## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

U.S. Office of Government Ethics									
Date of Appointment, Candidacy, Election	Reporting Status		Calendar Year		** **			Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Year)	(Check	Incumbent	Covered by Report	┨┌╲	New Entrant, Nominee, or Candidate	-	Termination Filer	(1000) (1000)	Any individual who is required to file this report and does so more than
·	appropriate boxes)				or candidate	-	. Not		30 days after the date the report is
	Last Name				First Name and Middle	Initi	al		required to be filed, or, if an extension
Reporting Individual's Name	Lanier				Jerry P.		-		is granted, more than 30 days after the last day of the filing extension period
	Title of Position				Department or Agency	(If A	pplicable)		shall be subject to a \$200 fee.
Position for Which Filing	Ambassad	dor to Ug	anda .		Department of Stat	te			Reporting Periods
	Address (Number,	Street, City, State,	and ZIP Code)			Te	lephone No. (Inc	clude Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	HQ, U.S. Africa	Command, Un	it 29951, APO AE	0975	51-9951	49	9-711-729-478	35	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				<u>i</u>		· · · · · · · · · · · · · · · · · · ·	include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)	Policy	Advisor	, US Afric	a C	ommand				you file. Part II of Schedule D is not applicable.
									Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congress	ional Committee Co	onsidering Nomination		Do You Intend to Creat	ea(	Dualified Diversi	fied Trust?	period begins at the end of the period
Senate Confirmation	Senate Foreign	Relations Com	mittee		Yes		X No		covered by your previous filing and ends at the date of termination. Part II
						1.11	ate ( <i>Month, Da</i> y,	V-1	of Schedule D is not applicable.
Certification I CERTIFY that the statements I have	Signature of Repor	ting Individual		<del></del>		100	ne (wonin, Day,	1eur)	Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Herr	y P. La	ner				7 Jan	eary 2009	Candidates for President and Vice President:
	Signature of Other	Reviewer				D	ate (Month, Day,	Year)	Schedule A-The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)				<del></del>					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	Signature of Design	nated Agency Ethic	s Official/Reviewing (	Official		D	ate (Month, Day,	Year)	Schedule B-Not 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).	1 - (12	ves S	Thesin				4/21,	109	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
Office of Government Ethics	Signature /	1 //				+D	ate (Monthy Day,	Year)	within 31 days of the date of filing.
Use Only	l &	Jan + 7					6/23	189	Schedule C. Part II (Agreements or Arrangements) - Show any agreements
Comments of Reviewing Officials (If addi	tional space is requir	ed, use the reverse	side of this sheet)		······································	******	· · · · · · · · · · · · · · · · · · ·		or arrangements as of the date of filing.
			(Check l	box if fi	ling extension granted &	ind:	icate number of a	lays) 🔲	**
en de la companya de									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
	•								OGE Use Only
					(Check box if comm	ents	are continued on	the reverse side)	JUN 2 2 2009

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•	orting Ind nier, Jeri	ividual's Name y P.												S	Cl	Œ	EDI	UL	E	A															218		
	,	Assets and Income					a: repo	tion t clo	se o g pe	of rioc							•	Inc oth	er ei	e: t	ype is n	and eed	am ed i	oun n Bl	t. I	(C)	for t	hat	les iten	s th	an :	\$20	)1)"	is	checked, no		
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report production in	ort each a duction of the exceed period, of the such in the such i	F, also report the source and actual arned income exceeding \$200 (other U.S. Government). For your spource but not the amount of earned hore than \$1,000 (except report the nt of any honoraria over \$200 of \$1.000).	er puse, Ran SI (HH)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$750,000	\$250,001 - \$500,000	\$50.001-\$1,000,000	Over \$1,000.000 *	\$1,000,001 < \$5,000,000	\$5,000,001 - \$25,000,000	\$25,600,001 \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Ognified Trust	Dividends	Rent and Rayalties		Capital Galits	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	An thinds 100 sts	\$50,001 - \$100,000	100	2000 000 10	Over \$1,000,000*	\$1,000,001 \$5,000,000	Over \$5,090,000		Other Income (Specify Type & Actual Amount)	Date (Mo., D. Yr.) Only Honora	ay, if
		Central Airlines Common				. X.		I										х.				-		_x_		_		ļ			_			ļ.		<b> </b>	
Ex	xamples	Doe Jones & Smith, Hometown, State Kempstone Equity Fund		_		-	1	ļ		-		-  -	-		3					_				 		_		}-  -			_				Partnership income \$130,000		
<u>_</u>	127	IRA: Heartland 500 Index Fund		<u> </u>				-	<b>X</b>					<u> </u>		_		<b> </b>								х		<u> </u>	888	33 33	-		<del> </del>	╀		<del> </del>	
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		egory applies only if the asset/inco			nat o	the	filer	r's sp	ouse	or	depe	nder	ıt ch	ildr	en. Ì	f the	e ass	et/in	com	e is e	eithe	r tha	t of	the f	iler	or jo	ointl	y hel	ld by	y the	file	er w	vith 1	the	spouse or depend	lent childr	en,

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	of Government Ethics																									11	age Number	
Reporting	Individual's Name							(	SCI	Æ	DU	ILE	A	con	tin	nec	I										318	
Lanier,	Jerry P.											only i															J. J	
	Assets and Income			Val	uatio at cl	n of		ets					In oth	come	e typ try i:	e ar	nd a	mou d in E	nt. I Block	f"N Cf	one or ti	(or le	ess t em.	han	\$20	1)° i	s checked, no	
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	BLOCK A			·····	BLO	CK E	3	E2007*****	100000	,_		150000								***************************************	OCK				<u> </u>		1	
		None (or lesy thin \$4.001)	\$1,001 - \$15,000 \$15,004 - \$50,000	850,001 - \$100,000	\$100,001 - \$250,000 \$250 001 - \$500 000	\$500.001 \$1,000.000	Over \$1,000.000 *	Standard of Standard	35,000,001 - 3.25,000,000 225,000,004 - 850,000,000	Over \$50,000,000	Excepted Investment band	Excepted Trust	Dividends	Rent and Royallies		Capital Gains	None (or less than \$201)	\$201 ST 40H	\$2,501-35,00		515,001 \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,(#)(##)11 - \$5,0(#),(!#)	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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	A (Rollover) delity Contrafund		x														×											
7 No	kia Stock		x														x											
8 Fic	ielity Cash Reserves		x								×						×											
1 1	delity Diversified International		×									<b>8</b>					×										,	
* This	s category applies only if the asset/inc	ome is solely	y that	of the	filer's	spou	se or	deper	dent	child	ren.	If the	asset	/incor	ne is	cithe	er the	at of	he fi	er or	join	tly he	ld b	y the	file	with	the spouse or depe	endent children

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J.S. Office of Government Ethics																.,									11	age Number	
Reporting Individual's Name								S	CH	ED	U.	LE A	\ c	onti	nue	ed									Î	418	1
Lanier, Jerry P.										(Use	e 01	nly if	ne	eded	)												
			,																								
Assets and Income	T		Va	luat	ion :	of A	ssets	S															han S	\$20	1)" i	s checked, no	
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DI OCTI I			,		rting SLOC	perie	00												Ð	LOCK	r c						
BLOCK A			<b>—</b>	: 	SLUC S	<u>~</u>					<b>a</b>		<del>:-</del>	Туре							ount						
	one (or less than \$1,000)	\$1,001 - \$15,000	\$15,001 \$50,000 \$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Safe and Standards	// (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIII) (HIIII) (HIIIII) (HIIIII) (HIIIII) (HIIIII) (HIIIIII) (HIIIIIII) (HIIIIIIIIII	\$5,000,001 - \$25,000,000	SESSORTION SSOURIDABIN	Over \$50,000,000	Technic introducting man	Excepted Trust Oughfied Trust		ines	Capital Calas	None (or less than \$201)	\$201_\$1.00tl	\$1,001 - \$2,500	\$4.540 - \$15.000 \$4.001 - \$15.000		0	\$100,001 - \$1,000,000	Over \$1,000,000*	S.L(H)(I,H)(1 - \$5.00B,000)	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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6 Editing Services as internet contractor from home (Spouse)																									,	Fees	
7 Rental House		П			х															χ							
Alexandria, VA							. 🛭						_			4										<u> </u>	
8 Rental House		7			x																					***************************************	
Wilmington, NC					^																						<u> </u>
9 Unimproved Rural Lot																											
Shallotte Point. NC 24% Shore		×														×											
* This category applies only if the asset/incom	me is sole	ly th	at of th	e file	r's sp	onse	or de	pende	ent ch	ildre	u. I	f the as	set/i	ncome	is ei	her t	hat o	f the	filer	or jou	itly he	ld b	y the	filer	with	the spouse or depe	ndent children
mode the other higher dates		•																									

Reporting Individual's Name  Lanier, Jerry P.								i	SC)			JLE				ue	d			, ,, ···						Page Number 518	
Laner, Jerry r.										J)	Jse	only	if n	eed	d)									·····			
Assets and Income			v	гере	tion t clo orting	se or g per	f	ts	•											C fo		at iten		an \$20	01)"	is checked, no	
None	None (or less than \$4,001)	\$1,001 - \$15,000	STAINE SSHIRE	\$30,001 - \$100,000 \$100,001 - \$250,000	\$250,001 - \$500,000	रत्तामः होत्ताः इत्यामान्यात	Over \$1,000.000 *	51 (BUTTHE S SAURIUM)	\$25.000,001 - \$-0,000,000 \$25.000,001 - \$-0,000,000	Over \$50,000,000	Excepted fusestment fund	Excepted Trust	Dividends	Rent and Royalhes (2)	Interest	Capital Carris	None (or less than \$201)	\$1.001 - \$2.500	\$2,501. \$5,000	\$5,001 - \$15,000		\$50,001 - \$100,000	70000000	Over 31,000,000" S1,000,001 - SS,016,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Whole Life Insurance Policy     Lafayette Life Insurance		x														)	X										
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* This category applies only if the asset/income is mark the other higher categ	solely	/ tha	oft	he file	r's sp	ouse	or de	pen	ient o	hildi	en.	If the a	ssct/	incor	ie is e	ithe	r that	of th	e file	r or je	ointly	y held	by tl	ne filer	with	the spouse or deper	ident children,

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics	Do not Complete S	chedule B if you are a new entrant, nomine	e, Vic	e Pi	resi	dential	or Pr	esid	enti	al Ca	andi	date	<b>:</b>					
Reporting Individual's Name Lanier, Jerry P.		SCHEDULE I	3										1 ~	Numbe G/S				**********
Part I: Transactions	,			······			None	;		]			<del></del>		***********			
Report any purchase, sale, or excl or dependent children during the		report a transaction involving property used solely as your personal residence, or a transaction solely between you.	•	ansacti Type (x		Ţ				Ar	nount	of Tran	saction	(x)		<del></del>		
property, stocks, bonds, commodi- securities when the amount of the \$1,000. Include transactions that	ty futures, and other 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.)	90,	. 100	\$50,001 -	\$100,001 -	\$250,001 -	.001 -	*000,00	. 100,00	00,001	\$25,000,001 - \$50,000,000	000'000	Certificate of
		cation of Assets	Pur	Sale	Exc		\$1,001 -	\$15,001	\$100	\$100	\$250	\$500 \$1.0	Over \$1,0	\$1,00	\$6,00	\$25,0	Over \$50,0	Certif
Example: Central Airlines Con	mon .		х			2/1/99			х									
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5										<del> </del>							-	
* This category applies only if the	underlying asset is solely the	at of the filer's spouse or dependent children. If the underlying as:	et ic ei	her h	5.7d	İ			L			<u> </u>	ļ,	<u> </u>	<u> </u>		<u> </u>	1
by the filer or jointly held by the	filer with the spouse or depen-	dent children, use the other higher categories of value, as appropri	ate.	mer m	C1U									•				
Part II: Gifts, Reim															·················			<del></del>
For you, your spouse and depition, and the value of: (1) gifts food, or entertainment) receive (2) travel-related cash reimbuthan \$260. For conflicts analy as personal friend, agency and authority, etc. For travel-related dates, and the nature of expendicular conflicts.	endent children, report the s (such as tangible items, t ed from one source totalin reements received from on sis, it is helpful to indicate troval under 5-U.S.C. § 41 ed gifts and reimbursemen	source, a brief descrip- ransportation, lodging, g more than \$260; and le source totaling more e a basis for receipt, such 11 or other statutory ts; include travel itinerary,	receinde inde the c total	ved f pende lonor' value	rom ent o s res e from	rnment; girelatives; if their relatives; if their relatidence. Also one sour	eceive tionshi so, for	ed by to voice of the purpose of the	your s out or oses o	spouse r prov of agg	e or de rided : regati	epend as per ng gi	lent cl sonal fts to	nild to hosp detern	stally itality nine t struct	at the	L	]
Source (Nam				ef Des									***********			T	Value	<del></del>
Examples: Natl Assn of Rock	Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/	5/99 (p	ersona	activ	rity unrelated	to duty									1	\$500	
1 Frank Juges; San Fra	minajo, OZ.	resmet overese (betonst tiens)										· · · · ·				<del> </del>	\$300	
		<u> </u>																
2																		

Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C 7/8 Lanier, Jerry P. Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None Category of Amount or Value (x) any time during the reporting period by you, your spouse, by automobiles, household furniture or appliances; and or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. \$15,000 \$15,001 -\$20,000 \$20,001 -\$100,001 -\$250,000 \$250,001 -\$500,001 -\$1,000,000 \$1,000,001 -\$1,000,001 -\$5,000,001 -\$1,000,001 -\$5,000,001 -See instructions for revolving charge accounts. during the reporting period. Exclude a mortgage on your Date Term if Interest Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC John-Jones, 123 J St., Washington, DC Mortgage on rental property, Delaware 1991 25 yrs. x Examples: 10 % Promissory note Ï999 on demand х 7 yrs. Astoria Federal Savings Mortgage on rental property, Virginia 2007 6% Int. only Mortgage on rental property, North Carolina 2007 6.375% 30 yrs. Countrywide Home Loan \* 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. Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing participation in an of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None X Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State 7/85 Example: calculated on service performed through 1/00.

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U.S. Office of Government Einics				Page Number	
Reporting Individual's Name Lanier, Jerry P.		SCHEDULE D		2/8	
Part I: Positions Held Outs Report any positions held during the at compensated or not. Positions include director, trustee, general partner, propr	pplicable reporting period, whether that are not limited to those of an officer.	consultant of any corporation, firm, pa non-profit organization or educational social, fraternal, or political entities an	rtnership, or other business enterprise or a institution. Exclude positions with religio d those solely of an honorary nature.	ny us. None	
Organ	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	То (Мо., Үт.)
Examples: Nat'l Assn. of Rock Collectors Doe Jones & Smith, Hometow	, NY, NY	Non-profit education  Law firm	President Partner	6/92 7/85	Present 1/00
2					
3					
5		·			
6					
Report sources of more than \$5,000 c business affiliation for services provid the reporting period. This includes th	Excess Of \$5,000 Paid by One Sompensation received by you or your led directly by you during any one year of a names of clients and customers of any	cornoration, firm, partnership, or othe	r business enterprise, or any other non-pro- led the services generating a fee or paymer port the U.S. Government as a source.	fit if you are ar t Termination Vice Presiden or Presiden	
Source (Name and Address)			Brief Description of Duties		
Doe Jones & Smith, Hometov	wn; State ce Jones & Smith), Moneytown, State	Legal services  Legal services in connection with unive	rsity construction		
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