## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

	e continued on the reverse side)	(Check box if comments are continued	
OGE Use Only			
Agency Use Only			
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the preceding two calendar years and the current calendar year up to the date		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.  Schedule D—The reporting period is	5-15-13	BeEM. Das M.	Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)	Signature	Office of Government Ethics
any date you choose that is within 31 day of the date of filing.	5. 14. 2013	to Cell	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).
reporting period is the preceding calenda	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.  Schedule C. Part I (Liabilities)-The	5.14.13	Laure Mildel	agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Signature of Other Reviewer	Other Review
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	5.14.13	1. R. 1 Seen	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.
Aice riesident:	Date (Month, Day, Year)	Signature of Reporting Individuel	Certification
Vice President:			
Nominees, New Entrants and	X No	Not Applicable Yes	Presidential Nominees Subject to Senate Confirmation
at the date of termination. Part II of Schedule D is not applicable.	to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination   Do You Intend to C	
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends		THE OF CONTOURS Of the Parce (a) was	Position(s) Held with the Federal 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.		This of Desirios (A) and Deta(a) Ualld	(or forwarding address)
where you must also include the filing		WHITE HOUSE 1800 DENNISYI WANIA AVE NW WASHINGTON DC 20500	Dresent Office
the preceding calendar year except Part  If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Togation of
Reporting Periods Incumbents: The reporting period is		VICE PRESIDENT	Position for Which Filing
to a \$200 fee.	gency (If Applicable)	Title of Position Department or Agency	
than 30 days after the last day of the filing extension period, shall be subject		BIDEN JOSEPH R., JR.	Individual's Name
filed, or, if an extension is granted, more	diddle Initial	Last Name First Name and Middle Initi	Reporting
Any individual who is required to file this report and does so more than 30 day	FILET Cabic/(Montal, 128), 18a1/	Status (Check Appropriate Exercise)  Status (Check Appropriate 2012  Candidate Covered by Report Candidate	or Nomination (Month, Day, Year) 01/20/2009
Fee for Late Filing	Termination Termination Date (HAppli-	Reporting Incumbent Calendar Year New Entrant,	Date of Appointment, Candidacy, Election,

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OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

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									Over \$5,000,000	1		(or less Block C	ŀ	V 1	
									Other Income (Specify Type & Actual Amount)			type and amount. If "None (or less than \$201)" is no other entry is needed in Block C for that item.		7 of	Page Number
									Date (Mo., Day, Yr.) Only if Honoraria			01)" is item.		<u> </u>	

(	C.D. Cities of Octobrations Princes				
m	Reporting Individual's Name BIDEN, JOSEPH R., JR.	SCHEDULE B	ULE B	Page Number 8	mber 8 of 11
	Part I: Transactions Report any purchase, sale, or exchange hy your spouse or dependent	Do not report a transaction involving l	None X		
	children during the reporting period of any		Transaction Type (x)	Amount of Transaction (x)	
	feat property, stocks, bonds, commonly futures, and other securities when the amount of the transaction exceeded \$1,000 Include transactions that resulted in a loss.		rchase le change	,001 - 5,000 5,001 - 00,000 0,001 - 00,000 00,001 - 00,000 - 00,001 - 00,000 - 00,000 er ,000,000 er ,000,000 - ,000,000 - ,000,000 -	,,000,001 - ,5,000,000 5,000,001 - 0,000,000 rer 0,000,000 rtificate of vestiture
_	Identifi	Identification of Assets	S	\$: \$: \$: \$: \$: \$: \$: \$: \$: \$: \$: \$: \$: \$	\$ \$2 \$5 O \$1
	Example   Central Airlines Common		×	2/1/99 x	
	1				
	2				
[	3				
_ N	4				
	5		A S		
	*This category applies only if the underlying a by the filer or jointly held by the filer with th	*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 or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.	. If the underlyin ries of value, as a	; asset is either held propriate.	

## Part II: Gifts, Reimbursements, and Travel Expenses

than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and dates, and the nature of expenses provided. Exclude anything given to you by authority, etc. For travel-related gifts and reimbursements, include travel itinerary, (2) travel-related cash reimbursements received from one source totaling more

> the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$140 or less. See instructions for other exclusions.

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						Examples	
					Frank Jones, San Francisco, CA		Source (Name and Address)
						99 (personal activity unrelated to duty)	Brief Description
					\$385	\$500	Value

U.S. Office of Government Ethics														
Reporting Individual's Name BIDEN, JOSEPH R., JR.	SC	SCHEDULE	JLE C								Page Number	Numb	er 9 of 11	
Part I: Liabilities  Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None		_			3	Catagory of Amount or Value	Of Am		or Val	(v)		
to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	7		F	0,001 - 5,000	5,001 - 0,000 0,001 -	00,000	50,000	00,000	000,000	er 000,000*	000,001- 000,000	000,001 - 5,000,000 5,000,001 -	0,000,000 er 0,000,000
Creditors (Name and Address)	Type of Liability	Date Incurred	Rate	applicable	\$15	\$50	\$10	\$25	\$50	\$1,	Ονε \$1,		\$25	Ove
First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			×			Ш				
John Jones, Washington, DC	Promissory note	1999		on demand				707	×			(		
1 J - US SENATE FEDERAL CREDIT UNION	SIGNATURE NOTE WITH MONTHLY PAYMENTS	2010	9.99%	5 YRS	X	Profession .								
2 J - WILMINGTON SAVINGS FUND SOCIETY	HOME EQUITY LOC	2005	PRIME	10 YRS				$\overline{}$						
3 SUN NATIONAL BANK, DE	CO-SIGNER WITH SON ON LOC, RENEWABLE EVERY 2 YEARS	1989	PR+1	2 YRS		X								
MASS MUTUAL LIFE INSURANCE COMPANY POLICIES BOUGHT BETWEEN 1969 AND 1983	LOANS AGAINST CASH VALUE OF POLICIES	1983	5-8%	LIFE		X								18 183
J - WILMINGTON SAVINGS FUND SOCIETY	MORTGAGE ON PRINCIPAL RESIDENCE (INCLUDING RENTAL PROPERTY)	2010	4.625%	23 YRS						X				
*This category applies only if the liability is so with the spouse or dependent children, mark i	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of with the spouse or dependent children, mark the other higher categories, as appropriate.	en. If the lia	ability is tha	at of the filer	or	a joint liability	ability	of the	filer					
Part II: Agreements or	Arrangements													
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	for: (1) continuing participation in an , deferred compensation); (2) continuacluding severance payments); (3) leaves	of absen ing of ne	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  Non	) future e for any c	ure employment. See instructions rega any of these arrangements or benefits.	nent. e arra	See i ngem	nstru ents	ction or be	s reg nefit	ardi s.	th St	ie report- None	× i
Status and Terr	Status and Terms of any Agreement or Arrangement						P	Parties						Date
Example Pursuant to partnership agreement, wi calculated on service performed throu	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	rtnership sha	иe	Doe Jones &	շ Smith, Hometown, State	Homet	own, S	tate						7/85
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

U.S. Office of Government Ethics														
Reporting Individual's Name BIDEN, JOSEPH R., JR.	S	SCHEDULE	ULE C							Page N	Page Number	ber 10 of 11	1	34
Part I: Liabilities  Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None					Catego	Category of Amount or Value (x)	mount	or Vali	(v)			
to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	1		i 5	0,001 - 5,000 5,001 -	0,000	00,000 00,001- 50,000	50,001 - 00,000	00,001 - 000,000	er 000,000*		000,001 - 5,000,000	5,000,001 - 0,000,000	er 0,000,000
Creditors (Name and Address)	Type of Liability	Date Incurred	Rate	applicable	\$15	\$50 \$50	\$10	\$25			\$5,	\$25	\$50	950 \$50
	Mortgage on rental property, Delaware	1991		25 yrs.		×								
John Jones	Promissory note	1999	10%	on demand				×						
1 - WILMINGTON SAVINGS FUND SOCIETY	HOME EQUITY LOC (PAID OFF AS OF 2012)	2011	5.25%	10 YRS	\ /	X								
2 J - WILMINGTON SAVINGS FUND SOCIETY	HOME EQUITY LOC	2012	4.49%	20 YRS			X						mark and	
3		()	n											
4											- Historia			
5						1.5 61								
*This category applies only if the liability is s with the spouse or dependent children, mark	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the li	ability is th		the filer or a joint liability of the	oint liab	ility of	the filer	T.					
Part II: Agreements or	Arrangements													
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	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 abser ing of n	nce; and ( egotiation	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  Non-	mployr of these	nent. S arran	ee ins gemen	truction ts or t	ns rep Denefi	gardir ts.	ng the	repo	None X	X
Status and Te	Status and Terms of any Agreement or Arrangement						Parties	les					Date	te
Example Pursuant to partnership agreement, calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	ırtnership sh	are	Doe Jones	& Smith, Hometown, State	Hometo	vn, Stat	10					7/85	ű
1														
2														
3				7										
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51														
6														

U.S. Office of Government Ethics					
Reporting Individual's Name BIDEN, JOSEPH R., JR.		SCHEDULE D	વ	Page Number 11 of	11
-					
Part I: Positions Held Outside U.S. Government 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,	<b>Dutside U.S. Gover</b> plicable reporting period, whethe of limited to those of an officer, of	_	organization or educational institution. Exclude positions with religious social, fraternal, or political entities and those solely of an honorary	with religious onorary	<b>∵</b>
trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	resentative, employee, or consult her business enterprise or any n	ant of nature. on-profit		Z	None 🗙
Organization (Name and Address)	nd Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Nat'l Assn. of Roc		Non-profit education	President	6/92	Present
Examples Doe Jones & Smith, Hometown, State	.———————	α	Partner	7/85	1/00
1		-			
2					
,cu					
4					
S					
6					
Part II: Compensation in Excess of \$5,000 Paid by One Source Report sources of more than \$5,000 compensation received by you or your non-profit organization volume for the condition of the cond	in Excess of \$5,00 pensation received by you or you	ıid	Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.	part if you on Filer, or ential Canc	are an Vice lidate.
the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other	names of clients and customers of business enterprise, or any other	services generating a fee need not report the U.S.	or payment of more than \$5,000. You Government as a source.		None 🔲
Source (Name and Address)	Address)	Brief	Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State  Metro University (Client of Doe Jones & Smith), Moneytown, State	ith), Moneytown, State	Legal services Legal services in connection with university construction	ction		I I I
1					
2					
8					
4					
5					
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