

# Executive Branch Personnel Public Financial Disclosure Report

SF 238 (Rev. 03/2000)  
5 C.F.R. Part 2634  
U.S. Office of Government Ethics

Form Approved:  
OMB No. 3209-0001

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) <b>4/27/05</b>	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report <b>2006</b>	Termination Filer <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year) <b>06/01/2007</b>	Fee for Late Filing 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.
Reporting Individual's Name <b>McNabb</b>					
Position for Which Filing <b>Executive Assistant to the Administrator</b>					
Location of Present Office (for forwarding address) <b>1200 Pennsylvania Ave., NW, Washington, DC 20460</b>					
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) <b>Executive Assistant to the Administrator</b>					
Presidential Nominee Subject to Senate Confirmation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Certification 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.					
Signature of Reporting Individual <i>(Signature)</i>					
Date (Month, Day, Year) <b>6/1/07</b>					
Other Review (if desired by agency)					
Signature of Other Reviewer					
Date (Month, Day, Year)					
Agency Ethics Official's Opinion 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 of Designated Agency Ethics Official/Reviewing Official <i>(Signature)</i>					
Date (Month, Day, Year) <b>6/7/07</b>					
Office of Government Ethics Use Only					
Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)					
(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"/>					

Agency Use Only  
**Rec'd 6/1/07**  
OGE Use Only





### SCHEDULE C

#### 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

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.

None

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)														
						\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$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					
1	First District Bank, Washington, DC John Jones, 123 1st, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	3% 10%	25 yrs. on demand															
2																				
3																				
4																				
5																				

\* 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
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe, Jones & Smith, Hometown, State	7/85
2			
3			
4			
5			
6			

Reporting Individual's Name: **McNabb, Brian P.** Page Number: **5** of **5**

**SCHEDULE D**

**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 entitles and those solely of an honorary nature.

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	
				From (Mo., Yr.)	To (Mo., Yr.)
	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1					
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 non-profit organization when 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.

Examples	Source (Name and Address)	Brief Description of Duties	Do not complete this part if you are an incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.
	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State		<input checked="" type="checkbox"/>
1			
2			
3			
4			
5			
6			