

# Executive Branch Personnel Public Financial Disclosure Report

<b>Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year)</b>	1/20/09		<b>Reporting Status</b> (Check Appropriate Boxes)	<input checked="" type="checkbox"/> Incumbent	<b>Calendar Year Covered by Report</b>	2009	<b>Termination Filer</b>	<input type="checkbox"/>	<b>Termination Date (if Applicable) (Month, Day, Year)</b>		<b>Fee for Late Filing</b>	Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.	
<b>Reporting Individual's Name</b>	Messina		<b>First Name and Middle Initial</b>		James A.		<b>Department or Agency (if Applicable)</b>		WHO				
<b>Position for Which Filing</b>	Deputy Chief of Staff		<b>Title of Position</b>		Deputy Chief of Staff		<b>Telephone No. (Include Area Code)</b>		202-456-1414				
<b>Location of Present Office</b> (or forwarding address)	Washington		<b>Address (Number, Street, City, State, and ZIP Code)</b>										
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (if Not Same as Above)</b>	None												
<b>Presidential Nominees Subject to Senate Confirmation</b>	Not Applicable		<b>Name of Congressional Committee Considering Nomination</b>				<b>Do You Intend to Create a Qualified Diversified Trust?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Certification</b>	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.												
<b>Other Review (if desired by agency)</b>	Signature of Reporting Individual		Signature of Other Reviewer		Date (Month, Day, Year)		Date (Month, Day, Year)		5/9/2010				
<b>Agency Ethics Official's Opinion</b>	Signature of Designated Agency Ethics Official/Reviewing Official		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Date (Month, Day, Year)		5/12/10				
<b>Office of Government Ethics Use Only</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).		Signature		Date (Month, Day, Year)		Date (Month, Day, Year)		6-3-10				
<b>Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)</b>	Schedule D and annotations marked with * per Aler. 7x4 5/10/10												
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>													
(Check box if comments are continued on the reverse side) <input type="checkbox"/>													
<b>Agency Use Only</b>										5/3/10		<b>OGE Use Only</b>	

Reporting Individual's Name

Dwight A. Messin A

**SCHEDULE A**

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

Type	Amount								Date (Mo., Day, Yr.) Only if Honoraria	
	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		\$1,000,001 - \$5,000,000
Dividends										
Rent and Royalties										
Interest										
Capital Gains										
Qualified Trust										
Excepted Trust										
Excepted Investment Fund										

BLOCK B										
Valuation of Assets at close of reporting period										

BLOCK A										
Assets and Income										
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.										
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 <input type="checkbox"/>										
Examples	Central Airlines Common									
	Doe Jones & Smith, Hometown, State									
	Kempstone Equity Fund									
	IRA: Heartland 500 Index Fund									
1	ABC Inc Tdf G-4	X								
2	Citadel Bonding Corp	X								
3	Diney Walt Co	X								
4	Francis Mae Gray	X								
5	Johnson Suboro	X								
6	Microsoft	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.

Reporting Individual's Name

*James A. Messina*

**SCHEDULE A continued**  
 (Use only if needed)

Page Number  
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BLOCK A	BLOCK B										BLOCK C															
	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.															
Assets and Income	BLOCK B										BLOCK C															
	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	Over \$50,000,000	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*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
1 Pfizer Inc	X																									
2 Wal-Mart	X																									
3 Covidien	X																									
4 Tyco Intern.	X																									
5 Tyco Electronics	X																									
6 Mizsolex, MT Real Property					X																					
7 Nampa ID Real Property				X																						
8 1/5 of UN, LLC Holdings*				X																						
9 Obama-Biden Transition Project*																								\$19,561 (08-09)	Salary	

\* 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.

Prior Editions Cannot Be Used.

\* Located in Bezeeman, MT

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

Reporting Individual's Name: Ann A. Mancini SCHEDULE B Page Number 4 of 4

**Part I: Transactions**

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

Example	Identification of Assets	Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)															
				Purchase	Sale	Exchange	\$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	Over \$50,000,000	Certificate of divestiture	
1	Central Airlines Common		2/1/99	x															
2																			
3																			
4																			
5																			

\* 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.

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

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 \$260, and (2) travel-related cash reimbursements received from one source totaling more than \$260. 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 authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by 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 \$104 or less. See instructions for other exclusions.

Examples	Source (Name and Address)	Brief Description	Value
1	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)	\$500 \$300
2			
3			
4			
5			

Prior Editions Cannot Be Used.

Reporting Individual's Name

*SACS A. MASSIA*

**SCHEDULE C**

Page Number

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**Part I: Liabilities**

Report liabilities over \$10,000 owed 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 accounts.

None

a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

Creditor's (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)												
					1991	1999	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$150,000	\$150,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$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
Wells Fargo, mo	Mortgage on rental property, Delaware Promissory note	2005	7	30 yrs					X								
Wells Fargo, mo	Missionary R.F. (Notes)	2007	7.5	30 yrs					X								
United States State FCU	Home Equity L.C.C.	2003	9.9	Dem					X								

\*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: (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) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None

Example	Status and Terms of any Agreement or Arrangement		Parties	Date
	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.			
1			Doe Jones & Smith, Hometown, State	7/85
2				
3				
4				
5				
6				

**SCHEDULE D**

Reporting Individual's Name  
**James A. Messina**

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**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, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

Examples	Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	
	Non-profit education Law firm	Other			6/92 7/85	Present 1/00
1	Obama - Biden Transition Project *		Transition office	Director of Personnel	11/08	1/09
2						
3						
4						
5						
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 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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None

Examples	Source (Name and Address)		Brief Description of Duties
	Legal services	Other	
1	Metro University (client of Doe Jones & Smith), Moneytown, State		Legal services in connection with university construction
2			
3			
4			
5			
6			