## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Carbon Status         Convention Status         <					
Balant Marrie       First Marrie and Modele Initial         Individual's Name       BIDEN       JOSEPH, R., JR.         Position for Which       Title of Position       Department or Agency (If Applicable)       thing extension period, shall be stall doed in thing extension period. Shall be stall doed in the filter of the preceding to the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be stall doed in the filter of the preceding extension period. Shall be period		Check Appropriate	minee, or		Any individual who is required to file
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Position for Which Filing       Inte of residen       Department of Agency in Applicable/         Incarting of Present Office (or forwarding address)       Address (Number, Street, City, State, and ZIP Code)       Telephone No. (Include Area Code)         Present Office (or forwarding address)       Title of Position(s) and Date(s) Held       Telephone No. (Include Area Code)         Presidency (Idde With the Federal Government Furing the Preceding (Include Area Subject       Title of Position(s) and Date(s) Held       Termination Filers: The reporting the Correct of the preceding colendary you must also include the filing overnment Furing the Preceding colendary you must also include the filing overnment Furing the Preceding colendary you must also include the filing overnment Furing the Preceding colendary you must also include the filing overnment Furing the Preceding colendary you must also include the filing overnment Furing the Preceding colendary you must also include the filing overnment Furing the Preceding colendary you must also include the filing overnment Furing the Preceding colendary you must also include the filing overnment furing the Preceding colendary you must also include the filing overnment furing the Preceding colendary you must also include the filing overnment furing the Preceding colendary you must also include.         ICENTIFY Unit the astements There madeon this format all attacked stabeled are provide.       Signarure of Congressional Committee Considering Nomination Do the astement of Integers at the end of the preceding condendary year and the current calendary year         ICENTIFY Unit the astement of the preceding condendary (Rederified the Signarure of Designated Agency Ethies Official/Reviewing Official Date (Month, Day, Year)	Individual's Name	BIDEN	JOSEPH, R., JR.		filing extension period, shall be subject
Filling       VICE PRESIDENT       Reporting Periods         Location of Present Office (or forwarding address)       Address (Number, Stree, and ZIP Code)       Telephone No. (Include Area Code)       The proceeding calendar year except the preceding calendar year except of the preceding calendar year except the date you file.         Present Office to remark the Reference to sense Subject       The of Position(s) and Date(s) Held UNITED STATES SENATOR 1973-2009       Termination Piertons file reporting periods the date of officing official to sense Subject         Previdential Nominees Subject       Name of Congressional Committee Considering Nomination to the base of my horizon schedule D is not applicable.       Termination Piertons the date of the match of the date of thing set the date of the match of the date of thing		Title of Position	Department or Ag	gency (If Applicable)	to a \$200 fee.
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Presidential Nominees Subject       Not Applicable       Yes       No         Certification       Signature of Repetting Adividual       Date (Month, Day, Year)       Schedule active complete and correct to the best of my knowledge.         ICERTIFY that the statements I have made on this form and all tatched schedule active complete and correct to the best of my knowledge.       Schedule active complete and correct to the best of my knowledge.       Schedule active complete and correct to the best of my knowledge.       Schedule active complete and correct to the best of my knowledge.       Schedule active complete and correct to the best of my knowledge.       Schedule active correct and correct to the best of my knowledge.       Schedule active correct and correct to the best of my knowledge.       Schedule active correct and correct to the best of my knowledge.       Schedule active correct and correct to the active of filing.       Schedule active correct and correct to the active of filing.       Schedule active correct and correct to the active of filing.       Schedule active correct and correct to the active of filing.       Schedule active correct and correct to the active of filing.       Schedule active correct and correct to the active of filing.       Schedule active correct active of filing.       Schedule actif filing.       Schedule active of fi		Name of Congressional Committee Considering Nomination	Do You Intend to (	Create a Qualified Diversified Trust?	at the date of termination. Part II of Schedule D is not applicable.
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made on this form and all attached schedules are rue, complete and correct to the best of my knowledge.       Signature of Other Reviewer       5 - 12 - 10       Signature of Other Reviewer         Other Review (If desired by agency)       Signature of Other Reviewer       Date (Month, Day, Year)       Schedule Z-100         Agency Ethics Official's Opinion       Signature of Designated Agency Ethics Official/Reviewing Official       Date (Month, Day, Year)       Schedule E-Not applicable.         On the basis of information contained in this my comments in the back below.       Schedule C, Part I (Liabilities) reporting period is the preceding ca year up to choose that is within 3 of the date of filing.       Schedule C, Part I (Liabilities) reporting period is the preceding ca year and the current calendary year any date you choose that is within 3 of the date of filing.         Office of Government Ethics Use Only       Signature (Check box if filing extension granted & indicate number of days)       Schedule D - The reporting period arrangements as of the date of filing.         Office J Covernment Soft Reviewing Officials (If additional space is required, use the reverse side of this sheet)       Schedule D - The reporting period arrangements as of the date of filing.	Certification	Signature of Reporting Individual		Date (Month, Day, Year)	Vice President:
Other Review (If desired by agency)       Signature of Other Reviewer       Date (Month, Day, Year)       as of any date you choose that is with 31 days of the date of filing.         Agency Ethics Official's Opinion       Signature of Designated Agency Ethics Official/Reviewing Official       Date (Month, Day, Year)       Schedule B-Not applicable.         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 basis of information contained in this server.)       Schedule C, Part I (Liabilities) reporting period is the preceding ca of the date of filing.         Office of Government Ethics       Signature       Date (Month, Day, Year)       Schedule C, Part II (Agreement Arrangements)-Show any agreement arrangements as of the date of thing.         Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)       If additional space is required, use the reverse side of this sheet)       Schedule D -The reporting periot the preceding two calendar years an the current calendar year up to the of filing.         OGE Use Only       OGE Use Only       OGE Use Only       OGE Use Only	made on this form and all attached schedules are true, complete and correct	. R Seda L		5-12-10	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
(If desired by agency)       Signature of Designated Agency Ethics Official/Reviewing Official       SI 177.100       Schedule B-Not applicable.         Agency Ethics Official's Opinion       Signature of Designated Agency Ethics Official/Reviewing Official       Date (Month, Day, Year)       Schedule C, Part I (Labilities) report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).       Schedule C, Part I (Labilities) report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).       Schedule C, Part I (Lagreement Arrangements)-Show any agreement arrangements)-Show any agreement arrangements of Reviewing Officials (If additional space is required, use the reverse side of this sheet)       Schedule D -The reporting perior the current calendar year up to the of filing.         (Check box if filing extension granted & indicate number of days       )       Agency Use Only         OGE Use Only       OGE Use Only	Other Review	Signature of Other Reviewer		Date (Month, Day, Year)	as of any date you choose that is within
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\* 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 join by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

	Reporting Individual's Name IDEN, JOSEPH, R., JR.								S	SC	HI	ED	U	LE	ΞA	<b>A</b> (	201	nti	nı	ıec	1										Pag	ge Number	
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by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

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by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

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SF 278 (Rev. 03/2000)
5 C.F.R. Part 2634
U.S. Office of Government Ethics

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

Reporting Individual's Name BIDEN, JOSEPH, R., JR.	SCHED	ULI	ΞB	3								Page	: Num		of 9	¢ •
<b>Part I: Transactions</b> Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any	Do not report a transaction involving property used solely as your personal residence, or a transaction solely between	None	nsact	ion		1			A		of Tr		ation	(11)		
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.	you, your spouse, or dependent child. Check the "Certificate of divestiture" block	Purchase	Sale () adv	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000			\$500,001 - \$1,000,000			<u>`</u>	\$25,000,001 - \$50,000,000	Over \$50,000,000 Certificate of divestiture
Example Central Airlines Common		x			2/1/99			x								
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by the filer or jointly held by the filer with the sp	gible items, transportation, lodging, source totaling more than \$260, and eived from one source totaling more ul to indicate a basis for receipt, such 5 U.S.C. § 4111 or other statutory received from relatives; received by your spouse or dependent child total independent of their relationship to you; or provided as personal hospita the donor's residence. Also, for purposes of aggregating gifts to determine total value from one source, exclude items worth \$104 or less. See instru- for other exclusions.													ally tality ine tl	at he	
Source (Name and Address)		Br	ief D	escrip	ntion										Ve	alue
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to nation: Leather briefcase (personal friend)			-		l activi	ty un:	relate	d to a	duty)					\$5	500 500
<sup>1</sup> Margaret Spanel, Hightstown, NJ	First edition copy of "Anna Livia Plurabelle" by James Joyce, signed by author													\$3,50	00	
<sup>2</sup> Congressional Black Caucus Foundation, Wash.	cus Foundation, Wash., DC Complimentary participation in charity golf tournament \$													\$750		
3																

Prior Editions Cannot Be Used.

Reporting I	ndividual's Name		•••••									Page	Numb	er	~	
BIDEN, JO	SEPH, R., JR.	SC	CHED	ULE C										8 of	9	
Report lia	Liabilities abilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None [					(	Categoi	rv of A	molin	t or Va	lue (x)			
during th your spo Check the	te creditor at <b>any time</b> te reporting period by you, use, or dependent children. te highest amount owed te reporting period. <b>Exclude</b>	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	D.	Interest	Term if	\$10,001 - \$15,000	\$15,001 - \$50,000		\$100,001- \$250,000			Over \$1,000,000*		\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
	Creditors (Name and Address)	Type of Liability	Date Incurred	Rate	applicable	\$10 \$15	\$1: \$5(	\$5( \$1(	\$1( \$2:	\$2; \$5(	\$5( \$1,	\$1, \$1,	\$1, \$5,	\$5, \$25	\$2:	\$5(
Examples	First District Bank, Washington, DC John Jones, 123 JSL, Washington, DC	Mortgage on rental property. Delaware Promissory note	1991 1999	<u> </u>	25 yrs. on demand		_				<u> </u>					
	JATE FEDERAL CREDIT UNION	SIGNATURE NOTE WITH MONTHLY PAYMENTS	2007	9.99%	5 YRS	Х										
2     WILMINGTON SAVINGS FUND     LINE OF CREDIT     2008     7.5%     10 YRS     X     IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII																
<sup>3</sup> J - WILI	<sup>3</sup> J - WILMINGTON SAVINGS FUND         HOME EQUITY LOC         2005         PRIME <sup>10 YRS</sup> X         I															
<sup>4</sup> SUN N/	4     SUN NATIONAL BANK, DE     CO-SIGNER WITH SON ON LOC, RENEWABLE L989     PR + 1     2 YRS     X     X															
	MUTUAL LIFE INSURANCE COMPAN ES BOUGHT BETWEEN 1969 AND 19		1983	5-8%	LIFE		Х									
*This cat with the	egory applies only if the liability is spouse or dependent children, mar	solely that of the filer's spouse or dependent childr k the other higher categories, as appropriate.	en. If the li	ability is tł	nat of the fil	er or a	ı joint	liabili	ty of t	he filo	er					
Report ye employee	e benefit plan (e.g. pension, 401	• Arrangements s for: (1) continuing participation in an lk, deferred compensation); (2) continua- including severance payments); (3) leaves	of abser ing of n	ice; and ( egotiatior	4) future e ns for any e	mplo of the	ymen se ari	it. See range	e instr ment	ructic s or t	ons re Denefi	gardi its.	ng th	-	ort- None	$\boxtimes$
	Status and Te	erms of any Agreement or Arrangement							Partie	s					D	ate
Example	Pursuant to partnership agreement, calculated on service performed thr	will receive lump sum payment of capital account & parough 1/00.	tnership sh	are	Doe Jones	& Smit	h, Hon	netown,	, State						7,	′85
1																
2																
3																
4																
5																
6																

Reporting Individual's Name BIDEN, JOSEPH, R., JR.

## SCHEDULE D

Page Number

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Report sated of trustee	t I: Positions Held Outside U.S. Gover any positions held during the applicable reporting period, whether pr not. Positions include but are not limited to those of an officer, or e, general partner, proprietor, representative, employee, or consult reportion, firm, partnership, or other business enterprise or any n	er compen- organization or educatio director, social, fraternal, or politi cant of nature.	nal institution. Exclude position: ical entities and those solely of an	honorary	s, Jone
any co		· · · · · · · · · · · · · · · · · · ·	×		······
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	· · · · · · · · · · · · · · · · · · ·
Evenuelo	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
Example	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
	ENER UNIVERSITY, CHESTER, PA WILMINGTON CAMPUS	LAW SCHOOL	ADJUNCT PROFESSOR	09/1991	01/09
2					
3					
4					
5			· · · · · · · · · · · · · · · · · · ·		
6					
Repor busine the re	t II: Compensation in Excess of \$5,00 t sources of more than \$5,000 compensation received by you or you porting period. This includes the names of clients and customers of ration, firm, partnership, or other business enterprise, or any other	year of you directly provided th f any services generating a fee	when Presidential or Presi	tion Filer, or dential Cano You	r Vice
	Source (Name and Address)		Brief Description of Duties		
	Doe Jones & Smith, Hometown, State	Legal services			
Example	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university co	onstruction		
1			nner nere enerer te detenner er denedert. Hedel		
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