Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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Agency Use Only	2007 MAY 15 PO 11: 11.1		
of filing.	(Check box if filing extension granted & indicate number of days)	(Check box if filing ex.	
the preceding two calendar years and the current calendar year up to the date	sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials
arrangements as of the date of filing.			Use Only
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Date (Month, Day, Year)	Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.		to b	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).
Schedule C, Part I (Liabilities)-The reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.			agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Agnature of Other Reviewer	Other Review (If desired by
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	1 3/14/07		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.
Vice President:	Date (Month, Day, Year)	Signature of Reporting Individual	Certification
Nominees, New Entrants and Candidates for President and	Yes	ZA	to Senate Confirmation
at the date of termination. Part II of Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination	Presidential Nominees Subject
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends		NA	Government During the Preceding 12 Months (If Not Same as Above)
year up to the date you file. Part II of Schedule D is not applicable.	(105/210-1020	of Position(s) and Date(s) Held	(or forwarding address)
If of Schedule C and Part I of Schedule D where you must also include the filing	Telephone No. (Include Area Code)	_	Location of Present Office
Reporting Periods Incumbents: The reporting period is	NIA	U. S. PRESIDENT	Position for Which Filing
to a \$200 fee.	Department or Agency (If Applicable)	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	ブニスの	GRAVEL	Individual's Name
filed, or, if an extension is granted, more	First Name and Middle Initial	Last Name	Danortina
Any individual who is required to file this report and does so more than 30 days	Filer Cabic) (Nonin, 124), rear)	Status (Check Appropriate 2006	6-30-06
Fee for Late Filing		Reporting Incumbent Calendar Year	Date of Appointment, Candidacy, Election,

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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.

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of 7	Page Number	7 3										led	nu	d) [ti	EDULE A continu (Use only if needed)	ne, C) if A	nly	e o	SD.	SCHEDULE (Use only) C	100								I'S Name	GRAVEL, I
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Prior Editions Cannot Be Used.

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Part I: Liabilities	a mortgage on your personal residence	None 🔀													
keport liabilities over \$10,000 owed to any one creditor at any time	unless it is rented out; loans secured by automobiles, household furniture						C.	ategor	Category of Amount or Value	nount	or Va	alue (x)			
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		(1)	;	,001 - 5,000	5,001 - 0,000	- 100,0 00,000	0,001- 0,000	0,001 - 00,000	00,001 - 000,000	er 000,000*	-100,000 000,000	000,001 - 6,000,000	,000,001 - ,000,000	r ,000,000
Creditors (Name and Address)	Type of Liability	Date Incurred	Rate	applicable	\$15	\$50	\$10	\$10	\$50		Ove \$1,0				Ove \$50
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John Jones, 123 JSt., Washington, DC	Promissory note	1999	10%	on demand					×					l	jų les
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*This category applies only if the liability is with the spouse or dependent children, mar	*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.	en. If the lia	bility is th	at of the fil	er or a	joint l	iabilit	y of tl	ıe file:				8		
Part II: Agreements or Arrangements	Arrangements														
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continution of payment by a former employer (including severance payments); (3) leaver.	Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves	of absence; and (4) fut ing of negotiations for	ce; and (gotiation		ure employment. See instructions rega any of these arrangements or benefits.	ment e arra	. See anger	instr nents	uction or b	ns re enefi	gardi ts.	ing th	ње гер	None	
Status and Te	Status and Terms of any Agreement or Arrangement					75,		Parties						D	Date
Example Pursuant to partnership agreement, will receive calculated on service performed through 1/00.	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	tnership sha	re	Doe Jones	Jones & Smith, Hometown, State	, Home	town.	State						7,	7/85
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Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Compessor of more training for second This period. This firm, partners.				Doe Jones & Smith, Hometown, State	Organization (Name and Address) Nat'l Assn. of Rock Collectors, NY, NY	Part I: Positions Held Outside U.S. Governmen 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 consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	Reporting Individual's Name	SF 278 (Rev. 03/2000) S C.F.R. Part 2634 U.S. Office of Government Ethics
), Moneytown, State	n Excess of \$5,00 ensation received by you or you rectly by you during any one nes of clients and customers of siness enterprise, or any other is not a siness enterprise.					Address)	Outside U.S. Gover pplicable reporting period, whether not limited to those of an officer, or presentative, employee, or consult other business enterprise or any n		
Legal services Legal services in connection with university construction	non-profit organ you directly pro services generat need not report				Law firm	Type of Organization Non-prolit education	r nt	SCHEDULE D	
construction — — — — — — — — — — — — — — — — — — —	OUICE Do not complete this part if you are an Incumbent, Termination Filer, or Vice vided the ing a fee or payment of more than \$5,000. You the U.S. Government as a source.				Partner	President Position Held	organization or educational institution. Exclude positions with religious social, fraternal, or political entities and those solely of an honorary nature.		
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

4 N dates, and the nature of expenses provided. Exclude anything given to you by authority, etc. For travel-related gifts and reimbursements, include travel itinerary, tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260, and ندا N as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such Reporting Individual's Name (2) travel-related cash reimbursements received from one source totaling more For you, your spouse and dependent children, report the source, a brief descripamount of the transaction exceeded \$1,000. real property, stocks, bonds, commodity children during the reporting period of any by you, your spouse, or dependent Report any purchase, sale, or exchange *This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate. Include transactions that resulted in a loss futures, and other securities when the Examples Example Central Airlines Common Frank Jones, San Francisco, CA Nat'l Assn. of Rock Collectors, NY, NY Transactions Gifts, Source (Name and Address) Reimbursements, and Identification of Assets residence, or a transaction solely between property used solely as your personal certificate of divestiture from OGE. to indicate sales made pursuant to a Check the "Certificate of divestiture" block you, your spouse, or dependent child. Do not report a transaction involving Leather briefcase (personal friend) Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Travel Expenses SCHEDULE the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions received from relatives; received by your spouse or dependent child totally the U.S. Government; given to your agency in connection with official travel; independent of their relationship to you; or provided as personal hospitality at or other exclusions. None Transaction Type (x) Purchase Brief Description Sale W Exchange (Mo., Day, Yr.) 2/1/99 \$1,001 -\$15,000 \$15,001 \$50,000 \$50,001 -\$100,000 \$100,001 \$250,000 Amount of Transaction (x) \$250,001 \$500,000 \$500,001 -\$1,000,000 Over Page Number \$1,000,000* \$1,000,001 \$5,000,000 \$5,000,001 -\$25,000,000 None \$25,000,001 \$50,000,000 \$300 \$500 Value Over Certificate of divestiture

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

Reporting Individual's Name SCHEDULE B continued Page Number

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