

### OGE 278e Review Checklist

Filer's Name:	
Report Type/Year:	
Deputy Ethics Counselor:	
Reviewer:	
FILER'S INFORMATION	
1. Initial Review (Ethics Counselor Review) Within 60 Days	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Initial Review Date Noted in "Comments of Reviewing Officials" Block	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. PD Attached (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Appointment Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Reporting Status (Incumbent/NE/TERM)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. If Incumbent, Calendar Year	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Title/Position Indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Signed and Date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Received Before Due Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Extension Granted/Indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Other Federal Positions During Preceding 12 Months Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12. Certified by DEC & Dated (Within 60 Day Goal)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
13. Type of Appointment Indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PART 1 – POSITIONS HELD OUTSIDE US GOVERNMENT	
14. Organization Name Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15. Organization City/State	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Organization Type	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. Title of Position Held	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18. Dates of Service	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19. HHS 520 Filed (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20. Income reported in Part 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PARTS 2, 5, and 6 – ASSETS	
21. Assets Fully Identified (Is it an EIF?)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22. Owner Indicated for Part 6	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23. Real Estate Address (City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24. Partnership Address (City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25. Savings/CDs, Institution Type Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26. Mutual Funds Full Names	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27. IRA Underlying Assets Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28. 401(k)/403(b) Underlying Assets Reported on Part 2 or Part 5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
29. Asset/Cash Management Account Underlying Assets Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30. Insurance Type Reported (Whole/Universal/Variable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
31. For Variable Life Insurance – Investment Choice(s) Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
32. Annuity Type Rpt'd (Fixed or Variable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33. For Variable Annuity – Investment Choice(s) Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
34. Trust Assets (Unless Except/Qual)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
35. Partnership Activity Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
36. Asset Values Indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
37. TIAA-CREF Underlying Assets Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
38. Income Type Indicated or "None" Income Amount Reported (or "Yes" for EIF)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
39. Earned Income Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
40. If Earned Income Reported, Position Reported on Part 1 (not for spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
41. Non-Federal Pension Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
42. If Non-Federal Pension Listed, Arrangement on Part 3 (not for spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
43. Earned Income/Honoraria Amounts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
44. Listed as SRO or SAO (FDA and NIH Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
45. Listed Entity on Component's Grantee/Contractor/Regulated Entity List	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PART 3 – EMPLOYMENT AGREEMENTS AND ARRANGEMENTS	
46. Employers or Parties Disclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
47. City/State of Employer/Party	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
48. Status and Terms Listed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
49. Date of Agreement Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

50. Employment Retirement Plans From Part 2 Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PART 4 – COMPENSATION SOURCES > \$5K	
51. If Incumbent or TERM, Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
52. Source Name and Address (City, State) Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
53. Description of Duties Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PART 7 - TRANSACTIONS	
54. If New Entrant, Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
55. Item Description Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
56. Type of Transaction Indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
57. Date of Transaction Indicated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
58. Amount of Transaction Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
59. Items Reported on Parts 2, 5, or 6 (unless total sale)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
60. Items Reported on OGE 278-T	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
61. Compare Current and Prior Year's Assets Sections	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
62. Changes in Parts 2, 5, or 6 Reported as Transactions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PART 8 – LIABILITIES	
63. Name of Creditor Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
64. Type of Liability Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
65. Amount or Value of Liability Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
66. Year Liability Incurred Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
67. Interest Rate Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
68. Term of Loan Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
69. Owner of Loan or Liability Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
PART 9 – GIFTS AND TRAVEL REIMBURSEMENTS	
70. If New Entrant, Not Applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
71. Source of Gift/Travel Reimbursement and Address (City, State) Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
72. Description of Gifts (Travel With Dates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
73. Value of Gift/Reimbursement Reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
HARD COPY FILING	
74. Filer's Name on All Pages	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
75. Pages Numbered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
76. Date Received Noted	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
77. If TERM, TERM Date Entered	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
78. N/A or None Entered (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
79 EC Signature in "Other Review" Block	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
REVIEWER'S FINDINGS	
<input type="checkbox"/> No Apparent Conflicts Noted	
<input type="checkbox"/> No Apparent Conflicts Noted, but Cautionary Letter Required	
<input type="checkbox"/> Conflict Noted	
FOLLOW-UP	
<input type="checkbox"/> Cautionary Letter or Ethics Agreement	
<b>Notes:</b>	
Reviewer's Signature	Date