

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Page Number

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes)		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate		Termination (If Applicable) (Month, Day, Year)	
Reporting Individual's Name		Last Name		First Name and Middle Initial		Termination		Termination Date (If Applicable)	
Position for Which Filing		Title of Position		Department or Agency (If Applicable)		Termination		Termination Date (If Applicable)	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)		Termination		Termination Date (If Applicable)	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Dates Held		Telephone No. (Include Area Code)		Termination		Termination Date (If Applicable)	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Termination		Termination Date (If Applicable)	
Certification		Signature of Reporting Individual		Date (Month, Day, Year)		Termination		Termination Date (If Applicable)	
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.		Signature of Other Reviewer		Date (Month, Day, Year)		Termination		Termination Date (If Applicable)	
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Termination		Termination Date (If Applicable)	
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Termination		Termination Date (If 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 box below).		Signature		Date (Month, Day, Year)		Termination		Termination Date (If Applicable)	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Termination		Termination Date (If Applicable)	
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 _____) ☐

(Check box if comments are continued on the reverse side) ☐

Supersedes Prior Editions, Which Cannot Be Used.

278-112

Form Designed in Microsoft Excel 2000

NSN 7540-01-070-8444

Fee for Late Filing

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 Periods

Incumbents: 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.

Termination Filers: 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.

Nominees, New Entrants and Candidates for President and Vice President:

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 as of any date you choose that is within 31 days of the date of filing.

Schedule B-- Not applicable.

Schedule C, Part I (if applicable)-- 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.

Schedule C, Part II (if applicable)-- Arrangements-- Show any agreements or arrangements as of the date of filing.

Schedule D-- The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.

Agency Use Only

OGE Use Only

Shaun Maher

SCHEDULE A

Page Number

Assets and Income

Valuation of Assets

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

If or 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).

☐ None

Central Airlines Common

Examples

Doc Jones & Smith, Hometown, State

Keystone Equity Fund

IRA: Heartland 500 Index Fund

1 Alliance Bernstein

Holdings L.P.	
---------------	--

2

Apple Computer

3	
---	--

Merican Express

4	5
---	---

Bank of America Corp.

5	
---	--

Boeing Co

[illegible]

Charles Schwab Corp.

* This category applies only if the asset/income is not

mark the other higher categories of value, as appropriate.

Prior Editions Cannot be Used

Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)	Only if Honorary
--	----------------------------	---------------------

Only if
Honoraria

Reporting Individual's Name

Shawn Maher

SCHEDULE A continued

(Use only if needed)

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

BLOCK B

BLOCK C

None ☐

		None <input type="checkbox"/>												Type												Amount												Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							
		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												\$25,000,001 - \$50,000,000												Over \$50,000,000												Excepted Investment Fund												Excepted Trust												Qualified Trust												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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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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.

Reporting Individual's Name

Shawn Maher

SCHEDULE A continued

(Use only if needed)

Page Number

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Assets and Income

BLOCK A

Valuation of Assets

at close of reporting period

BLOCK B

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

Type Amount BLOCK C

None ☐

	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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary
1																																
2																																
3																																
4																																
5																																
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.

Shawn Maher

SCHEDULE A continued

(Use only if needed)

Page Number

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Assets and Income

BLOCK A

Valuation of Assets
at close of
reporting period

BLOCK B

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

BLOCK C

Type

Amount

Other
Income
(Specify
Type &
Actual
Amount)Date
(Mo., Day,
Yr.)
Only if
HonorariaNone ☐

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

\$25,000,001 - \$50,000,000

Over \$50,000,000

Excepted Investment Fund

Excepted Trust

Qualified Trust

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 Sony

2 Target Corp.

3 Tenet Healthcare Co.

4 Time Warner

5 Wachovia Bank

6 Cash Money Market

7 Spouse: Self-Employed
Communications Consultant

8 Artisan Small Cap Fund

9 Old Mutual Columbus
Circle IE Tech & Com Fd

* 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, or Vice Presidential or Presidential Candidate

Reporting Individual's Name

SCHEDULE B

Page Number
of

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 ☐

		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 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.

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.

*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 Rock Collectors, NY, NY		Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)		\$500
Frank Jones, San Francisco, CA		Leather briefcase (personal friend)		\$300
1				
2				
3				
4				
5				

Reporting Individual's Name

Shaun Maher

SCHEDULE C

Page Number
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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.

Creditors (Name and Address)		Type of Liability	Incurred	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*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
Examples: First District Bank, Washington, DC John Jones, 123 J St., Washington, DC																
1	None	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x								
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.

* 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

Status and Terms of any Agreement or Arrangement			None <input type="checkbox"/>	
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	None		Doe Jones & Smith, Hometown, State	7/85
2				
3				
4				
5				
6				

Reporting Individual's Name
Shawn M. Baker

SCHEDULE D

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.

	Examples:	Natl. Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Organization (Name and Address)	Type of Organization	Position Held	None <input type="checkbox"/>	
						From (Mo., Yr.)	To (Mo., Yr.)
1		<i>None</i>		Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
2							
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 ☒ *if*

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	<i>Not applicable</i>		
2			
3			
4			
5			
6			