OGE Form 278 (Rev. 09/2010) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination ( <i>Month, Dav. Year</i> ) 01/20/2009	Reporting Status (Check Appropriate Boxes)	Incumbent	Calendar Year Covered by Repor 2010	L N	ew Entrant, ominee, or andidate	Termination Filer	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
Reporting	Last Name				First Name and M	liddle Initial		after the date the report is required to be filed, or, if an extension is granted, more
Individual's Name	BIDEN				JOSEPH R., JR.			than 30 days after the last day of the filing extension period, shall be subject
C VITA 1	Title of Position				Department or A	gency (If App.	licable)	to a \$200 fee.
Position for Which Filing	VICE PRESIDENT							Reporting Periods Incumbents: The reporting period is
Location of	Address (Number,	Street, City, S	tate , and ZIP Code	)		Telephone N	o. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	WHITE HOUSE, 16	00 PENNSYL'	VANIA AVE., NW,	WASHI	NGTON, 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) H	leld					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. Part II of
Presidential Nominees Subject	Name of Congression	onal Committe	ee Considering Nor	ninatio	n Do You Intend to	Create a Qualif	ied Diversified Trust?	Schedule D is not applicable.
to Senate Confirmation	Not Applicable				Yes	X	] No	Nominees, New Entrants and Candidates for President and
Certification	Signature of Report	ting Individu	1	·		Date (Mon	th, 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.	1.4	1 / S.	ele.	^		5.1	12.204	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	Signature of Other	Reviewer	7	)		Date (Mon	th, Day, Year)	as of any date you choose that is within 31 days of the date of filing.
(If desired by agency)	Lan	in fl	Helchae			5.	12.2011	Schedule BNot applicable.
Agency Ethics Official's Opinion	Signature of Design	nated Agency	Ethics Official/Rev	iewing	Official	Date (Mon	th, Day, Year)	Schedule C, Part I (Liabilities)—The 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).	ack	fee	-			5.1	2.2011	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	$\langle \cdot \rangle$ .				Date (Mon	th, Day, Year)	Schedule C, Part II (Agreements or Arrangements)Show any agreements or
Use Only	1 The	H.	Lan	L	J	5/1	13/2011	arrangements as of the date of filing.
Comments of Reviewing Officials (	If additional space is	required, use	the reverse side (	of this s	heet)			Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date
			(Check box if t	iling ext	ension granted & ind	licate number c	of days)	of filing.
								Agency Use Only
				(Chec	k box if comments are	e continued on	the reverse side)	OGE Use Only
				(CHEC.	A DOX II COMMIEMS di	commueu on	the reverse side)	MAY 13 2011

l	•	g Individual's Name SEPH R., JR.											S	CH	ΙE	DI	UI	Æ	A													Pa	ge Number 2 o	· 10
				Valuation of Assets Income: type and amount. If "None																														
		Assets and Income		a	V: t cl	alu ose	ati of 1	on rep	of orti	As ing	set pe:	:s rio	 1					I1 cl	1co 1ecl	m (	e: ty	/pe	an	d a	mo	un ⁄ is	t. If	"N ede	lon ed i	e (e n B	or l loc	ess k C	than \$20 for that i	1)" is tem.
		BLOCK A					BL	OCK	ζВ																BLO	OCK	С							
re pi va in	port ea roductio llue exce	our spouse, and dependent child ch asset held for investment or n of income which had a fair ma eding \$1,000 at the close of the rep l, or which generated more than \$	the	001)					0		00	000	000'c		und-				Ту	рe		)1)								nt			Othor	- Date
For the record of the second o	income ith such	during the reporting period, toge income.  elf, also report the source and acceptance income exceeding \$200 (conte U.S. Government). For your spectource but not the amount of earmore than \$1,000 (except reportion of any honoraria over \$20 (count of any honoraria)	ther 5	## Party ## ## ## ## ## ## ## ## ## ## ## ## ##														\$100,000 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Mo., Day, Yr.) Only if Honoraria											
		Central Airlines Common																																
E	xamples	Doe Jones & Smith, Hometown, State			x								L																				Law Partnership Income \$130,000	
		Kempstone Equity Fund  IRA: Heartland 500 Index Fund				 	<u>x</u>	_	x	_			_		x x				!						×									
1		TED STATES SENATE FEDERAL ΓUNION - SAVINGS		×																		×												
2	SUNTR	UST BANK - CHECKING		×																		×												
3	WILMIN	IGTON TRUST - CHECKING		×						·												×												
4	J - WIL	MINGTON TRUST - CHECKING		×																		×												
5	S - WIL	MINGTON SAVINGS FUND SOCIETING	ETY - X																															
6	S - WIL SAVING	MINGTON SAVINGS FUND SOCIET 3S	ΓΥ -	×																		×												
	* This o	ategory applies only if the asset/in e filer with the spouse or dependen	come is	solely en, m	tha ark	t of the o	the i	filer r hig	's sp sher	ouse cate	e or	dep ies c	end of va	ent o lue,	chile as a	dren appr	ı. If	the	asse	et/ir	icom	e is	eith	er t	hat	of th	ne fi	ler (	or jo	intl	y he	eld		

	DEN, JOSEPH R., JR.									(	SC	H		<b>)</b> U se c							160	1										Pag	ge Number	10	
	Assets and Income			at	Va clc	llu ose	of:	rep	of ort	ing	sse g pe	ts erio	d					I1 Cl	nco	m (	e: t <u>r</u>	ype 0 0	e an	ıd a r er	itry	un' is	ne	"N ede	lon d i	e (d n B	or le loci	ess k C	than \$20 for that	)1)' iteı	" is m.
	330 CX 11					T	Ī	1				<u> </u>		П		<u> </u>			Ту	pе								mc	un	ıt				Τ	
		None (or less than \$1,001) \$1,001 - \$15,000 \$1,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$100,000 \$250,001 - \$1,000,000 \$250,001 - \$1,000,000 \$250,001 - \$1,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$5,000,000 \$25,000,001 - \$1,000 \$25,001 - \$1,000 \$25,001 - \$15,000 \$25,001 - \$15,000 \$25,001 - \$15,000 \$20,001 - \$10,000,000 \$20,001 - \$10,000,000															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 onoraria													
1	S - DEFERRED COMP - STATE OF DE, FIDELITY FREEDOM 2020 FUND				×										×									×											
2	S - TAX-SHELTERED ANNUITY, SECURIT BENEFIT GROUP, INVESTED AS FOLLOV																																		
3	1) INVESCO VI GLOBAL HEALTH CARE (formerly AIM VI Global Health Care)			×											×							×													
4	2) INVESCO VI INTERNATIONAL GROW (formerly AIM VI International Growth)	TH		×											×							×													
5	3) DREYFUS IP TECHNOLOGY GROWTH	Н	:	×											×							×													
6	4) RYDEX SGI VT HIGH YIELD (formerly S High Yield)	SBL		×											×							×													
7	5) JANUS ASPEN ENTERPRISE		:	×											×							×													
8	6) JANUS ASPEN JANUS PORTFOLIO																																		
g	7) LEGG MASON WESTERN ASSET VARIABLE GLOBAL HIGH YIELD BOND		:	×											×							×									-				
	* This category applies only if the asset/ind by the filer with the spouse or dependen	come is t childr	sole en,	ely mai	that rk tl	of the o	the t	filer hig	's sp gher	ous cate	e or egor	dep	end of va	lent (	chil as a	drer appr	ı. If	the	asse	et/ir	ncon	ne is	eith	ner t	hat (	of th	ne fi	ler o	or jo	intl	y he	ld	Observation Community of the Community o		

	Reporting Individual's Name									S C						A (				ie(	i 										Pag	ge Number 4 of	10	
	Assets and Income		aı	Va t clo	alu ose	ati of	i <b>on</b> rep	of ort	As	se pe	ts rio	 1					Ir cł	nec	m kec	e: ty	ype 0 01	an the	d a	.mo	un is	t. Ii ne	"N ede	lon d i	e (d n B	or l	ess k C	than \$20 for that	)1)" item	is
_	BLOCK A					I	BLO	CK B	3						,									BLO	OCK								Т	
		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	Excepted Investment Fund	Excepted Trust	Qualified Trust		toyalties	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*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	(M	Date o., Day, Yr.) Only if noraria
1	8) MFS VIT UTILITIES		×											×							×													
2	9) RYDEX SGI VT MID CAP GROWTH (formerly SBL Mid Cap Growth)		×											×							×													
3	10) RYDEX SGI VT MID CAP VALUE (formerly SBL Mid Cap Value)		×											×							×													
4	11) RYDEX SGI VT SMALL CAP VALUE (formerly SBL Small Cap Value)		×											×							×													
5	RANDOM HOUSE PUBLISHERS, NY, NY BOOK TITLE - "PROMISES TO KEEP"																				×													
6	CONTINUATION OF LINE 5 (value not readily ascertainable)																																	
7	S - TD BANK - CHECKING		×																		×													
8	S - DE STATE PENSION, DEFINED BENEFIT PLAN (value not readily ascertainable)	NEFIT I I I I I I I I I I I I I I I I I I																		PENSION PYMT Spouse \$31,995														
9	J - WILMINGTON SAVINGS FUND SOCIETY - SAVINGS																																	
	* This category applies only if the asset/income by the filer with the spouse or dependent chi	is so ldrer	olely 1, m	tha ark t	t of the o	the othe	filer r hig	's sp gher	oous	e or egor	dep	end of va	ent lue,	chil as a	drer appi	n. If	the	ass	et/ir	ncon	ne is	eith	ier t	hat	of tl	ne fi	ler o	or jo	intl	y he	ld			

	Reporting Individual's Name									SC —	H				Y if					iec	1 						· · · · · · · · · · · · · · · · · · ·		V-1-1-1		Pag	ge Number 5 of	10
	Assets and Income		a	V: t cle	alu ose	of	ion rep	of ort	As	set pe	ts rio	 1					In ch	i <b>co</b> iecl	m e	e: t	ype o of	an he:	d a	mo itry	un ⁄ is	t. If	"N ede	lon d i	e (d	or le loci	ess k C	than \$20 for that i	1)" is tem.
	BLOCK A	_	<del></del>	·		]	BLO	CK B										Гуј						BL	OCK								
		None (or \$1,001 - \$1,001 - \$1,001 - \$1,001 - \$50,001 - \$50,001															\$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	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	MASS MUTUAL WHOLE LIFE INSURANCE POLICY		×	31.1													×						×										
6	MASS MUTUAL WHOLE LIFE INSURANCE POLICY		×														×					×											
7	S - NEW CASTLE COUNTY SCHOOLS EMPLOYEE FCU - SAVINGS	×								. T.										7	×												
8	S - NEW CASTLE COUNTY SCHOOLS EMPLOYEE FCU - CHECKING	×																			×												
9	S - NORTHERN VIRGINIA COMMUNITY COLLEGE, ANNANDALE, VA	1 1 1 1																														TEACHING SALARY SPOUSE	
	* This category applies only if the asset/incomby the filer with the spouse or dependent cl	ne is s nildre	olely n, m	/ tha ark t	t of	the othe	filer r hiş	's sp gher	ous	e or egor	dep ies c	end f va	ent ( lue,	chile as a	drer.	ı. If opri	the ate.	asse	t/in	con	ie is	eith	er t	hat	of th	ne fi	ler c	or jo	intl	y he	ld		

	eporting Individual's Name DEN, JOSEPḤ R., JR.								1	SC	H				E A					1eo	i —										Pag	ge Number 6 of	10
	Assets and Income			at (	Value close	uat e of	геј	oor	ting	sse g pe	ts erio	d			<u></u>		Ir	nco nec	<b>m</b> e	e: t	уре Э 01	an the	d a	ıtry	/ is	ne	f "N ede	lon d i	e (d n B	or le locl	ess k C	than \$20 for that i	1)" is tem.
	BLOCK A	-	Т	Т	Т	Ţ.	BLC	I CK	R		Г	<u> </u>	Τ	_	T		<u> </u>	Τv	рe					BLC	OCK		mo	ur	ıt				
		None (or less than \$1 001)		۱.		-	\$250,001 - \$500,000		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	oyalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		\$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	S - WILMINGTON SAVINGS FUND SOCIETY CERTIFICATES OF DEPOSIT	-			×														×				×										
2	S - COMMONWEALTH OF VA, 457 DEFERRE COMP Balanced Growth Fund	D >	<											×							×												
3	S - COMMONWEALTH OF VA, 401(a) CASH MATCH PLAN - Balanced Growth Fund	>												×							×												
4	S - WILMINGTON SAVINGS FUND SOCIETY CERTIFICATES OF DEPOSIT	-			×		-												×				×							4. † 			
5	J - RENTAL PROPERTY (residential), WILMINGTON, DE					×												×							×								
6	WILMINGTON TRUST SAVINGS (CASH ACCOUNT)		;	<																	×												
7																																	
8																																	
q																		·															

<sup>\*</sup> 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.

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

Reporting Individual's Name	SCHED	ULI	E B	)	, ,						Pag	e Num		£ 4		
BIDEN, JOSEPH R., JR.													/ C	of 1	<u> </u>	
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None	· 🗵													
children during the reporting period of a	iny residence, or a transaction solely between	Tra	nsact ype (x	ion					Amo	ınt of	Trans	action	(x)			
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,0 Include transactions that resulted in a los		Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	0,001 -	\$250,001 -	\$500,000	er 000.000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	o,000,000	Certificate of divestiture
Identifi Identifi	cation of Assets	- G	Sale	ŭ		\$1	\$1	\$52	\$22	\$5	\$ Q E	\$5	\$2	\$5	Ş.Ş	ಕಿಲಿ
Example Central Airlines Common		х			2/1/99			х								igsquare
1											1	İ			, 1	
2																
3																
4																
5																
by the filer or jointly held by the filer with th	Ingible items, transportation, lodging, source totaling more than \$335 and indepctived from one source totaling more the double of U.S.C. § 4111 or other statutory reimbursements, include travel itinerary,	S. Government	vernr m rel of the	ment; lative neir rence.	given to your services; received elationship Also, for prource, exclusions as services.	our ag	gency our sp u; or	pouse prov aggr	or dided egati	epend as per ng gif	ent cl sonal ts to	nild to hosp detern	otally italit nine struct	y at the	$\boxtimes$	
Source (Name and Address)		Вт	rief D	escrij	ption									V	'alue	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	al confe	erence	e 6/15	5/99 (persona	activ	ity un	related	d to di	ıty)				<u>  _</u> \$	500	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													1 9	350	
1																
2																
3 .																
4																
5																

Reporting Individual's Name

BII	DEN, JOSEPH R., JR.	SC	CHEDI	JLE C										8 of	10	
Re	art I: Liabilities  port liabilities over \$10,000 owed any one creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	None _	]				(	Categoi	ry of A	moun	or Va	lue (x)		i wangi kacamataya k	
dı yo Cl	any one creditor at any time aring the reporting period by you, our spouse, or dependent children. neck the highest amount owed uring the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	\$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	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
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$12	\$1	$\overline{}$	\$1	\$2	\$5	ۆ\$ \$	\$1	\$2	\$5	\$ 0
Exa	amples First District Bank, Washington, DC  John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8%	25 yrs. on demand			_x_		x	 				:	
1	J - US SENATE FEDERAL CREDIT UNION	SIGNATURE NOTE WITH MONTHLY PAYMENTS	2007	9.99%	5 YRS		X									
2	WILMINGTON SAVINGS FUND	LINE OF CREDIT	2008	7.5%	10 YRS		X									
3	3 J - WILMINGTON SAVINGS FUND HOME EQUITY LOC 2005 PRIME 10 YRS X X X X X X X X X X X X X X X X X X X															
4	SUN NATIONAL BANK, DE CO-SIGNER WITH SON ON LOC, RENEWABLE EVERY 2 YEARS  CO-SIGNER WITH SON ON LOC, RENEWABLE EVERY 2 YEARS  PRIME 10 113  2005 PRIME 10 113  2 YRS															
5	MASS MUTUAL LIFE INSURANCE COMPANY POLICIES BOUGHT BETWEEN 1969 AND 1983  EVERY 2 YEARS  1989  PR+1  1989  PR+1  1983  5-8%  LIFE  1983															
*	EVERY 2 YEARS    1989   PR+1															
P	art II: Agreements or	r Arrangements				1,000	organis (contract)	or a conductive spender of the conductive section of the conductive spender of the conductive section of the conductive section sectio	***************************************							
er	nployee benefit plan (e.g. pension, 40	ats for: (1) continuing participation in an 1k, deferred compensation); (2) continua- (including severance payments); (3) leaves	of abser ing of n	nce; and ( egotiation	4) future e ns for any	emplo of the	ymer se ar	nt. See range	e instr ement	ructions or l	ons re benef	egard its.	ing th	_	ort- None	$\boxtimes$
	Status and T	Ferms of any Agreement or Arrangement	W Carlo and a carlo again, and a		A				Partie	es	·				D	ate
Ex	ample Pursuant to partnership agreement calculated on service performed th	t, will receive lump sum payment of capital account & pa	rtnership sh	are	Doe Jones	& Smit	h, Hon	netown	, State						7,	/85
1								·								
2																
3																
4																
5																
6																

Page Number

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	ndividual's Name SEPH R., JR.	SO	CHED	JLE C	2							Page	Numb	er 9 of	10	
Report lia	: Liabilities abilities over \$10,000 owed are creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	None [					C	Categoi	ry of A	moun	t or Va	lue (x)			
during the your spo Check the	use, or dependent children.  highest amount owed  reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	<b>-</b> Date	Interest	Term if	\$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	Over \$1,000,000*	\$1,000,001-	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1 \$1	\$1 \$5	\$5	\$1	\$2	\$5	\$1	\$1	\$5	\$2	\$5
Examples	First District Bank, Washington, DC John Jones	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			<u> </u>		х						
<sup>1</sup> J-WIL	MINGTON SAVINGS FUND SOCIETY	PORTION OF MORTGAGE ASSOCIATED WITH RENTAL PROPERTY	2010	4.625%	23 yrs		X									
2																
3																
3       4       5																
4																
*This cat	egory applies only if the liability is s spouse or dependent children, mar	solely that of the filer's spouse or dependent child k the other higher categories, as appropriate.	ren. If the li	ability is t	hat of the fi	er or a	a joint	liabili	ty of t	the file	er			al ang a diamagni tan garan gi		
Part	II: Agreements or	Arrangements	and the second of the second o				and desired from the second	THE STATE OF THE STATE OF	S. C. S. September 1991					munga bibakir bakir kacam	named melovi	
employe	e benefit plan (e.g. pension, 401	ts for: (1) continuing participation in an lk, deferred compensation); (2) continua- including severance payments); (3) leaves			4) future ons for any								ing tl	_	ort- None	$\boxtimes$
	Status and Te	erms of any Agreement or Arrangement						**************************************	Partie	es		Tom Maria a service		alaa daayala ka baha sa	D	ate
Example	Pursuant to partnership agreement, calculated on service performed thr	, will receive lump sum payment of capital account & parough 1/00.	artnership sh	are	Doe Jones	& Smit	h, Hon	netown	, State						7,	/85
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Reporting Individual's Name BIDEN, JOSEPH R., JR.		SCH	EDULE D		Page Number	10
Part I: Positions Held Report any positions held during the assated or not. Positions include but are a trustee, general partner, proprietor, repany corporation, firm, partnership, or one	pplicable reporting period, whether not limited to those of an officer, di presentative, employee, or consulta	r compen- or irector, so ant of n	rganization or educational i ocial, fraternal, or political ( ature.	institution. Exclude positions entities and those solely of an	honorary	, one 🔀
Organization (Name		The state of the s	ype of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	1	President	6/92	Present
Examples Doe Jones & Smith, Hometown, State		Law firm		Partner	7/85	1/00
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Part II: Compensation Report sources of more than \$5,000 co business affiliation for services provide the reporting period. This includes the corporation, firm, partnership, or other	ompensation received by you or you ed directly by you during any one y e names of clients and customers of	our n year of y f any s	non-profit organization whe	payment of more than \$5,000.	tion Filer, or dential Cand . You	r Vice
Source (Name ai	nd Address)		Brie	ef Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legalservices				
Metro University (client of Doe Jones &	Smith), Moneytown, State	Legal services	in connection with university constr	uction		
1						
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