SF 278 (Rev. 03/2000) 3 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT 157

Form Approved; OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month Day, Year)	Status Covered by Report No.	ew Entrant, omince, or andidate	Termination Date (If Applicable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days							
	Boxes)	First Name and Mic	ddle Initial	after the date the report is required to be filed, or, if an extension is granted, more							
Reporting	Lust Name		7	than 30 days after the last day of the							
Individual's Name	Farnandez	Farnandez Alberto H									
	Title of Position	Department or Age	ency(If Applicable)	to a \$200 fee.							
Position for Which Filing	US Ambassador to	1 1 C N	opt- of State	Reporting Periods Incumbents: The reporting period is							
i ming	Equatorial Guinea	$\int \mathcal{O}(S,\mathcal{O})$		the preceding calendar year except Part							
Location of	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	Il of Schedule C and Part I of Schedule D where you must also include the filing							
Present Office (or forwarding address)	US Embassy Kharte	o M	011-249-183-774-70								
Position(s) Held with the Federal	Title of Position(s) and Date(s) Hold	•	•	Termination Filers: The reporting							
Government During the Preceding	Charge & Affaires, C	15 Embass	ca (6/2007 to Date	period begins at the end of the period							
12 Months(If Not Same as Above)	Crockse of Arriages			covered by your previous filing and ends at the date of termination. Part II of							
	Name of Congressional Committee Considering Nomination	Do You Intend to	o Create a Qualified Diversified Trust?	Schedule D is not applicable.							
Presidential Nominees Subject to Senate Confirmation		Yes	∑ No	Nominces, New Entrants and							
to dellate community				Candidates for President and							
Certification	Signature of Reporting Individual	1	Date (Month, Day, Year)	Vice President:							
I CERTIFY that the statements I have	141	Ā		Schedule A The reporting period							
made on this form and all attached schedules are true, complete and correct			3/12/2009	for income (BLOCK C) is the preceding calendar year and the current calendar							
to the best of my knowledge.		- ·)	Date (Month, Day, Year)	year up to the date of filing. Value assets							
Other Review	Signature of Other Reviewer		Date (Isome, Day, Teas)	as of any date you choose that is within							
(If desired by				31 days of date of filing.							
agency)				Schedule B Not applicable.							
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/ Reviewing Of	Micial	Date (Month, Day, Year)	Schedule C, Part I (Liabilities)-The							
On the besis of information contained in this				reporting period is the preceding calendar year and the current calendar year up to							
report, I conclude that the filer is in compliance with applicable laws and regulations (subject to	haldo W Surtes ADAZZ	ล	May 5, 2009	any date you choose that is within 31 days							
any comments in the box below).			Date (Month, Day, Year)	of the date of filing.							
Office of Government Ethics	Signature		Bate (Majan, Day, 1ear)	Schedule C, Part II (Agreements or							
Use Only	Trust.		7/24/09	Arrangements)—Show any agreements or							
	- White			arrangements as of the date of filing.							
Conunents of Reviewing Officials	(If additional space is required, use the reverse side of this sheet)	/ 		Schedule D The reporting period is the preceding two calendar years and							
				the current calendar year up to the date							
The second secon	(Check box if filing extens	sion granted & indica	telnumber of days	of filing.							
			A COLOR DIOL	Agency Use Only							
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			<u> </u>	OGE Use Only							
	(Check box i	if comments are conti	inued on the reverse side)								
			· · ·	NSN 7540.01.070.84							

	Individual's Name dez, Alberto M.											\$	SC	H	ED	UI	Œ	A							•						r	age 1	Number	
														ы																				
	Assets and Income			Valuation of Assets at close of reporting period. Income: type and amount. If "None (or locked, no other entry is needed in Blocked).									less ock	tha C fo	in \$201)" or that iten	is n.																		
	BLOCK A			BLOCK C BLOCK C																														
each asso income v \$1,000 a generate reporting For your of earned the U.S. source b than \$1,4	your spouse, and dependent children, report held for investment or the production of which had a fair market value exceeding the close of the reporting period, or which more than \$200 in income during the experiod, together with such income. Self, also report the source and actual amid income exceeding \$200 (other than from Government). For your spouse, report that the the amount of earned income of motor (except report the actual amount of a a over \$200 of your spouse).	ch ount n e ore	None (or Less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$300,000	\$500,001 - \$1,000,000	Over 41,000,000	\$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	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		\$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 Honoraria
1,0114	Central Airlines Common		3		ŝą.	X	3.4						(4) (3)		20		(40)96.1 43.0 _{3.4}	Х			/選			X	157.55		7946 200	_	λ:0 2	_	100	1		
_ ,	Doe Jones & Smith, Hometon	vn, State			X																									4 -			Law Partnership Income \$130,000	\ <u></u>
Example	Kempstone Equity Fund	·					X		X					-	X				733	<u> </u>				_	X			ļ -] -		-		=
	IRA: Heartland 500 Index Fu	nd			36.7				X	-					X	3	(4.60)			_					eken	Х		_	2.5				· · · · · · · · · · · · · · · · · · ·	
	Department Federal Credit Union king and savings accounts)				X			-					\$ 40 mg/m						(2)	X			X											
2 BBT spous	Bank (checking and savings account) e				x		100 mm 10													X			X					. 485 / 7						
	ichard Rosenthal (allergist) se's employer no benefits								1 % 6 4 - 4									A CONTRACTOR																
4 CRE	F Stock se			х									で 金色		X						2000 2000 2000 2000	X						3 2 2			1000			
5 Fidel	ity Advisor Freedom 2020 Fund se		a managaran and a managaran an	Х					3.7						2							Х		71 2 3			100		\$ 150 B 341 B					
6 Fidel	ity Advisor Strategic Div and Income Fund se	i Cl T		Х			100			_		oracooxette rocco			2	ζ.	13.86	CV	100 To 10			X												
* T	his category applies only if the asse y the filer with the spouse or depend	t/incom	e is s	ole ma	ly th	at o	of the	file high	er's sp her c	oou	se oi	r de	pen f val	den lue,	t ch	ildre appro	n. If	the	asse	et/in	com	e is	eith	er ti	at o	fth	e fil	ler o	r jo	intly	y hel	đ		

S. Office of Government Ethics		chedule B if you are a new entrant, nomine			***************************************			THE STATE OF THE S	***********				Page 1	lumber.								
eponing Individual's Name ernandez, Alberto M.		SCHEDULE	В													3						
		000					None	. !			-:::											
Part I: Transactions	Tra	asactio	on {					An	ount c	Tran	saction	(x)										
Report any purchase, sale, or excha- or dependent children during the re-	1 .	γη ε (χ	- 1	Date (Mo	<u> </u>						1	· ·]	اہ ک		Τ.						
roperty, stocks, bonds, commodit ecurities when the amount of the 11,000. Include transactions that re	y futures, and other	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Safe	Exchange	Doy, Yr.)	\$1,001 -	15,001	\$50,001 -	\$100,001 - \$250,000	\$250,001 - \$500,000	5500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 \$25,000,00	\$25,000,00	Over \$50,000,000	Certificate of				
		cation of Assets	- X			2/1/99	87 67	W 57	X				1					\Box				
Example: Central Airlines Com	non										}											
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4	<u> </u>										_	1_	-	-	-			 				
5		•						<u> </u>							<u></u>							
* This category applies only if the	underlying asset is solely th	at of the filer's spouse or dependent children. If the underlying	asset is c	ther b	reld																	
by the filer or jointly held by the	filer with the spouse or deper	dent children, use the other higher categories of value, as appro-	priate.					A					*									
Part II: Gifts, Reim For you, your spouse and dep	bursements, and	Travel Expenses		Ų.S.	Gove	ernment: 2	iven t	о уорг	agen	cy in	conno	ection	with	offici:	al trav	el:						
tion, and the value of: (1) gift	s (such as tangible items.	transportation, logging, ng more than \$260; and	independent of their relationship to your spouse of dependent child obtain independent of their relationship to your or provided as personal hospitality at												fhe							
# 2003	momento received from a	na cource totaling more	total value from one source, exclude items worth \$114 or less. See historical												lions							
than \$260. For conflicts analy as personal friend, agency an authority, etc. For travel-related	nrovel under 5 H N C & 4	3 LE OF DEDCE STRIBLIOLY	for	other	excl	lusions.										None						
dates, and the nature of expe	ises provided. Exclude a	nything given to you by		, .					<u>.</u>							т—	Va	fue				
1	ne and Address)			ric[D			od to di	rred.					~			-	\$5	00				
Examples: Nat'l Assn. of Rock Frank Jones, San F	Collectors, NY, NYancisco, CA	Airline ticket, hotel room & meals incident to national conference Leather briefcese (personal friend)	6/15/99	perso	nai aca	(IAIGA GIII erar	eu 10 u	92									53	00				
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5 C.F.R Part 2634 U.S. Office of Government Ethics			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				***************************************				<u> </u>	Page Na	unber					
Reporting individual's Name Fernandez, Alberto M.	-	SCHEDUI	EC															
Part I: Liabilities		personal residence unless it is rented out; loans secured		No	ne X							3.1.1.				*************************		
Report liabilities over \$10,000 owed to any time during the reporting period b or dependent children. Check the high during the reporting period. Exclude:	oy you, your spouse, nest amount owed	by automobiles, household furniture or optionees; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	interest Rate	Term if	\$10,001 - \$15,000	- 100	\$50,001 -		\$250,000 \$250,001 \$500,000 \$500,001			,	\$5,000,001 -	\$25,000,001 -	35		
Creditors (Name a		Type of Liability Morigage on rental property, Delaware	1991	8%	25 yrs.	\$10,	\$15,	x 55.	\$70	\$25	\$50	0 15	5,58	\$5.0	\$25	š		
Examples: First District Bank, Washing John Jones, 123 J St., Washing	ington, DC	Promissory note	1999	10 %	on demand			-	- <u>-</u>	x								
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2						<u> </u>	-	+	-	-	-				-	-		
3			-			-	-	+	 	-	-	-	-		-	+-		
4			 	-	 	-	-	-	┼	-	-	-	-		-	+-		
5	bility is cololy that of the	nier's spouse or dependent children. If the liability is that of the	e filer or a	joint liabil	ity of the file	it		<u></u>		<u>, </u>			<u></u>	<u></u>				
with the spouse or dependent childre	n, mark the other higher of	eategories, as appropriate.	· · · · · · · · · · · · · · · · · · ·			*******	للمسيمين	wana cka				···				gu pi shiqisisi e		
Part II: Agreements on Report your agreements or arrang employee benefit plan (e.g. 401k payment by a former employer (in	gements for: continuing deferred compensation	g participation in an n: (2) continuation	of absel of nego	nce; and the transfer of the t	(4) future e or any of th	mpios esc a	meni rrangi	t, See ement	instru s or b	ctions enclit	S	ding				www.mcmcoac		
Example: Putsuant to partnership a	preement will receive lumn	ny Agreement or Afrangement sum payment of capital account & partnership share			Do	e Jones	: & Sπ	iith, Ho	Parti mctow	es n, State	<i>-</i>					Date 7/85		
calculated on service per	formed through 1/00.														1	•		
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Prior Editions Cannot Be Used.

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Reporting Individual's Name Fernandez, Alberto M.		SCHEDULE D		Page Number)
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, prop	pplicable reporting period, whether		artnership, or other business enterprise or l institution. Exclude positions with relig and those solely of an honorary nature.		
Orgai	nizátion (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Nat'l Assn. of Rock Collectors	s, NY, NY	Non-profit education	President	6/92	Present
Doc Jones & Smith, Hometov	vn, State	Law firm	Partner	7/85	1/00
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Report sources of more than \$5,000 c business affiliation for services provide	Excess Of \$5,000 Paid by One S compensation received by you or your ded directly by you during any one year of he names of clients and customers of any	corporation, firm, partnership, or othe organization when you directly provide	er business enterprise, or any other non-p ded the services generating a fee or paym eport the U.S. Government as a source.	rofit if you are at ent Termination Vice Presid or Presiden	
Source (Name and Address)			Brief Description of Dutics	· · · · · · · · · · · · · · · · · · ·	
Examples: Doe Jones & Smith, Hometo Metro University (client of D	wn, State oc Jones & Smith), Moneytown, State	Legal services Legal services in connection with universely	ersity construction		
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Deign Miditions Connect By Board		***************************************			SECONDARION SERVICE COMPANY

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