other higher categ 	e is sole	ly th	at of	the	filer's	s spo	ouse	or d	eper	nder	it chi	ldre	n. I	If the	asso	et/in	com	e is	eith	er th	at o	fthe	file	r or	joini	ly h	ld b	y the	file	r wil	th t	he spouse or de	oend	lent children,

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

U.S. Office of Government Ethics					. 05.		<u> </u>											
Reporting Individual's Name Thomas R. Lamont		SCHEDULE	В										Page	Numbe		11		
Part I: Transactions			-				Non	ıe										
Report any purchase, sale, or exchar or dependent children during the rep		- 1	Transaction Type (x)						Ar	nount (of Tran	saction	(x)					
property, stocks, bonds, commodity securities when the amount of the tr \$1,000. Include transactions that res		your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	40	Exchange	Date (Mo. Day, Yr.)	100	\$15,001 -	\$50,001 -	\$100,001 -),001 -),000	00,000	.000'00	- 100,000	- 100,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
	Identifi	cation of Assets		Sale	ă		\$1,001	5. 58	S 5	\$10	92 S	25 to	6 #	55.0	\$ 25	\$ 53	8	S S
Example: Central Airlines Comm	on		X	1		2/1/99			х				<u> </u>	\Box	Ţ			
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3			s				9. 20. 123	3			1.148		8.65		\$23		ڊ ڇان جي ۽	
4						-					1				S.			
5.				 					- 				- 30		-			
by the filer or jointly held by the filer Part II: Giffs, Reimber For you, your spouse and dependion, and the value of: (1) gifts (food, or entertainment) received (2) travel-related cash reimburst than \$260. For conflicts analysis as personal friend, agency approautifority, etc. For travel-related dates, and the nature of expense	dent children, report the such as tangible items, to from one source totalinements received from one, it is helpful to indicate oval under 5 U.S.C. § 41 gifts and reimbursemen	source, a brief descriptransportation, lodging, g more than \$260; and esource totaling more a basis for receipt, such 11 or other statutory ts. include travel itinerary.	the receinde	ived : pend donor l valu	from ent of 's resi e from	mment, gi relatives; f their rela idence. A n one sou sions.	receiv tionsh so, fo	your ed by hip to t	Vour s /ou: o oses c	pouse r prov of aggr	or de ided i regati	epend as per ing gr	lent cl sonal As to	hild to hosp dete n	otally itality mine t struct	at the		7.0
Source (Name a				ief De											=		Value	
Examples: Nat'l Assn. of Rock Co Frank Jones, San Franc		Airline ticket, hotel room & meals incident to national conference (Leather briefcase (personal friend)	<u>6/15/99</u> (j	ersons	u activ	rity unrelated	to duty	<u> </u>								<u> </u>	\$500 \$300	
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Reporting Individual's Name												Page !	Number										
Thomas R. Lamont		SCHEDU	LE C		_									12									
Part I: Liabilities																							
Report liabilities over \$10,000 owed to a	ort liabilities over \$10,000 owed to any one creditor at time during the reporting period by you, your spouse, by automobiles, household furniture or appliances; and													nt or Value (x)									
or dependent children. Check the highes during the reporting period. Exclude a r	t amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	\$10,001 -	\$15,001	\$100,000	\$100,001 -	\$250,001 -	\$500,001-	Over	1,000,001 -	5,000,001 -	\$25,000,001 - \$50,000,000	0,000,000							
Creditors (Name and		Type of Liability			<u> </u>		15 . W	_	.	8 8	8	6 2	2 3	2 2	2 2	६ अ							
Examples: First District Bank, Washington John Jones, 123 J St., Washing		Mortgage on rental property, Delaware Promissory note	1991	- 8% 10 %	25 yrs.	<u> </u>	 	×	 -	+	 	 	· -	├- -	├ ─ ·	 -							
1	ton, DC	Promissory note	1777	10 /8	OH QUITAL			_		<u> </u>	T		\top	-									
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* This category applies only if the liability with the spouse or dependent children, n	y is solely that of the fi	er's spouse or dependent children. If the liability is that of the	ne filer or a j	oint liabili	ty of the fi	ler																	
The state of the s	-1 -2 ·································					e jarij	t.	. :		-	:				** -								
Part II: Agreements or	_			(High Books		ias :	moral	. ::) - WE (er veri	(j	·	خېنن∹ت مساحا ك ه			: · · .;							
Report your agreements or arrangememployee benefit plan (e.g. 401k, de	ents for continuing	participation in an			4) future						_	unig	use re	boum	g								
payment by a former employer (inch	uding severance payr	nents): (3) leaves	Of Hegor	iadons ic	n miy or c	nese m	ımıçc	inwik			•												
`	··.	ex Toda		,	4.	., .,		 			. :	None			·								
	Status and Terms of any	Agreement or Arrangement				- P. J. 1	_,	111	Parti	ස		<u>:</u>	S	,	_	Date							
Example: Pursuant to partnership agree calculated on service perform	ment, will receive lump so and through 1/00.	m payment of capital account & partnership share				oe Jones		. 11	· .						. 7	7/85							
State of Illinois Deferred Comp. p to the plan.	plan-standard employ	yee agreement. Upon resignation, the University will no	longer con	tribute	l	Iniversi	ty of II	linois	/State	of Illi	nois, l	Spring	ifield,	IL	8.	/04							
2 401K (no contributions have bee	n made since I left th	e law firm)			E	frown, i	lay &	Stept	nens,	Spring	gfield	IL.			9,	/02							
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Re	porting Individual's Name		•••		Page Number					
Τh	nomas R. Lamont		SCHEDULE D		1	3				
Re	art I: Positions Held Outs port any positions held during the appensated or not. Positions include rector, trustee, general partner, propre	oplicable reporting period, whether but are not limited to those of an officer,	non-profit organization or education	partnership, or other business enterprise or ar hal institution. Exclude positions with religion and those solely of an honorary nature.						
		zation (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)				
Ex	camples: Nat'l Assn. of Rock Collectors		Non-profit education	President	6/92	Present				
	Doe Jones & Smith, Hometown		Law firm	Partner	7/85	1/00				
٦	University of Illinois, Urbana, IL		Higher education	Academic Professional emplyee	11/2005 	present				
2	Alumni Association, IL State Ur	niversity, Normal, IL	Higher Education	memberExec. Comm (uncompensated)	02/2007	present				
3	Academic Development Inc, Lir	ncoin , IL	Non-profit education	Director (uncompensated)	06/1995 est	present				
4	YMCA, Springfield, IL		Recreational Services	Trustee (uncompensated)	06/2005 est	present				
5	Thomas Lamont Trust		Trust	Trustee	9/91	present				
6										
Re bu	port sources of more than \$5,000 co siness affiliation for services provide	incess Of \$5,000 Paid by One Someon received by you or your old directly by you during any one year of names of clients and customers of any	corporation, firm, partnership, or old organization when you directly prov	ner business enterprise, or any other non-profided the services generating a fee or payment report the U.S. Government as a source.	Do not complete this pa on! If you are an incumbent, in Termination Filer, or Vice Presidential or Presidential Candida None					
	Source (Name and Address)			Brief Description of Duties						
Exa	amples: Doe Jones & Smith, Hometown Metro University (client of Do	n, State 2 Jones & Smith), Moneytown, State	Legal services Legal services in connection with univ	versity construction						
1	University of Illinois, Urbana, IL		Full-time salaried position as Spo	ecial Counsel and Adjunct Professor of L	aw					
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3										
4										
5										
в										
	<u> </u>									

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