Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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Agency Use Only					
of filing.	icate number of days)	tension granted & ind.	(Check box if filing extension granted & indicate number of days		
the preceding two calendar years and the current calendar year up to the date		sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	f additional space is .	Comments of Reviewing Officials (I
arrangements as of the date of filing.	5/10/12		Man tx	(Use Only
Schedule C, Part II (Agreements or Arrangements)-Show any agreements or	Date (Month, Day, Year)		Z /	Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	5.10. 602			Sof	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 calendar	Date (Month, Day, Year)	Official	Signature of Designated Agency Ethics Official/Newfewing Official	Signature of Designa	Agency Ethics Official's Opinion
Schedule B-Not applicable.	5·10·2012		nd. Panh	De in	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		eviewer	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	5.10.12		Beda /	X	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.
Vice President:	Date (Month, Day, Year)		ngIndivigual	Signature of Reporting	Certification
Nominees, New Entrants and	X Xo	Yes		Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?		Name of Congressional Committee Considering Nomination	Name of Congression	Presidential Nominees Subject
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			nd Date(s) Held	Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.		NGTON, DC 20500	WHITE HOUSE, 1600 PENNSYLVANIA AVE., NW, WASHINGTON, DC 20500	WHITE HOUSE, 160	Office g address)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Number, Si	Location of
Reporting Periods Incumbents: The reporting period is				VICE PRESIDENT	Position for Which Filing
to a \$200 fee.	gency (If Applicable)	Department or Agency		Title of Position	
than 30 days after the last day of the filing extension period, shall be subject		JOSEPH R., JR.		BIDEN	Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initia		Last Name	Deporting
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (11 App11-Filer	New Entrant, Nominee, or Candidate	Incumbent Calendar Year Notes of the Covered by Report Notes o	Reporting I Status (Check Appropriate Boxes)	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/20/2009
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This category applies only if the asset/income is solely that of the filer's spouse or dependent children.	- WILMINGTON SAVINGS FUND SOCIETY AVINGS	S - WILMINGTON SAVINGS FUND SOCIETY - CHECKING	J - M&T BANK - CHECKING (formerly WILMINGTON TRUST)	M&T BANK - CHECKING (formerly WILMINGTON TRUST)	SUNTRUST BANK - CHECKING	J - UNITED STATES SENATE FEDERAL CREDIT UNION - SAVINGS	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	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 except report the source but not the amount of earned actual amount of any honoraria over \$200 of your spouse). None \[\]	For you, your spouse, and dependent children,	BLOCK A	Assets and Income	BIDEN, JOSEPH R., JR.	Reporting Individual's Name
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									Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" ichecked, no other entry is needed in Block C for that item.		6 of	Page Number
									Date (Mo., Day, Yr.) Only if Honoraria			01)" is item.		10	

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

U.S. Office of Government Ethics		Constant of the season			Î			and the same			-					
Reporting Individual's Name BIDEN, JOSEPH R., JR.	SCHEDULE	ULE B	~								Pa	Page Number 7	7 mb(of 10		
nge	Do not report a transaction involving	None X														
ıny	residence, or a transaction solely between vou. vour spouse, or dependent child.	Transaction Type (x)	tion x)		П		1	7	noun	of]	Tran:	Amount of Transaction	on (x)) 		
futures, and other securities when the amount of the transaction exceeded \$1,000. the future transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	hase	nange	Date (Mo., Day, Yr.)	001 - ,000	,001 - ,000	,001 - 0,000	0,001 - 0,000	0,001 - 0,000	0,001 -	r Mariani	000,000* 000,001 -	000,000	,000,000 ,000,001 ,000,000	r ,000,000	tificate of estiture
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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 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	el Expe	the U.S. Government; greeived from relatives independent of their relative dedonor's residence. A total value from one so for other exclusions.	ment; lative heir re ence. one so	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. None	our ag by yo to yo urpos ude it	genc our s u; ou ses o sems	y in pour	conr se or vide gregg th \$	lection dep dep d as ating	on vende pers	vith ent cent con sona is to is so. S	offic shild I hos dets see i	pial t tota spita spimi mstr	travel; ally ality at ne the uctions		
Source (Name and Address)		Brief I	Brief Description	tion										<	Value	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/	al conferenc	e 6/15	/99 (personal activity unrelated to duty)	d activ	ity u	nrelat	ed to	duty	j	1	1		, . , .	\$385	
Keijo Paajanen (Helsinki, Finland)	Vulcain Cricket Watch													\$800		
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

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<u>B</u> %	Reporting Individual's Name BIDEN, JOSEPH R., JR.	SC	SCHEDULE C	JLE C								Page	Page Number 8	으	10	
⊽ ⊢ਰ	Part I: Liabilities	a mortgage on your personal residence	None		∞ •											
7 77	Report liabilities over \$10,000 owed	unless it is rented out; loans secured by		,					atego	ry of A	mour	Category of Amount or Value (x)	մue (x)			
< Φ.	during the reporting period by you,	or appliances; and liabilities owed to)	n dely Tradicio				00
φ C	Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.		Interest	Term if	0,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001- 50,000	50,001 00,000	00,001 ,000,00		,000,00 ,000,00	,000,00 5,000,0	5,000,0 0,000,0	er 0,000,0
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable			\$5				Ov				0\ \$5
ij	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.		 	l _×	İ			 	T L		 	
ţ	John Jones, Washington, DC	Promissory note	1999	10%	on demand					×						
Ц	J - US SENATE FEDERAL CREDIT UNION	SIGNATURE NOTE WITH MONTHLY PAYMENTS	2007	9.99%	5 YRS		X									
2	WILMINGTON SAVINGS FUND SOCIETY	LINE OF CREDIT	2008	7.5%	10 YRS		X									W
3	J - WILMINGTON SAVINGS FUND SOCIETY	номе едиту LOC	2005	PRIME	10 YRS			100 to 00 d (800 t) 446 (500	X	1.						
4	SUN NATIONAL BANK, DE	CO-SIGNER WITH SON ON LOC, RENEWABLE EVERY 2 YEARS	1989	PR+1	2 YRS		X									
5	MASS MUTUAL LIFE INSURANCE COMPANY POLICIES BOUGHT BETWEEN 1969 and 1983	LOANS AGAINST CASH VALUE OF POLICIES	1983	5-8%	LIFE		\times							- 1		
	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of th	lely that of the filer's spouse or dependent childre	en. If the liz	bility is th	at of the file	er or	a ioir	ne filer or a joint liability of the filer	₹ of	the fil	H					:::::::::::::::::::::::::::::::::::::::

[&]quot;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 X

6	S	1	3	2	1	ច	ACCUPATION OF	1066
	30000000000000000000000000000000000000					Example		
						Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Status and Terms of any Agreement or Arrangement	At a part of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second
						Doe Jones & Smith, Hometown, State	Parties	
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BIDEN, JOSEPH R., JR.	SC	SCHEDULE	TE C							<u> </u>	6		of 10	
Part I: Liabilities	a mortgage on your personal residence	None 🔲												
Report liabilities over \$10,000 owed	unless it is rented out; loans secured by						Cate	Category of	of Amount		or Value	X		
during the reporting period by you, your spouse, or dependent children.	or appliances; and liabilities owed to certain relatives listed in instructions.					o, mai)	L-))0)1 -	
Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.				,001 - ,000	,001 - ,000	,001 - 0,000 0,001-	0,000 0,001 -	0,000 0,001 -	000,000 r	00,000	000,000	,000,000,	,000,00 r ,000,00
Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$15	\$50	\$10 \$10	\$25	\$50	\$1,0 Ove	\$1,0 \$1,0	\$5,0	\$25 \$25	Ove
First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			×		Н		Н			
John Jones	Promissory note	1999	10%	on demand		_		×	\vdash	107	\vdash	1		
1 J - WILMINGTON SAVINGS FUND SOCIETY	MORTGAGE ON PRINCIPAL RESIDENCE (INCLUDING RENTAL PROPERTY)	2010	4.625%	23 YRS			1 m	Miles (14 8.0°		
2 J - WILMINGTON SAVINGS FUND SOCIETY	HOME EQUITY LOC	2011	5.25%	10 YRS	1000	X						Mil SA		
3								g paint		47394		49.	g Ma	
4			å											
5						e-Prior				100				
*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.	en. If the lial	oility is tha		er or a j	oint l	the filer or a joint liability of the filer	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	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. Non-	e; and (4 gotiations) future e s for any c	mploy of thes	ment e arr	ure employment. See instructions rega any of these arrangements or benefits	istruc ents c	tions or ber	rega refits	urding	; the	report Nor	None X
Status and Te	Status and Terms of any Agreement or Arrangement						Pa	Parties						Date
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 $1/00$.	rtnership shar	e	Doe Jones	& Smith,	Home	Smith, Hometown, State	ate						7/85
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10 of 10	SCHEDOLE D	DEN, JOSEPH R., JR.
rage Number	פסיוביסיון די ס	porting Individual's Name
Page Viriabor		Office of Government Ethics

BI 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, Rej S + any corporation, firm, partnership, or other business enterprise or any non-profit trustee, general partner, proprietor, representative, employee, or consultant of Examples Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State Organization (Name and Address) Non-profit education Law firm organization or educational institution. **Exclude** positions with religious, social, fraternal, or political entities and those solely of an honorary Type of Organization Partner President Position Held From (Mo., Yr.) 6/92 7/85 None X To (Mo., Yr. Present 1/00

Part II: Compensation in Excess of \$5,000 Paid by One Source

the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other 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

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

non-profit organization when Presidential or President 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. None

cor por	corporation, milit, partitership, or other ousmess enterprise; or any other	3,000
	Source (Name and Address)	Brief Description of Duties
7	Doe Jones & Smith, Hometown, State	Legalservices
examples	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
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