Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

C.o. Office of Coveringent Fancs				
Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/20/2009	Reporting Incumbent Calendar Year Covered by Report No. (Check Appropriate Eoxes) Reporting Incumbent Calendar Year Covered by Report No. (Calendar Year Covered by Report Calendar Year Covered by Report Calendar Year Covered by Report No. (Calendar Year Covered by Report Calendar Year Covered by Report No. (Calendar Year Covered by Report Calendar Year Year Calendar Year Year Calendar Year Year Year Calendar Year Year Year Year Year Year Year Ye	New Entrant, Nominee, or Filer Candidate	ination 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
D; = 0 = 0 = 0 = 0	Last Name	First Name and Middle	Initial	after the date the report is required to be filed, or, if an extension is granted, more
Individual's Name	BIDEN	R		than 30 days after the last day of the filing extension period, shall be subject
٠	Title of Position	Department or Agency	(If Applicable)	to a \$200 fee.
Position for Which Filing	VICE PRESIDENT			Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)	Telep	hone No. (Include Arca Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Office g address)	WHITE HOUSE, 1600 PENNSYLVANIA AVE., NW, WASHINGTON, DC 20500	IGTON, DC 20500		where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)				Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. But II of
_	Name of Congressional Committee Considering Nomination	Do You Intend to Create	a Qualified Diversified Trust?	Schedule D is not applicable.
to Senate Confirmation	Not Applicable /	Yes	∑	Nominees, New Entrants and
Certification	Signature of Reporting Individual	Dat	e (Month, Day, Year)	Vice President:
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.	1.X. (Sea)		5.18-16	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
Other Review (If desired by	Signature of Other Reviewer	Da	Date (Month, Day, Year)	as of any date you choose that is within 31 days of the date of filing.
agency)	South Muta		5/16/2016	Schedule B-Not applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)	reporting period is the preceding calendar
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).	Alm Mail		5/14/2016	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	Signature	Da	Date (Month, Day, Year)	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or
Use Only	Was M. Paul		5/16/16	arrangements as of the date of filing. Schedule D.—The reporting period is
Comments of Reviewing Officials (If	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sh	sheet)		the preceding two calendar years and the current calendar year up to the date
	(Check box if filing exter	(Check box if filing extension granted & indicate number of days	umber of days)	of filing.
-				Agency Use Only
				Meined 5/13/2016
	(Check	(Check box if comments are continued on the reverse side)	nued on the reverse side)	The state of the s

OGE Form 27: 12/2011)
5 C.F.R. Part 2.
U.S. Office of Government Ethics

C.G. Office of Government Editors			
Reporting Individual's Name BIDEN, JOSEPH R., JR.	SCF	SCHEDULE A	Page Number 2. of 9
Assets and Income	Valuation of Assets at close of reporting period	Income: type and amount. If "None checked, no other entry is needed in	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.
BLOCK A	BLOCK B	· .	BLOCK C
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.	000 000 000 000 000 000,000 000,000 000,000	Type	00 0000 000,000
For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).	None (or less than \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,00 \$100,001 - \$500,001 - \$1,000,000 \$1,000,001 - \$5,00 \$5,000,001 - \$5,00 \$25,000,001 - \$5,00 \$25,000,001 - \$5,00 \$25,000,000 - \$5,000,000 \$1,000,000 \$	Excepted Investme Excepted Trust Qualified Trust 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 - \$100,00 \$100,001 - \$1,000 Over \$1,000,000* \$1,000,001 - \$5,00 Over \$5,000,000 Artual Monoraria
Central Airlines Common	×	×	
Examples Doe Jones & Smith, Hometown, State	×		Law Partnership Income \$130,000
Kempstone Equity Fund			
IRA: Heartland 500 index Fund	×		×
J - UNITED STATES SENATE FEDERAL CREDIT UNION - SAVINGS	×	×	
2 SUNTRUST BANK - CHECKING	×	×	
3 M&T BANK - CHECKING	X	×	
J - M&T BANK - CHECKING	X	×	
S - WILMINGTON SAVINGS FUND SOCIETY -	×	×	
6 S - DEFERRED COMP STATE OF DE, FIDELITY FREEDOM 2020 FUND	×	×	
* This category applies only if the asset/incorby the filer with the spouse or dependent c	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.	children. If the asset/income is either that as appropriate.	of the filer or jointly held

OGE Form 27 12/2011)
5 C.F.R. Part 2
U.S. Office of Government Ethics Reporting Individual's Name

SCHEDULE A continued

Page Number

İΒ	BIDEN, JOSEPH R., JR.									<u>~</u>		1 (a) (E	SCHEDULE (Use only			A of) ()	continued leeded)	ָ בייין דָּל		 									25/55/25	4939 3349	3 of 9	
	Assets and Income			at	Val	lua se c	ftic	epo	Valuation of Assets at close of reporting period	d Bl	ets	od	***************************************				C I	Inco	ked	ָּהְ, שֻׁנֵּיִי (פָּיִּנְיָּיִי (מְּיִינִייִּייִי (מְּיִינִייִּיִּייִי (מְּיִינִייִּיִּיִּיִּיִּייִי (מְּיִינִייִּיִּיִּיִייִּי	ype ot	me: type and ced, no other e	d a	amount.	is	nee	dec "N	If "None eeded in	BIC OI	(or less Block C	C ft	Income: type and amount. If "None (or less than \$201)" ichecked, no other entry is needed in Block C for that item.	l)" is em.
	BLOCK A						BL	BLOCK B	B															BLC	BLOCK C	C							
		w. sets c		90 (54)(3)				1535A			1333	22000		1/5/2/11	e a apenary.			Ty	Pe								5	Amount	``				
			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000 \$50,001 - \$100,000	y 1888 no brondo mento por trasta de trasta de trasta de trasta de la fina de la composição de la composição d	\$100,001 - \$250,000 \$250,001 - \$500,000	\$500,001 - \$1,000,000 \$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	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	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000 Over \$1,000,000*	And the dead and the dead of the control of the con	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
(): -	S - TAX-SHELTERED ANNUITY, SECURITY BENEFIT GROUP, INVESTED AS FOLLOWS	en e		30/33/35/30	40,824,625,63	400525 N. S.	131313		37460.2370	\$ 60.000		\$160.000											Tanggara Tuga da sang Kari		37000073000	50/29/03/62	2902300900			0.4834.463			
2	1) INVESCO VI GLOBAL HEALTH CARE	774647843837000.		×	335305	250000000000000000000000000000000000000	100	i neikonijos Livalikonijos	5/25/0/0/	a Atrika		7 (\$) (\$)	2/9/2014/2017	X				0.78.708		31/02/1999	×	34531914	Section and sector		JANJANASAN		57854470380	\$167,10380					
ω	2) DREYFUS IP TECHNOLOGY GROWTH			×	3/45/3/44								· Andrews Constitution	×					To a constitution of the sale		×				SASSVANSVA	N. PERSONAL IN	1401500510		eros Serio (18. h				
4/22	3) GUGGENHEIM INVESTMENTS HIGH YIELD	b		×	200		3.446.93%			1000		2/19/10/200	- VIV. (4-107-0	X					720		X		substablication		01705/8/0550	Sign Same	475475541	5.00.000	27 Sept. (\$19)				
ا	4) JANUS ASPEN ENTERPRISE	**********	U	×	K/A/(XXX)	PERCENT.			(1995)	3-58 -89 (49-543/550		140000000000000000000000000000000000000	×						4.000.000.4	X		transcrutt vatuur		K9358355		2003/05/05	445,0700					
್ರ	5) JANUS ASPEN JANUS PORTFOLIO	Nachoristics		×	V950,030.7	(0.57.57.00)	V-\$50 V(5) X		100000000000000000000000000000000000000		100000000000000000000000000000000000000		1200 980 900	×				100	Pol-Secul (DSSC)	7090000	×		Taine tea cheolasea		5092002500		. 1888 (1888)	\$7857N58N8					
: (300 7	6) LEGG MASON WESTERN ASSET VARIABLE GLOBAL HIGH YIELD BOND	Toxespare-solic		×	435A34444		0.094649				100 mg 100 m		************	×						- (See See S	×		A 400-100-100-100-100-100-100-100-100-100-	a service de la constantion de la cons	8105502500	witten gelow	acini ma	NEW WAY	Surgian deliga				
	7) MFS VIT UTILITIES		~	×	STORT ARTONS	1000 Sec		F (0.6) A-2 (0.0)	*********		- 1.104 (1.44 (W.		A Control Control Con	×						100	×		working and base		TOTAL VINE OF THE		04745775471	\$9000,996 B					
့ ဝ	8) GUGGENHEIM VIF STYLEPLUS MID GROWTH	70570.0000	×		0.650.660	tabell (Sel)	199909200	7.3% V.V.	1316000000		. 5000000000	1833483	100000 CAR	X						V.VSVeller	×	130.5	1/1/20/16/20/	269475	1195 HS.			7 17 17 15 15 15 15 15 15 15 15 15 15 15 15 15					
	* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	ne is hildr	sole en, i	ly t	at o	of the	e fik Ier h	er's s tighe	ir ca	se o tego	r de ries	pend of v	lent alue	chil as a	dren	. If opri	the ate.	asse	t/in(:om	e is i	:/income is either that of the filer or jointly held	er th	at o	f the	file	ror	join	tly k	ıeld			

OGE Form 2' 5 C.F.R. Part 2

. 12/2011)

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

BIDEN, JOSEPH R., JR

Assets and Income

Valuation of Assets at close of reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.

Туре

SCHEDULE (Use only if needed) A continued

Page Number

4 of ဖ

				×	×	×	×	None (or less than \$201)	
×		3 (2) (1) (1) (1) (1) (2) (1) (1) (1) (1)			War cele			\$201 - \$1,000	
		×						\$1,001 - \$2,500	1
	X 1993 774 17		N. S. C.	10 10 10 10				\$2,501 - \$5,000	
								\$5,001 - \$15,000	
								\$15,001 - \$50,000	⊳
								\$50,001 - \$100,000	Ħ
		10814					3,200	\$100,001 - \$1,000,000	mount
								Over \$1,000,000*	=
					Altera Alter			\$1,000,001 - \$5,000,000	
								Over \$5,000,000	
	PENSION PYMT Spouse \$33,291		,		:			Other Income (Specify Type & Actual Amount)	
								Date (Mo., Day, Yr.) Only if Honoraria	

9) GUGGENHEIM VIF MID CAP VALUE

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

Excepted Investment Fund

Over \$50,000,000

Excepted Trust

Qualified Trust

Rent and Royalties

Dividends

Interest Capital Gains

S - DE STATE PENSION, DEFINED BENEFIT PLAN (value not readily ascertainable)

MASS MUTUAL WHOLE LIFE INSURANCE

X

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.

POLICY

MASS MUTUAL WHOLE LIFE INSURANCE POLICY

X

×

×

×

S - PNC BANK - SAVINGS

×

X

ascertainable)

CONTINUATION OF LINE 4 (value not readily

RANDOM HOUSE PUBLISHERS, NY, NY BOOK TITLE - "PROMISES TO KEEP"

11) GUGGENHEIM VIF ALL CAP VALUE

×

×

×

×

10) GUGGENHEIM VIF SMALL CAP VALUE

×

X

OGE Form 27 12/2011)
5 C.F.R. Part 2;
U.S. Office of Government Ethics
Reporting Individual's Name

(Use only if needed)	SCHEDULE A continued
5 of	Page Number

BIDEN, JOSEPH R., JR.	SCHEDULE (Use only	EDULE A continued (Use only if needed)		5 of 9
Assets and Income	Valuation of Assets	Income: type	Income: type and amount. If "None (or less than \$201)" i	(or less than \$201)" is
BLOCK A	BLOCK B		вьоск с	
		Туре	Amount	
	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 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000	Capital Gains None (or less than \$201)	\$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*	Other Date Income (Mo., Day, Specify Yr.) O Type & Only if Amount) O Amount)
MASS MUTUAL WHOLE LIFE INSURANCE POLICY	×	×	*	
2 MASS MUTUAL WHOLE LIFE INSURANCE POLICY	×	×		
3 MASS MUTUAL WHOLE LIFE INSURANCE POLICY	×	×	×	
4 MASS MUTUAL WHOLE LIFE INSURANCE POLICY	×	×		
5 S - NEW CASTLE COUNTY SCHOOLS EMPLOYEE FCU - SAVINGS		×		
6 S - NEW CASTLE COUNTY SCHOOLS EMPLOYEE FCU - CHECKING				
7 S - NORTHERN VIRGINIA COMMUNITY COLLEGE, ANNANDALE, VA				TEACHING SALARY SPOUSE
8 S - WILMINGTON SAVINGS FUND SOCIETY - CERTIFICATES OF DEPOSIT		×		
9. S - COMMONWEALTH OF VA, 457 DEFERRED COMP Balanced Growth Fund	*	×		
* This category applies only if the asset/income by the filer with the spouse or dependent child	This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	children. If the asset/income is e as appropriate.	income is either that of the filer or jointly held	<u>a</u>

OGE Form 27
5 C.F.R. Part 2
U.S. Office of Government Ethics
Reporting Individual's Name

	ه د		7.7.7. 7	್ಷರ	्ःऽ	4	ႏွင့်မ	2	. (i) : i						_ ≅
* 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.	S - TD BANK - CHECKING	J - TD BANK - CHECKING	S - TD BANK - CHECKING	CONTINUATION OF LINE 5 (author's after-tax proceeds donated to the USO)	BLESS OUR TROOPS" CONTINUATION OF LINE 4 (value not readily ascertainable)	S - SIMON & SCHUSTER PUBLISHERS, NY, NY BOOK TITLE - "DON'T FORGET, GOD	J - RENTAL PROPERTY (residential), WILMINGTON, DE	S - WILMINGTON SAVINGS FUND SOCIETY - CERTIFICATES OF DEPOSIT	S - COMMONWEALTH OF VA, 401(a) CASH MATCH PLAN - Balanced Growth Fund			BLOCK A	Assets and Income		Reporting Individual's Name BIDEN, JOSEPH R., JR.
is so ldren	×							X	i Çarinsiya	None (or less than \$1,001)	(6575.W				
lely , ma			×						×	\$1,001 - \$15,000			at		
that rk tł		X	49.140333 44.16033							\$15,001 - \$50,000			C10		
of t		hayean rathe	65696994966074	100000000000000000000000000000000000000	V405053050	10050076646	a organizacioni	0.04,05,0850.1	200, 200, 024, 03.	\$50,001 - \$100,000	eveney w		Valuation of Assets at close of reporting period		
he fi her	man har by the array of the state of the sta		659,500,63	(\$100 G	185 1868		×			\$100,001 - \$250,000		B	ati of 1	ŀ	
ler's high			-	Territor Industrial		okoje wlentova	vertilensmicht.	y C30, 500, 500	700,900,000,000	\$250,001 - \$500,000	Q00,3 Q00	BLOCK B	epo n		
spc	127 (27		H9 (9/4)	2550000	8 000		35050			\$500,001 - \$1,000,000		KΒ	of,		
ateg			Parasasa a		a Chile de char	ovioù saiez (a)	. 44. 22. 24. 25. 26.			Over \$1,000,000*	W4243		As:		S
or c				X63000					(100 to 100 to 1	\$1,000,001 - \$5,000,000			pet per		Ω
lepe s of			0446846684		onaviero) (3245320045100	884808593	vojarska stana	\$5,000,001 - \$25,000,000	activative		s iod		
nde valı			11 Y 10 C 11 F							\$25,000,001 - \$50,000,000	74507.0 74534.4				S E
nt ch	V.000V.90075	: M92517536935	evenores	-0000000000	1000918500G	A VASA (#284 VA	978554759303	A SO SOS S	\$00000 \$20000	Over \$50,000,000	6757907401				SCHEDULE A conti
uildr s ap	155 (155)	339 363 36		100000000000000000000000000000000000000	A PROCESS	system a	MACANISM (See	Angres (August)	×	Excepted Investment Fund Excepted Trust	100016				nly
en.		435 <u>5</u> 555	W.C.S.C.S.S.C.	(\$6574500 N)	Cristings is	ASSASASSAS	52533550	88860 VESTOV	394394753743	Qualified Trust	04869(440)				if 1
If th	(18) (18) (18) (18) (18) (18) (18) (18)	5963593635			- 958 / Sily 4	1858187758		15,00000	0.020000000	and the state of t	væjare.				nee C(
ie as		s of the desired		Car vers	17 m 18 m	×	X	1 17 18 11 11 11		Dividends Rent and Royalties	Ty		Inco checi		Conti leeded
set/	Westerness	Sousseasses	100000000000000000000000000000000000000	400000	0.000.000.00		/\`			Interest	уре		:on		g) EF
inco				1325-155-15			50V. 05.			Capital Gains	e		me: ked,		inued ¹⁾
me	×	×	×	1036103540	4034030304	VERSEAST NO.		×	×	None (or less than \$201)	\dashv		type no ot		þg
is ei	16.039		V/(E775E)/(E			×		7	National S	\$201 - \$1,000			oth		
her					25000000					\$1,001 - \$2,500			and amount. If "None her entry is needed in		
that			73574574	48780						\$2,501 - \$5,000		В.	am enti		
of t				Ti Sarie Gerra en	4,0,000,000,000		- 1495/3795 PS 150		100000000000000000000000000000000000000	\$5,001 - \$15,000		BLOCK C	ou Ty i		
he f	1000000			1505604			×			\$15,001 - \$50,000	√	C ·	nt.		
iler			24 (2 444 63) 444 63		100000000000000000000000000000000000000				100 g	\$50,001 - \$100,000	Amount		ed eed:		
or je				149 SE 8	otaenise. Skrivis					\$100,001 - \$1,000,000	E I		Nor		
bind			32.57.10.43.2					2,252,302,503	200000000000000000000000000000000000000	Over \$1,000,000*	nt		ne (in I		
y he							245.55			\$1,000,001 - \$5,000,000			or.		
Ыd	1 1									Over \$5,000,000			(or less Block C	ŀ	
										Other Income (Specify Type & Actual Amount)			than for t		Page Number
										Date (Mo., Day, Yr.) Only if Honoraria			\$201)" is hat item.		9

OGE Form 27 12/2011)
5 C.F.R. Part 2.
U.S. Office of Government Ethics

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

	CONTRACTOR							İ					
Reporting Individual's Name BIDEN, JOSEPH R., JR.	SCHEDULE	LE B						Page	Page Number 7	ber 7 of	9		
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving No	None X											
by you, your spouse, or dependent children during the reporting period of any	property used solely as your personal residence, or a transaction solely between	Transaction			A	Amount of Transaction	t of T	ransa	ction	×			
real property, stocks, bonds, commodity	you, your spouse, or dependent child.	98	ata)	n*)	<i>,</i> 0	0	_	of
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block), to indicate sales made pursuant to a certificate of divestiture from OGE.	change	Date (Mo., Day, Yr.)	,001 - 5,000 5,001 -	5,001 - 0,000 0,001 - 00,000 00,001 - 50,000	50,000 50,001 - 00,000	00,001 - ,000,000	,000,000*	,000,001 ,000,000	,000,001 25,000,000	5,000,001 0,000,000	er 0,000,000	rtificate of vestiture
Identific	Identification of Assets	Sa		\$1	\$5 \$1 \$1	\$2	\$5		\$5	-\$2	\$5		
Example Central Airlines Common			2/1/99		×	1860 1860					egg/se		
1								6/60 5/60	254.01.27		3800,499		
2									and the		<i>[2]</i>		
3				909 800					Charles III		Jensas		
4									16.4		260,2660		
5											njihat k		
Part II: Gifts, Reimbursements, and Travel 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 (2) travel-related cash reimbursements received from one source totaling more than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such	- AXE		ven to you received t tionship to so, for pu ce, exclu	rr ager yy you yy you; you; poses de iten	t; given to your agency in connection with official travel; res; received by your spouse or dependent child totally relationship to you; or provided as personal hospitality at Also, for purposes of aggregating gifts to determine the source, exclude items worth \$140 or less. See instructions	nectic r depe ed as J sating	on wi ender perso gifts gifts	th of it chi nal h no de s. See	ficial Id tot lospit sterm	trave ally ality ine the	el; at he		
authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by	eimbursements, include travel itinerary, Exclude anything given to you by									None		X	
Source (Name and Address)	ALAT ALAT LANGUE AND ALAT ALAT ALAT ALAT ALAT ALAT ALAT ALA	Brief Description	n								٧a	Value	
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	nference 6/15/99	(personal	activity	unrelated to	duty)		i	İ	<u> </u>	\$385	중 I 응 	ĺ
g⊶3													
2										·			
3													
4			-			٠							
5											İ		

ur agreements or benefit plan (e.g., ment by a forme	ir agree benefit j ment b	 rt you oyee I of pay		This cates vith the s	J - TD BANK	SUN NAT	MASS MI	J - TD BANK	Examples	4	٥	uring the our spou heck the uring the	art I	IDEN, JOS	porting In	S. Office of
		Pursuant to partnership agreement, wi calculated on service performed through	Part II: Agreements or Agreements or Agreements of Agreements or arrangements from the subject of the subject o	ory applies only if the liability is sol bouse or dependent children, mark t	NK .	SUN NATIONAL BANK, DE	MASS MUTUAL LIFE INSURANCE COMPANY POLICIES BOUGHT BETWEEN 1969 AND 1983	NK	John Jones, Washington, DC	First District Bank, Washington, DC	Creditors (Name and Address)	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Part I: Liabilities Report liabilities over \$10,000 owed	BIDEN, JOSEPH R., JR.	Reporting Individual's Name	U.S. Office of Government Ethics
		Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	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	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that with the spouse or dependent children, mark the other higher categories, as appropriate.	HOME EQUITY LOC	CO-SIGNER WITH SON ON LOC, RENEWABLE EVERY 2 YEARS	LOANS AGAINST CASH VALUE OF POLICIES	MORTGAGE ON PRINCIPAL RESIDENCE (INCL. RENTAL PROPERTY)	Promissory note	Mortgage on rental property. Delaware	Type of Liability	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by	St	·	
		rtnership sha	of absening of ne	ren. If the lia	2014	1989	1983	2013	1999	1991	Date Incurred	1	None 🔝	SCHEDULE		
		re	of absence; and (4) ing of negotiations	bility is th	2.75%	PR+1	5-8%	3.375%	 	Ď	Interest Rate		Inimirani II	JLE C	ı	
		Doe Jones	A. J.	at of the filer or	20 YRS	2 YRS	UFE	30 YRS	on demand	25 yrs.	applicable					
		& Smith, H	employme of these a	ler or a joi		×	×				\$10 \$15 \$ 15),001 = 5,000 5,001 -				
		Poe Jones & Smith, Hometown, State	future employment. See instructions regarding the report- for any of these arrangements or benefits. Non	a joint liability of			/\	3.5		×	\$50 \$10),000),001 -)0,000)0,001-	Cato			
		State	struction ents or be	of the filer	X				¥		\$25 \$50	50,000 50,001 - 90,000 00,001 -	Category of Amount or Value (x)			
			s regardii nefits.					<u> </u>		38 S	\$1,0 Ove	000,000 er 000,000*	ount or Val		Page l	
			ng the re								\$5,0 \$5,0	000,001- 000,000 000,001 - 5,000,000	ue (x)	8 of	Page Number	
		7/85	port-							200 2	\$25 \$50	5,000,001 - 0,000,000		f 9		

OGE Form 27 12/2011)
5 C.F.R. Part 2
U.S. Office of Government Ethics

6	Ş	4	3	2	μ.	땃	Π	있다. 당부 및 전 부	- I	ν c	4	ω	2	1	Ę			유다	Sa R	Н	В	Ŗ	
						Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Source (Name and Address)	Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other need not report the U.S. G	out II. Composition						Examples Doe Jones & Smith, Hometown, State	↤	Organization (Name an	trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	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,	Part I: Positions Held Outside U.S. Government	BIDEN, JOSEPH R., JR.	Reporting Individual's Name	U.S. Office of Government Ethics
						ith), Moneytown, State	Address)	pensation received by you or you directly by you during any one y lames of clients and customers of business enterprise, or any other	in Europe of the Oo								nd Address)	resentative, employee, or consulta	plicable reporting period, whether ot limited to those of an officer, d	Outside U.S. Gover:			
						Legal services in connection with university construction		12	O Daid has One Secure						Law firm	Non-profit education	Type of Organization	nature.	'n-	1	SCHEDULE D		
						uction	Brief Description of Duties	non-profit organization when Presidential or Presidential Candidate. you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.	Do not complete this r						Partner		Position Held	•	organization or educational institution. Exclude positions with religious social, fraternal, or political entities and those solely of an honorary			P	
								on Filer, or Viential Candida	part if you a						7/85	-+	, Yr.)	None	with religious, onorary		9 of 9	Page Number	
						 		Vice date. ne	re an						1/00	Present		R X			9		