

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics		Reporting Status		Calendar Year		New Entrant, Nominee, or Candidate		Termination Date (if applicable) (Month, Day, Year)	
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Incumbent		Covered by Report		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
February 25, 2009		<input type="checkbox"/>		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Reporting Individual's Name		Last Name		First Name and Middle Initial		Termination		File	
		Lute		Jane H.		<input type="checkbox"/>		<input type="checkbox"/>	
Position for Which Filing		Title of Position		Department or Agency (if applicable)		Termination		File	
		Deputy Secretary		Dept of Homeland Security		<input type="checkbox"/>		<input type="checkbox"/>	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (include Area Code)		Termination		File	
		Headquarters, United Nations, First Ave. NY, NY 10017		212-963-5445		<input type="checkbox"/>		<input type="checkbox"/>	
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		Termination		File		File	
				<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Yes		No	
		Homeland Security and Governmental Affairs		<input type="checkbox"/>		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Certification		Signature of Reporting Individual		Date (Month, Day, Year)		Termination		File	
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.				26 February 2009		<input type="checkbox"/>		<input type="checkbox"/>	
Other Review (if desired by agency)		Signature of Other/Reviewer		Date (Month, Day, Year)		Termination		File	
						<input type="checkbox"/>		<input type="checkbox"/>	
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Termination		File	
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).				27 Feb 2009		<input type="checkbox"/>		<input type="checkbox"/>	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Termination		File	
				3/3/09		<input type="checkbox"/>		<input type="checkbox"/>	
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"/>									
<p><b>Page for Late Filing</b></p> <p>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.</p> <p><b>Reporting Periods</b></p> <p><b>Incumbents:</b> The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.</p> <p><b>Termination Filers:</b> 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 Schedule D is not applicable.</p> <p><b>Nominees, New Entrants and Vice Presidents:</b></p> <p><b>Schedule A--</b>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 as of any date you choose that is within 31 days of the date of filing.</p> <p><b>Schedule B--</b>Not applicable.</p> <p><b>Schedule C, Part I (Liabilities)--</b>The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.</p> <p><b>Schedule C, Part II (Agreements or Arrangements)--</b>Show any agreements or arrangements as of the date of filing.</p> <p><b>Schedule D--</b>The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p> <p><b>Agency Use Only</b></p> <p>OFF Use Only          FEB 27 2009</p>									

Reporting Individual's Name

Lute, Jane Holl

# SCHEDULE A

Page Number

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## Assets and Income

### Valuation of Assets at close of reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.

#### BLOCK A

For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.

For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).

Name ☐

#### BLOCK B

#### Type

#### Amount

	BLOCK B										BLOCK C	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	None (or less than \$1,000)	\$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 *	Excepted Investment Fund	Excepted Trust	Qualified Trust		
1													
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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 jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Prior Editions Cannot be Used.

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

Page Number 3

**Assets and Income**

**Valuation of Assets**  
 at close of  
 reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no  
 other entry is needed in Block C for that item.

BLOCK A	BLOCK B										BLOCK C										Other Income (Specify Type & Amount)	Date (Mo., Day, Yr.) Only if Honorary	
	Valuation of Assets at close of reporting period										Type	Amount											
None <input type="checkbox"/>	None (or less than \$1,001)											None (or less than \$201)											
	\$1,001 - \$15,000											\$201 - \$1,000											
	\$15,001 - \$50,000											\$1,001 - \$2,500											
	\$50,001 - \$100,000											\$2,501 - \$5,000											
	\$100,001 - \$250,000											\$5,001 - \$15,000											
	\$250,001 - \$500,000											\$15,001 - \$50,000											
	\$500,001 - \$1,000,000											\$50,001 - \$100,000											
	Over \$1,000,000 *											\$100,001 - \$1,000,000											
	\$1,000,001 - \$5,000,000											Over \$1,000,000*											
	\$5,000,001 - \$25,000,000											\$1,000,001 - \$5,000,000											
Over \$25,000,000											Over \$5,000,000												
Excluded Investment Fund																							
Excluded Trust																							
Qualified Trust																							
Dividends																							
Rent and Royalties																							
Interest																							
Capital Gains																							
1	Intentionally Left Blank																						
2	TIAA-CREF Retirement Annuity: CREF Global Equities										X												
3	TIAA-CREF Retirement Annuity: CREF Equity Index											X											
4	USAA Federal Savings Bank, checking account												X										
5	United Nations retirement benefit: UN Joint Staff Pension Fund (Defined Benefit)																			Will receive \$1709 per month at age 62			
6																							
7																							
8																							
9																							

\* 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.  
 Prior Editions Cannot Be Used



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

U.S. Office of Government Ethics  
Reporting Individual's Name

Lute, Jane Hoi

SCHEDULE B

Page Number

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Part I: Transactions

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.

None

☐

Amount of Transaction (x)

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)										
		\$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
Purchase												
Sale												
Exchange												

Identification of Assets

Example: Central Airlines Common

1												
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
Examples: Nat'l Assn. of Book Collectors, NY, NY Frank Jones, San Francisco, CA	Airlines ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$300
1		
2		
3		
4		
5		

Reporting Individual's Name

Lute, Jane Holl

# SCHEDULE C

Page Number 5

## 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.

Creditor's (Name and Address)

Type of Liability

Examples: First District Bank, Washington, DC  
 John Jones, 12345 Washington, DC

Mortgage on rental property, Delaware  
 Promissory note

1 American Express

Credit Card

None ☐

Category of Amount or Value(s)

Date Incurred	Interest Rate	Term if applicable	\$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
1991	8%	2.5 yrs							
1999	10%	on demand							
2008	18%	revolving		X					

\* 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 continuing participation in an employee benefit plan (e.g. 401k, deferred compensation, (2) continuation 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 ☐

Status and Terms of any Agreement or Arrangement

Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00

Parties

Date

1	I will retain my interest in the UN Joint Staff Pension Fund (defined benefit). I will receive \$1709 per month at age 62.	United Nations	7/85
2	TIAA-CREF. I will continue to participate in a plan sponsored by a former employer	The Carnegie Corporation, New York, NY	5/94
3	TIAA-CREF. I will continue to participate in a plan sponsored by a former employer	The Role of American Military Power	1/00
4	TIAA-CREF. I will continue to participate in a plan sponsored by a former employer	United Nations Foundation, New York, NY	8/00
5			
6			

Lute, Jane Hall

## SCHEDULE D

6

## 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	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	United Nations, New York, NY	International Organization	Asst Secretary General	8/03	Present
2	Norwich University, Northfield, VT	University	Trustee	12/08	Present
3	Hunt Alternatives, Cambridge, MA	Non-profit	Director	7/98 (est)	Present
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	Legal services
	Metro University (client of Doe Jones & Smith), Moneycrown, State	Legal services in connection with university construction
1	United Nations, New York, NY	Duty as Asst Secretary General; salary
2		
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4		
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