Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

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 Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
	appropriate baxes)	x or Candidate	Filer	file this report and does so more than
	Last Name	First Name and Middle	Initial	30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Sullivan	John J.		is granted, more than 30 days after the
	Title of Position	Department or Agency	(If Applicable)	last day of the filing extension period shall be subject to a \$200 fee.
Position for Which Filing	Commissioner	Federal Election C	ommission	
	Address (Number, Street, City, State, and ZIP Code)	Twels	Telephone No. (Include Area Code)	Reporting Periods Incumbents: The reporting period is
Location of Present Office (or forwarding address)	1800 Mass. Ave., N.W., Washington, D.C 20036	3	202-730-7465	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		And the second	include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)	None			you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Creat	te a Qualified Diversified Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	Senate Committee on Rules and Administration	Yes	X No	covered by your previous filing and ends at the date of termination. Part II
Certification	Figna are of Reporting Individual	1 (1907) 1 (Date (Monin, Day, 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.	John Jaleur		5/5/2009	Nominees. New Entrants and Candidates for President and Vice President:
	Signature of Other Beviewer		Date (Month, Day, Year)	Schedule A-The reporting period for
Other Review (If desired by agency)	James Call	#	5/5/2009	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.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing C	Official	Date (Month, Day, Year)	Schedule BNot applicable.
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).	Thomasania C. J.	m_	5/5/2009 Date (Month, Day, Year)	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 within 31 days of the date of filing.
Office of Government Ethics Use Only	That I wint		5/6/2009	Schedule C. Part II (Agreements or Arrangements) Show any agreements
Comments of Reviewing Officials (If addi	itional space is required; use the reverse side of this sheet)		- Albania	or arrangements as of the date of filing.
2 2 2	(Check b	ox if filing extension granted &	indicate number of days)	Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
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1		(Check box if comme	ents are continued on the reverse side)	1/41/
				MAY 5 2009

Reporting Individual's Name								4					10	HE	וחי	UL	F	Δ		157.5		12							Τ.	4	Page Number 2	
Sullivan, John J.									12/2				,,,,	LAL			1	<i>(</i>)		= = =		it.	W.Y.	7				*		30		
	27 E								- 1		-1,575	88			_		_				- 1754 - 174 - 1541	-	375	-						- 17		ū.,,
Assets and Income BLOCK A					a repo	tion t clo orting BLOG	se c g pe	of eriod														n B		Cf		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	\$1,001)		000	0,000	59,000	00,000	,000,000	* 000	5.000,000	525,000,000	\$50,000,000	000'	Excepted Investment Fund	ıst	ust		Ty		וע	than \$201)		0	9			000°C	000	*000	5,000,000	000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day Yr.) Only if Honorari
than from the U.S. Government). For your spoureport 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 for less than	\$1,001 - \$15,000	\$15,601 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	51,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Inv	Excepted Trust	Qualified Frust	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		
Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund				- x	_ x_		 x							- 2		×	_					_x_	<u> </u>	- - ×	-	=					Low Pertnership Income \$130,000	
Service Employees International Union, Washington, D.C.																															Employment Income 135,905	
Montgomery County																										0.103/6012					Board Membership Income 12500	
Public Defender Service for the District of Columbia																										110000000000000000000000000000000000000					Spouse Salary	
Fidelity Cash Reserves		×											×			×																
5 IRA: Fidelity Cash Reserves			×										×			×										TO STATE OF THE PARTY OF THE PA						
EnerPlus Resources Fund (ERF)			x										<i>y</i>			x						x										
* This category applies only if the asset/income mark the other higher categories of value, as app Prior Editions Cannot be Used.		ð.											n. If	the	asse	t/inc	ome	is ei	ther	that	of t	he fi	ler o	r joi	ntly	held	by t	he fi	ler w	ith t	he spouse or depend	ent children,

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Sull	ivan, John J.
	Assets an

SCHEDULE A continued

(Use only if needed)

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	Assets and Income BLOCK A					rep	at cli	ose o	of erio				17			I o	nco ther	me: ent	tyr ry is	e ar	nd a	imoi d in	int. Bloc	k C	for LOC	that	less	tha	n \$2	01)"	is checked, no	
-			Г		Г	T												Гур	e		1		point			our	ıt					
	None	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	Outlified Trust	Dividends	Kent and Koynthes	Control Control	None (or less than \$201) and a	FAM: 64 DOG	5201 - 51,000 61 001 - 62 600	\$7.501 - \$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., Day Yr.) Only if Honorari
1	IRA: Fidelity Export & Multinational		x											×		,	ĸ.			,												
2	IRA: Fidelity Canada			×										×		,	ĸ			,	c											
3	IRA: Fidelity Int'l Discovery		x											x		,	K			,												
4	IRA: Fidelity Nordic		x											×		,	ĸ			,												
5	IRA: Janus Overseas		x											×								ĸ										
6																																
7	IRA: Vanguard 500 Index Fund		х											×						,	,											
8	IRA: Fidelity Latin America		x											X						,												
9																																

mark the other higher categories of value, as appropriate.

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	U.S. Office of Government Ethics
ľ	Reporting Individual's Name

Reporting Individual's Name Sullivan, John J.										S	CI			JLI only			32. 1	90	ш	ed	i ,						-		Ŷ	Page	Numbe	4		
Assets and Income				1	0.0000000	porti	ose	of erio								othe		itry					ock (C for	that	iten		n \$2	01)"	is ch	ecked	, no		
None		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,061 - \$50,000	\$50,001 - \$100,000	\$190,000 - \$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	Qualiffed Trust		Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	35,001 - 315,000		90	Over \$1,000,000*	\$1,600,001 - \$5,000,000	Over \$5,000,000		Othe Incon (Speci Type Actus Amoun	fy &		Date Mo., Day, Yr.) Only if Ionoraria
1 IRA: Oakmark Fund 1			x										×							×														
2 IRA: Ford Motor Co. Bond			х															x			x													
IRA: Fidelity Europe Capital Appreciation			x										×							x														
4 IRA: Oakmark Equity & Incom	ne Fund		х										×								x													
5 IRA: Fidelity Contra Fund			x										×								x													
6 IRA: Fidelity Growth & Income	9		×										×							x														
7 IRA: Fidelity Japan Smaller C	ompanies		x		-								×							×														
8 IRA: Fidelity Overseas			x										×							×														
9 IRA: Fidelity Blue Chip Growt	h		x										×							×														
* This category applies only if the a mark the other higher categories of v				oft	he fi	ler's s	pous	e or	depo	ende	nt ch	ildre	en.	If the	asse	et/ind	com	e is	eithe	er tha	at of	the f	iler o	r joir	itly h	eld b	y the	filer	with	the s	oouse o	or depe	ndent	t children,

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Reporting Individual's Name Sullivan, John J.									S	CI			JLI only			7.74	121	ed						**************************************			**** F	Page Number 5	
Assets and Income BLOCK A					at epoi	ion clos	e of peri		s						her						ck C	for	that i	item		s20	01)" i:	s checked, no	
None	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	SSOIL, 9413 - ST, 0410, 3010 Ocean CT 000, 000 *	81,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted investment Fund	Excepted Trust	Dividend.	Covalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$5,001 - \$5,000	0	\$50,001 - \$100,000	900	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
IRA: Fidelity Growth Discovery Fund		x										×						×											
IRA: Janus Overseas		x										×							x										
3 IRA: Vanguard Total Stock Market		x										x						х											
IRA: Artisan International		×										×						x											
5 IRA: Vanguard Total Intl Stock Index		x										x						×											
IRA: T. Rowe Price Mid Cap Value		×										×						х											
7 IRA: Vanguard Capital Opportunity		x										×						×											
IRA: SSgA Target Retirement 2020			х									×							х										
9 IRA: SSgA Target Retirement 2030 * This category applies only if the asset/income			х									х							х										

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 6 Sullivan, John J. (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 Excepted Investment Fund \$25,000,001 - \$50,000,000 Mo., Dav. Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify Yr.) \$500,000,12 - \$1,000,000 \$100,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 Over \$1,000.000 * \$50,001 - \$100,000 Only if Over \$50,000,000 Actual \$15,001 - \$50,000 Over \$1,000,000* \$1,001 - \$15,000 Excepted Trust Qualified Trust Over \$5,000,000 \$5,001 - \$15,000 Amount) Honoraria \$2,501 - \$5,000 \$1,001 - \$2,500 Capital Gains \$201 - \$1,000 Dividends Interest None IRA: SSgA Target Retirement 2040 Maryland College Investment Plan Portfolio for College college savings plan (529) Pension Plan for Employees of SEIU \$2889 per month (Defined benfit - value unascertainable) at age 65. IRA: Calvert Social Investment Fund Equity Portfolio IRA: Turner Fund - Large Cap Growth IRA: Artisan Mid Cap Inv (ARTMX) 8 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 categories of value, as appropriate.

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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 Reporting Individual's Name Sullivan, John J.	7.4 (8.5)	SCHEDULE	В	1	410	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5.						Page 1	Numbe	r	7		
Part I: Transaction	S						Non	e						ta iş				
Report any purchase, sale, or exc or dependent children during the		report a transaction involving property used solely as your personal residence, or a transaction solely between you,	1.00	ansacti Type (x			Γ			Amo	unt of	f Trans	action	(x)				
property, stocks, bonds, common securities when the amount of th \$1,000. Include transactions that	lity futures, and other e transaction exceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo. Day, Yr.)	-	\$15,001 -	- 100	\$250,000	0000	- 100'00	-000'00	\$1,000,001 -	- 100,000	\$25,000,001 -	Over \$50,000,000	Certificate of
	Identifi	cation of Assets	Purc	Sale	Exc		\$1,001	\$15,001	\$100	\$250	\$500	\$500	0ver \$1,00	\$1,00	\$5,00	\$25,6	Over \$50,0	Certificate
Example: Central Airlines Con	mmon	Company Company	x		(H-PAL)	2/1/99	17.		X		17		TO THE			-		
1 N.A.											12.							
2			12						3.5		12							
3		***************************************	32					1	-						-		7	
			-		Fig.		12.1	-	11.75		- 14		H-2820			\vdash		
4			119				£-77		ligi e		9				3.		1	
5							7				4							
Part II: Gifts, Reim For you, your spouse and der tion, and the value of: (1) gif food, or entertainment) receiv (2) travel-related cash reimbuthan \$260. For conflicts analy as personal friend, agency an authority, etc. For travel-related dates, and the nature of experiments.	pendent children, report the its (such as tangible items, to the from one source totaling ursements received from one yes, it is helpful to indicate approval under 5 U.S.C. § 41 ted gifts and reimbursemen	source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more basis for receipt, such 11 or other statutory ts, include travel itinerary.	inder the d	pende lonor's value	ent of s resi	nment: gi relatives; their rela idence. Al n one sour sions.	receiv tionsh so, fo	ed by ip to y	your s ou; or	pouse of provide f	or der led as gatin	pende s pers	ent ch onal	ild to hospi letern	tally tality nine to structi	at he		
	me and Address)	Yuming given to you by	Bri	ef Des	crintic	nn .	-	<u> </u>		100	_	-	_	-		growing.	Value	_
Examples: Nat'l Assn. of Rock Frank Jones, San Fr	Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/ Leather briefcase (personal friend)					to duty	2	· -								\$500	
N.A.									_	7.8								-
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Reporting Individual's Name				57.47						2,040	Page No	umber	_		_
Sullivan, John J.	SCHEDU	LE C											8		
Part I: Liabilities			15 (16)												0.00
Report liabilities over \$10,000 owed any time during the reporting period	마다님 이 이 이 나는 아이지는 아이지는 것이 모든 사람들이 얼마나 되었다. 그리는 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은 아이들은		No	ne x	Г			Catego	ory of A	mount	or Valu	ue (x)	200		-
or dependent children. Check the hi during the reporting period. Exclud-	ghest amount owed liabilities owed to certain relatives listed in instructions.	Date Incurred	Interest Rate	Term appli- cable	\$10,001 -	\$15,001 -	-,001	\$100,001 - \$250,000	\$250,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,0001 -	\$5,000,001 - \$25,000,000	\$25,000,001 -	Over
Creditors (Name				12.6200	\$10	\$15	\$50	\$10	\$25	\$1,0	900e	\$1,0	\$5,0	\$25	Ove \$50
Examples: First District Bank, Washin		1991	8%	25 yrs			_ <u>x</u>			1,42.80					
John Jones, 123 J St., Was	hington, DC Promissory note	1999	10 %	on dema	ind	+	-	-	X	(FARE)	以外的 。	-		-	L. B. J.
2															
3					\top										_
4					_								-	-	
5					_	-				-			-	\dashv	-
	ibility is solely that of the filer's spouse or dependent children. If the liability is that of the content is the other higher categories, as appropriate.	he filer or a jo	oint liabili	ty of the	iler										
employee benefit plan (e.g. 401k	r Arrangements gements for: continuing participation in an t, deferred compensation; (2) continuation including severance payments); (3) leaves	of absendof negoti									ing th	x	orting		
	Status and Terms of any Agreement or Arrangement			ignas fyrg	rig e			Parties		-18-16	ža!			Da	
calculated on service per			1774	15 1 Table 1	Doe Jones	& Smit	h, Hon	etown,	State					7/8	5
1 I am a vested particip	ant in a defined benefit pension plan maintained by SEIU for its employees.			1	SEIU									8/1/1	998
	nel policies, I am entitled to a lump sum payment of a portion of my unused te termination of my employment with SEIU.				SEIU									7/14/1	100
3	e terrimation of the employment with octo.					7. 10							7	(114)	337
4							-		-				+		
5													-		-
	m														
6															
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Sullivan, John J.		SCHEDULE D		9	9
Part I: Positions Held Outsid Report any positions held during the app compensated or not. Positions include be director, trustee, general partner, propriet	licable reporting period, whether ut are not limited to those of an officer,	consultant of any corporation, firm, pr non-profit organization or educational social, fraternal, or political entities an	artnership, or other business enterprise or an l institution. Exclude positions with religiound those solely of an honorary nature.	y is.	
Organiza	tion (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors, N Doe Jones & Smith, Hometown,	Y, NY State	Non-profit education	President Partner	7/85	Present 1/00
Montgomery County, Maryland, B	loard of Elections	County Board of Elections	Vice President and Member	6/07	Present
2 Town of Somerset, Maryland, Boa	ard of Elections	Town Board of Elections	Member	6/08	Present
Service Employees International	Union (SEIU)	Union	Associate General Counsel	7/97	Present
5	3.000				
6					
Part II: Compensation In Ex Report sources of more than \$5,000 com business affiliation for services provided the reporting period. This includes the n	directly by you during any one year of	corporation, firm, partnership, or othe organization when you directly provide	or business enterprise, or any other non-profit ded the services generating a fee or payment eport the U.S. Government as a source.	if you are an Termination Vice Preside	Filer, or
Source (Name and Address)		Total Control	Brief Description of Duties		1000
Examples: Doe Jones & Smith, Hometown, Metro University (client of Doe J	State ones & Smith), Moneytown, State	Legal services Legal services in connection with univer	rsity construction		7 1 1 1 1 1
Montgomery County, Maryland		Member and Officer of County Box	ard of Elections		
2 Service Employees International	Union (SEIU)	Legal Services			
3					
4					
5	: 14	The state of the s			
6					
Prior Editions Cannot Be Used.					