

Attachment A

RAPPAHANNOCK COUNTY REAL ESTATE TAXES

| YEAR | PARCEL | TAX OWED | TOTAL PAID | INTEREST | PENALTY | DUE DATE | DATE PAID |
|--|--------|-------------|---------------|----------|----------|-------------|--------------|
| 2005 | 12A | \$768.00 | \$872.96 | \$28.16 | \$76.80 | 12.5.05 | 4.4.06 |
| | 8.4A | \$1,409.91 | \$1,602.54 | \$51.64 | \$140.99 | 12.5.05 | 4.4.06 |
| | | \$897.27 | \$1,028.16 | \$41.16 | \$89.73 | 12.5.05 | 5.12.06 |
| | | \$7.22 | \$8.73 | \$0.79 | \$0.72 | 12.5.05 | 12.27.06 |
| | | \$2,314.40 | \$2,639.43 | \$93.59 | \$231.44 | | |
| 2006 | 12A | \$1,537.58 | \$1,691.34 | | \$153.76 | 12.5.06 | 12.27.06 |
| | 8.4A | \$2,830.85 | \$3,113.93 | | \$283.08 | 12.5.06 | 12.27.06 |
| | | \$445.57 | \$490.13 | | \$44.56 | 12.5.06 | 5.23.07 |
| | | \$3,276.42 | \$3,604.06 | | \$327.64 | | |
| 2007 | 12A | \$1,118.91 | \$1,230.80 | | \$111.89 | 12.5.07 | 12.12.07 |
| | | \$445.18 | \$489.70 | | \$44.52 | 12.5.07 | 12.20.07 |
| | | \$1,564.09 | \$1,720.50 | | \$156.41 | | |
| | 8.4A | \$3,332.91 | \$3,666.20 | | \$333.29 | 12.5.07 | 12.12.07 |
| RAPPAHANNOCK COUNTY PERSONAL PROPERTY TAXES | | | | | | | |
| 2007 | | \$357.27 | \$393.00 | | \$35.73 | 12.5.07 | 12.12.07 |
| | | \$83.94 | \$92.33 | | \$8.39 | 12.5.07 | 12.20.07 |
| | | \$441.21 | \$485.33 | | \$44.12 | | |

Attachment B-2
Received June 4, 2009

10. Have you paid all Federal, State, local, and other taxes when due (including extensions) for each of the past 10 years? If not, provide details.

I have paid all my federal taxes on time. On a number of occasions between March 31, 2005 and March 31, 2008, I was late in making Washington, D.C. unemployment insurance payments for household employees. On those occasions when I submitted my payments late, I paid all applicable late fees and penalties. I am current on all payments. Additionally, in 2005, 2006, and 2007, our real property tax payments were submitted late in Rappahannock County, Virginia. On those occasions when our real property tax payments were submitted late, we paid all applicable penalties and interest. In 2005, for the real property in Rappahannock County \$121.75 in interest was charged and a penalty of \$231.44 was charged. In 2006, there was a penalty of \$283.08 charged. In 2007, there was a penalty of \$111.89 charged. We are current on all payments now.

10. Have you paid all Federal, State, local, and other taxes when due (including extensions) for each of the past 10 years? If not, provide details.

I have paid all my federal taxes and state and local income taxes on time. However, on a number of occasions between March 31, 2005 and March 31, 2008, I was late in making Washington, D.C. unemployment insurance payments for household employees. On those occasions when I submitted my payments late, I paid all applicable late fees and penalties. I am current on all payments. My husband pays all of our property taxes and in 2005, 2006, 2007, and 2008, our real property tax payments were submitted late in Rappahannock County, Virginia. On those occasions when our real property tax payments were submitted late, we paid all applicable penalties and interest at that time. In my amended version of this question I had incorrectly compiled the total amount of penalties imposed and paid. The correct numbers are: in 2005, for the real property in Rappahannock County \$121.75 in interest was charged and a penalty of \$308.24 was charged; in 2006, there was a penalty of \$481.40 charged; in 2007, there was a penalty of \$489.70 charged; and in 2008 there was a penalty of \$498.00 and interest of \$410.83. Also, in 2007, a penalty of \$44.12 was assessed on the late filing of tangible personal property tax on a Dodge truck. All penalties and interest were paid. Additionally, in 2005 and 2006, real property taxes to the District of Columbia were paid late. In 2005, there were penalties of \$112.32 and interest of \$16.84. In 2006, there were penalties of \$253.14 and interest of \$37.98.

Attachment B-4
Received November 12, 2009

10. Have you paid all Federal, State, local, and other taxes when due (including extensions) for each of the past 10 years? If not, provide details.

I have paid all my federal taxes and state and local income taxes on time. However, on a number of occasions between March 31, 2005 and March 31, 2008, I was late in making Washington, D.C. unemployment insurance payments for household employees. On those occasions when I submitted my payments late, I paid all applicable late fees and penalties. I am current on all payments. My husband pays all of our property taxes and in 2005, 2006, 2007, and 2008, our real property tax payments were submitted late in Rappahannock County, Virginia. On those occasions when our real property tax payments were submitted late, he paid all applicable penalties and interest. For the real property in Rappahannock County, he paid \$121.75 in interest and a penalty of \$308.24 for 2005; a penalty of \$481.40 for 2006; a penalty of \$489.70 for 2007; and a penalty of \$498.00 and interest of \$410.83 for 2008. With regard to tangible personal property tax on a Dodge truck in Rappahannock County, my husband paid a penalty of \$43.89 and interest of \$4.32 for 2006, and a penalty of \$44.12 for 2007. Additionally, our mortgage company paid our real property taxes to the District of Columbia late in 2005 and 2006. Our mortgage company paid penalties of \$112.32 and interest of \$16.84 for 2005 and penalties of \$253.14 and interest of \$37.98 for 2006.

Amendments to Brainard Senate Finance Committee Questionnaire

- 9. Have you filed all Federal, State, local, and other tax returns when due (including extensions) for each of the past 10 years? If not, provide details.**

Yes, except that as noted in my response to Question 10, below, on a number of occasions between March 31, 2005 and March 31, 2008, I was late in making Washington, D.C. unemployment insurance payments for household employees. On those occasions when I submitted my payments late, I paid all applicable late fees and penalties. I am current on all payments.

- 11. Were all your Federal, State, local, and other tax returns and tax liabilities current (filed and paid) as of the date of your nomination. If not, provide details.**

As of the date of my nomination, I was not aware that Rappahannock County real estate tax for 2008 was outstanding. In mid-October 2009, I learned that my husband had paid the Rappahannock County 2008 property tax bill late, in September 2009. Upon learning this, I submitted a revised Questionnaire reflecting this information to Committee staff on October 13, 2009. We were current on all other Federal, State, local, and other tax returns and tax liabilities as of the date of my nomination.

Additional revision to Questionnaire

9. **Have you filed all Federal, State, local, and other tax returns when due (including extensions) for each of the past 10 years? If not, provide details.**

Yes, except as noted in my response to Question 10, on a number of occasions between March 31, 2005 and March 31, 2008, I was late in filing my Washington, D.C. unemployment insurance for our household employees. On those occasions when I filed late, I paid all applicable late fees and penalties at that time. I am current on all payments.

Attachment D

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature _____ Date (month/day/year) 5/18/07

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|--|----|--------------|-----|--------|
| Document title: <u>US Passport</u> | | <u>VA DL</u> | | |
| Issuing authority: <u>Natl Passport Center</u> | | <u>exp</u> | | |
| Document #: _____ | | | | |
| Expiration Date (if any): _____ | | | | |
| Document #: _____ | | | | |
| Expiration Date (if any): _____ | | | | |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment)

Signature of Employer or Authorized Representative _____ Print Name Kurt M. Campbell Title _____
Business or Organization Name _____ Address (Street Name and Number, City, State, Zip Code) 4101 Western Ave NW DC 20015 Date (month/day/year) 04/17/09

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

NOTE: This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

| | | | |
|--|---------------------|------------------------------|--|
| Print Name: Last [Redacted] | First [Redacted] | Middle Initial [Redacted] | Maiden Name |
| Address (Street Name and Number) [Redacted] | | Apt. # | Date of Birth (month/day/year) [Redacted] |
| City [Redacted] | State [Redacted] | Zip Code [Redacted] | Social Security # [Redacted] |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A Lawful Permanent Resident (Alien # A [Redacted])

An alien authorized to work until [Redacted] (Alien # or Admission # [Redacted])

Employee's Signature [Redacted] Date (month/day/year) 8/27/04

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature [Redacted] Print Name [Redacted]

Address (Street Name and Number, City, State, Zip Code) [Redacted] Date (month/day/year) [Redacted]

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

| List A | OR | List B | AND | List C |
|---------------------------------------|----|---------------|-----|---------------|
| Document title: _____ | | MD [Redacted] | | Resident Card |
| Issuing authority: _____ | | [Redacted] | | [Redacted] |
| Document #: _____ | | [Redacted] | | [Redacted] |
| Expiration Date (if any): ___/___/___ | | [Redacted] | | [Redacted] |
| Document #: _____ | | [Redacted] | | [Redacted] |
| Expiration Date (if any): ___/___/___ | | | | |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 8/17/04 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative [Redacted] Print Name [Redacted] Title [Redacted]

Business or Organization Name [Redacted] Address (Street Name and Number, City, State, Zip Code) [Redacted] Date (month/day/year) 8-27-04

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable) _____ B. Date of rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative [Redacted] Date (month/day/year) [Redacted]

Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 06/30/08
Form I-9, Employment
Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|--|---------------------|------------------------------|--|
| Print Name: Last [REDACTED] | First [REDACTED] | Middle Initial [REDACTED] | Maiden Name [REDACTED] |
| Address (Street Name and Number) [REDACTED] | | Apt. # [REDACTED] | Date of Birth (month/day/year) [REDACTED] |
| City [REDACTED] | State [REDACTED] | Zip Code [REDACTED] | Social Security # [REDACTED] |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
 A citizen or national of the United States
 A lawful permanent resident (Alien #) A [REDACTED]
 An alien authorized to work until [REDACTED]
 (Alien # or Admission #)

Employee's Signature
[REDACTED]

Date (month/day/year)
10/15/07

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature
[REDACTED]

Print Name
[REDACTED]

Address (Street Name and Number, City, State, Zip Code)
[REDACTED]

Date (month/day/year)
[REDACTED]

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| | | | | |
|---|----|---------------------------|-----|------------|
| List A | OR | List B | AND | List C |
| Document title: <u>Permanent Resident</u> | | <u>MD Drivers License</u> | | [REDACTED] |
| Issuing authority: <u>INS</u> | | <u>DMV MD</u> | | [REDACTED] |
| Document #: [REDACTED] | | [REDACTED] | | [REDACTED] |
| Expiration Date (if any): [REDACTED] | | [REDACTED] | | [REDACTED] |
| Document #: [REDACTED] | | [REDACTED] | | [REDACTED] |
| Expiration Date (if any): [REDACTED] | | [REDACTED] | | [REDACTED] |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 10/15/07 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative
[REDACTED]

Print Name
Paul Brainerd

Title
[REDACTED]

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)
Household Employee

Date (month/day/year)
10/15/07

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)
[REDACTED]

B. Date of Rehire (month/day/year) (if applicable)
[REDACTED]

C. If employer's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:
[REDACTED]

Document #:
[REDACTED]

Expiration Date (if any):
[REDACTED]

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative
[REDACTED]

Date (month/day/year)
[REDACTED]

Please read Instructions carefully before completing this form. The Instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

| | | | |
|--|---------------------|------------------------------|--|
| Print Name: Last [Redacted] | First [Redacted] | Middle Initial [Redacted] | Maiden Name [Redacted] |
| Address (Street Name and Number) [Redacted] | | Apt # [Redacted] | Date of Birth (month/day/year) [Redacted] |
| City [Redacted] | State [Redacted] | Zip Code [Redacted] | Social Security # [Redacted] |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
 A citizen or national of the United States
 A Lawful Permanent Resident (Alien # A)
 An alien authorized to work until ___/___/___ (Alien # or Admission #)

Employee's Signature
[Redacted]

Date (month/day/year) 3/5/07

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature
[Redacted]

Print Name
[Redacted]

Address (Street Name and Number, City, State, Zip Code)
[Redacted]

Date (month/day/year)
[Redacted]

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

| List A | OR | List B | AND | List C |
|--|----|------------|-----|------------|
| Document Title: <u>US Passport</u> | | | | |
| Issuing authority: <u>Charleston Passport Center</u> | | | | |
| Document #: [Redacted] | | | | |
| Expiration Date (if any): [Redacted] | | <u>1/1</u> | | <u>1/1</u> |
| Document #: _____ | | | | |
| Expiration Date (if any): <u>1/1</u> | | | | |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 4/16/07 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

| | | |
|---|---|---|
| Signature of Employer or Authorized Representative [Redacted] | Print Name <u>Kurt Campbell</u> | Title [Redacted] |
| Business or Organization Name <u>household employer 7101 Warden Road</u> | Address (Street Name and Number, City, State, Zip Code) [Redacted] | Date (month/day/year) <u>4/16/07</u> |

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable) _____ B. Date of rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): 1/1

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative
[Redacted]

Date (month/day/year)
[Redacted]

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Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last | First | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | Apt. # | Date of Birth (month/day/year) |
| City | State | Zip Code | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
 A citizen or national of the United States
 A Lawful Permanent Resident (Alien # A)
 An alien authorized to work until (Alien # or Admission #)

Employee's Signature _____ Date (month/day/year) 8-24-04

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____
 Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

| List A | OR | List B | AND | List C |
|---------------------------------------|-------|-------------|-------------|-------------|
| Document Title: _____ | | _____ | _____ | _____ |
| Issuing authority: _____ | | _____ | _____ | _____ |
| Document #: _____ | | _____ | _____ | _____ |
| Expiration Date (if any): ___/___/___ | | ___/___/___ | ___/___/___ | ___/___/___ |
| Document #: _____ | | _____ | _____ | _____ |
| Expiration Date (if any): ___/___/___ | _____ | _____ | _____ | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative _____ Print Name _____ Title _____
 Business or Organization Name _____ Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable) _____ B. Date of rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___
 I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.
 Signature of Employer or Authorized Representative _____ Date (month/day/year) _____

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

| | | | |
|--|---------------------|------------------------------|--|
| Print Name: Last [REDACTED] | First [REDACTED] | Middle Initial [REDACTED] | Maxed Name [REDACTED] |
| Address (Street Name and Number) [REDACTED] | | Apt. # [REDACTED] | Date of Birth (month/day/year) [REDACTED] |
| City [REDACTED] | State [REDACTED] | Zip Code [REDACTED] | Social Security # [REDACTED] |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
 A citizen or national of the United States
 A Lawful Permanent Resident (Alien # A _____)
 An alien authorized to work until _____ (Alien # or Admission # _____)

Employee's Signature: [REDACTED] Date (month/day/year): 6-27-06

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature: _____ Print Name: _____
 Address (Street Name and Number, City, State, Zip Code): _____ Date (month/day/year): _____

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

| List A | OR | List B | AND | List C |
|--------------------------------------|----|-------------------------|-----|------------------------------|
| Document Title: _____ | | <u>Driver's License</u> | | <u>Social Security</u> |
| Issuing authority: _____ | | <u>MD DMV</u> | | <u>Social Security Admin</u> |
| Document #: _____ | | [REDACTED] | | [REDACTED] |
| Expiration Date (if any): <u>1-1</u> | | [REDACTED] | | <u>1-1</u> |
| Document #: _____ | | [REDACTED] | | [REDACTED] |
| Expiration Date (if any): <u>1-1</u> | | [REDACTED] | | [REDACTED] |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 06/18/06 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative: [REDACTED] Print Name: Lad Brunard Title: VP + Director

Business or Organization Name: Household Employer Address (Street Name and Number, City, State, Zip Code): 7101 Western Avenue N.W. DC 20015 Date (month/day/year): 08/31/06

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable): _____ B. Date of rehire (month/day/year) (if applicable): _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.
 Document Title: _____ Document #: _____ Expiration Date (if any): 1-1

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: _____ Date (month/day/year): _____

Attachment J

June 4, 2009

The Honorable Max Baucus
United States Senate
511 Hart Senate Office Building
Washington, D.C. 20510

Dear Senator Baucus:

Thank you for providing me the opportunity to respond to your questions concerning the Forms I-9 for my family's household employees. I would like to assure you that all of my family's household employees were either US citizens or had legal permanent resident status. By way of background, my husband and I employ a tax preparer who assists us in complying with the legal requirements for household employers. We requested that the tax preparer send a Form I-9 and a Form W-4 whenever we contemplated hiring a household employee. To the best of our recollection, the Forms I-9 were completed on or close to the date of hire of each employee and mailed back to our tax preparer. We do not have verification of the date that the forms were transmitted.

It does not appear that I filled out information in Section 1 of the Forms I-9 for [REDACTED] and [REDACTED]. It appears that I filled out the address in Section 1 of the Form I-9 for [REDACTED] but [REDACTED] signed the form. It appears that I filled out the address in Section 1 of the Form I-9 for [REDACTED] dated 10/15/07, but [REDACTED] signed the form. It appears that I filled out the address in Section 1 of Form I-9 for [REDACTED] dated 8/27/04 and erroneously signed Section 1.

Please allow me to respond to your specific questions about my family's household employees:

[REDACTED] worked as a household employee from August 27, 2004 to December 15, 2006 and was rehired October 15, 2007. There are two I-9 forms for this reason. On the 2004 Form I-9 for [REDACTED], I erroneously signed Section 1. However, Ms. [REDACTED] signed Section 1 of the 2007 Form I-9. I do not know why there appears to be a corrected error in the date on this document. Please allow me to apologize for all errors on my part.

[REDACTED] The discrepancy between the signature dates in Section 1 and Section 2 of the Form I-9 appears to be an error. [REDACTED] was employed in 2007. Additionally, I agree that my signature was on the form but my husband's name was in the "Print Name" box. However, it is my signature and I can attest that I did verify her identity. Please allow me to apologize for these errors in filling out these forms.

[REDACTED] To the best of our recollection, the difference of slightly over one month between the date [REDACTED] signed the Form I-9 Section 1 and the Section 2 signature date appears to be because [REDACTED] completed the Form I-9 in advance of finalizing her employment terms. On this form, my signature was on the form but my husband's name was in the "Print Name"

box. However, it is my signature and I can attest that I did verify her identity. Please allow me to apologize for these errors in filling out these forms.

I hope you will find this letter fully responsive to your questions. Please accept my sincere apologies for the errors in filling out the Forms 1-9.

Sincerely,

Lael Brainard

A handwritten signature in black ink, appearing to be 'Lael Brainard', written in a cursive style.

Identical Letter sent to: Ranking Member Chuck Grassley