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United States Senate

SELECT COMMITTEE ON ETHICS

HART SENATE OFFICE BUILDING, ROOM 220
SECOND AND CONSTITUTION AVENUE, NE
WASHINGTON, DC 20510-6425

May 15, 2009

RECEIVED
SECRETARY OF THE SENATE
MAY 15 PM 5:15

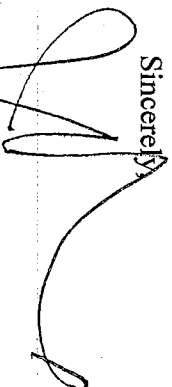
The Honorable Robert P. Casey, Jr
United States Senate
Washington, DC 20510

Dear Senator Casey, Jr:

This is in response to your request for an extension of time for filing your annual public financial disclosure report. Your form was originally due on May 15, 2009. Pursuant to section 101(g) of the Ethics in Government Act of 1978, as amended, the Committee grants you a 5 day extension, and your form will therefore be due no later than May 20, 2009. Section 101(g) also provides that the total of all extensions granted to an individual may not exceed ninety days.

Please note that section 104(d)(1) of the Act provides that any individual who files a report more than 30 days after the last day of the filing extension period shall pay a filing fee of \$200.

Sincerely,



John C. Sassaman
Chief Counsel and Staff Director

cc: Secretary of the Senate

UNITED STATES SENATE FINANCIAL DISCLOSURE REPORT FOR ANNUAL AND TERMINATION REPORTS

| | | | |
|---|--|--|--|
| Last Name | First Name and Middle Initial | Annual Report Calendar Year Covered by Report: | Senate Office / Agency in Which Employed |
| Casey | Robert P. | 2008 | Office of Senator Robert P. Casey, Jr. |
| Senate Office Address (Number, Street, City, State, and ZIP Code) | Senate Office Telephone Number (Include Area Code) | Termination Report Termination Date (mm/dd/yy): | Prior Office / Agency in Which Employed |
| 393 Russell Senate Ofc. Bldg, WDC 20510 | 202-224-6324 | | |

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS AND ATTACH THE RELEVANT PART

| | YES | NO | | YES | NO |
|--|-------------------------------------|-------------------------------------|---|-------------------------------------|-------------------------------------|
| Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If Yes, Complete and Attach PART I. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did you, your spouse, or dependent child receive any reportable travel or reimbursements for travel in the reporting period (i.e., worth more than \$335 from one source)? If Yes, Complete and Attach PART VI. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If Yes, Complete and Attach PART II. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If Yes, Complete and Attach PART VII. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Did you, your spouse, or dependent child hold any reportable asset worth more than \$1,000 at the end of the period, or receive unearned or investment income of more than \$200 in the reporting period? If Yes, Complete & Attach PART IIIA and/or IIIB. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Did you hold any reportable positions on or before the date of filing in the current calendar year? If Yes, Complete and Attach PART VIII. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than \$1,000 in the reporting period? If Yes, Complete and Attach PART IV. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Do you have any reportable agreement or arrangement with an outside entity? If Yes, Complete and Attach PART IX. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Did you, your spouse, or dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If Yes, Complete and Attach PART V. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | If this is your <u>FIRST Report</u> : Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If Yes, Complete and Attach PART X. | <input type="checkbox"/> | <input type="checkbox"/> |

Each question must be answered and the appropriate PART attached for each "YES" response.

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, DC 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

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| | | |
|--|-----------------------------------|-------------------------|
| Certification | Signature of Reporting Individual | Date (Month, Day, Year) |
| 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 and belief. | [Redacted Signature] | 5/19/09 |

| | | |
|---|---------------------------------|-------------------------|
| For Official Use Only - Do Not Write Below This Line | | |
| It is the Opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act. | Signature of Reviewing Official | Date (Month, Day, Year) |
| | | |

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