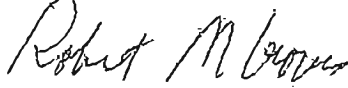


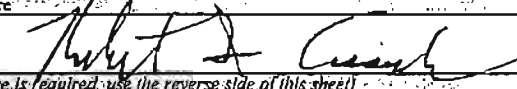


## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate box) <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report	Termination Date (If Applicable) (Month, Day, Year)		<b>Fee for Late Filing</b> Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period shall be subject to a \$200 fee.
Reporting Individual's Name	Last Name Groves		First Name and Middle Initial Robert M.		
Position for Which Filing	Title of Position Director, Census Bureau		Department or Agency (If Applicable) Department of Commerce		
Location of Present Office or forwarding address	Address (Number, Street, City, State, and ZIP Code) 426 Thompson Street, Room 1357, Ann Arbor, MI 48106		Telephone No. (Include Area Code) 734-764-8365		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held Federal Economic Statistics Advisory Committee, Member, 2000-present				
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Committee on Governmental Affairs		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Certification</b> 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.	Signature of Reporting Individual 		Date (Month, Day, Year) 5/4/09		
<b>Other Review</b> (If desired by agency)	Signature of Other Reviewer  Day		Date (Month, Day, Year) 5/04/09 5/4/09		
<b>Agency Ethics Official's Opinion</b> 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).	Signature of Designated Agency Ethics Official/Reviewing Official 		Date (Month, Day, Year) 3/4/09		
<b>Office of Government Ethics Use Only</b>	Signature 		Date (Month, Day, Year) 5/5/09		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)					
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>					
(Check box if comments are continued on the reverse side) <input type="checkbox"/>					
<b>Agency Use Only</b>					
<b>OGE Use Only</b>					
MAY 4 2009					







Reporting Individual's Name  
 Robert M. Groves

**SCHEDULE A continued**  
 (Use only if needed)

Page Number  
 5

BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																								
	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	Over \$25,000,000	Excepted investment fund	Excepted Trust	Qualified trust	Type	Amount	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																	
None <input type="checkbox"/>														Dividends	Rent and Royalties	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							
1 DGAGX Dreyfus Appreciation Fund (spouse)	X																	X																	
2 FAGIX Fidelity Capital & Income (spouse)	X																		X																
3 FBNDX Fidelity Investment Grade (spouse)	X																		X																
4 FILFX Fidelity Pas Intl Fund of Funds (spouse)	X																																		
5 FPCIX Fidelity Pas Core Income Fund of Funds (spouse)	X																		X																
6 FPIOX Fidelity Pas Income Opport. Fund of Funds (spouse)	X																		X																
7 FSCFX Fidelity Pas Small Cap Fund of Funds (spouse)	X																		X																
8 FSHBX Fidelity Short Term Bond (spouse)	X																			X															
9 FSMAX Spartan 500 Index FID Advent. Class (spouse)	X																		X																

\* 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, Vice Presidential or Presidential Candidate**

Robert M. Groves

**SCHEDULE B**

Page Number

8

**Part I: Transactions**

None

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any 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. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)													
		Purchase	Sale	Exchange		\$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	Certificate of divestiture		
1	Example: Central Airlines Common	x			2/1/99			x											
2																			
3																			
4																			
5																			

This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

**Part II: Gifts, Reimbursements, and Travel Expenses**

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 \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. 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

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 \$104 or less. See instructions for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
1	Example: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$300
2			
3			
4			
5			



**SCHEDULE C**

Robert M. Groves

**Part I: Liabilities**

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your

personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Category of Amount or Value (x)

Examples:	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)																
						\$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						
	First District Bank, Washington, DC John Jones, 123 J.St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x														
1																						
2																						
3																						
4																						
5																						

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. 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

Examples:	Status and Terms of any Agreement or Arrangement	Parties	Date
	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doc Jones & Smith, Hometown, State	7/85
1	Will continue to hold the TIAA-CREF Retirement plan 403b and 401a and SRA; no further contributions will be made by University of Michigan during my leave of absence	University of Michigan, Ann Arbor, MI	4/2009
2	Will take an unpaid leave of absence from the University of Michigan for the term of the appointment	University of Michigan, Ann Arbor, MI	4/2009
3			
4			
5			
6			
7			

Reporting Individual's Name <b>Robert M. Groves</b>	<b>SCHEDULE D</b>	Page Number <b>10</b>
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**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, trustee, general partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	University of Michigan Survey Research Center, Ann Arbor, MI	Academic Social Science Research, Graduate education program	Director, Professor, Research Professor	7/2001	Present
2	University of Maryland Joint Program in Survey Methodology, College Park, MD	Graduate education program	Research Professor	1/1995	Present
3	Technical Advisory Committee Amgen and Ortho Biotech (Pharmaceuticals, Bridgewater, NJ)	Pharmaceutical companies	Member, Technical Advisory Committee	3/2005	Present
4	Nielsen Media Research, Council for Res. Excellence New York, NY	Research Council for media ratings company	Technical advisor	1/2005	Present
5	Edison Research Somerville, NJ	Exit Polling firm	Consultant	11/2004	11/2008
6	Research Triangle International Research Triangle Park, NC	Not-for-profit research organization	Advisory panel member for survey sponsored by SAMSHA	1/2007	present

**Part II: Compensation In Excess Of \$5,000 Paid by One Source**

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 the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit organization when 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.

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

None

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	University of Michigan, Ann Arbor, Michigan	Director, Survey Research Center, Professor, Research Professor Conduct advanced research on scientific surveys
2	Amgen and Ortho Biotech (Pharmaceuticals, Bridgewater, NJ)	Member, Technical Advisory Committee Provide judgments on large scale hospital survey
3	Edison Research Somerville, NJ	Consultant Provide consultation for exit polling operation
4	CBS News, Inc. New York, NY	Consultant
5		
6		

Reporting Individual's Name <b>Robert M. Groves</b>	<b>SCHEDULE D</b>	Page Number <b>11</b>
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**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, trustee, general partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	John Wiley and Sons New York, NY	Commercial publishing	Member, Editorial Advisory Board for Book Series	1/99	Present
2	National Opinion Research Center Chicago, IL	Not for profit research center	Member, Technical Advisory Committee for NIH grant	1/2004	Present
3	Westat, Inc. Rockville, MD	Survey research company	Consultant to contractor for Nat. Center for Educ. Statistics	1/2009	1/2009
4	National Institute of Statistical Sciences Research Triangle Park, NC	Not for profit research center	Consultant to contractor for Nat. Center for Educ. Statistics	1/2008	8/2008
5	CBS News, Inc. New York, NY	Television news organization	Review panel member for election and survey unit	3/2007	3/2007
6	European Science Foundation Strasbourg, France	EU science funding agency	Chair, review panel for European Social Survey	11/2007	4/2008

**Part II: Compensation In Excess Of \$5,000 Paid by One Source**

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 the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit organization when 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.

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

None

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1		
2		
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4		
5		
6		

Reporting Individual's Name <b>Robert M. Groves</b>	<b>SCHEDULE D</b>	Page Number <b>12</b>
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**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, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Synergy Enterprises Silver Spring, MD	Meeting logistics company	Consultant for survey design, meeting planned by Synergy	1/2008	1/2008
2	Robert M Groves Trust	Trust	Trustee	3/2007	Present
3					
4					
5					
6					

**Part II: Compensation In Excess Of \$5,000 Paid by One Source**

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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate  
 None

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Monocytown, State	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		