

U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate box)		Calendar Year Covered by Report		New Entrant, Nominee or Candidate		Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name		Last Name		First Name and Middle Initial		Title of Position		Department of Agency (If Applicable)	
Position for Which Filing		Secretary of Labor		Department of Labor		Telephone No. (Include Area Code)		(202) 225-5464	
Location of Present Office (or forwarding address)		2421 Rayburn House Office Building Washington, D.C. 20515		Title of Position(s) and Date(s) Held		Member of Congress Jan 3, 2001-present			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)				Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Presidential Nominees Subject to Senate Confirmation		Health Education Labor and Pensions Committee		Signature of Reporting Individual		Date (Month, Day, Year)		1-6-09	
Certification		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)			
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)					
Agency Ethics Official's Opinion		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)		1/6/09	
Office of Government Ethics Use Only		Comments of Reviewing Officials (If additional space is required, use the reverse side of this form)		Signature		Date (Month, Day, Year)		1/6/09	
		(Check box if filing extension granted & indicate number of days _____)							

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

JAN - 6 2009

SCHEDULE A

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.										Other Income (Specify Type & Amount)		Date (Mo., Day, Yr.)							
BLOCK A		BLOCK B										BLOCK C																			
												Type	Amount																		
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 or your spouse).																															
None <input type="checkbox"/>																															
Examples																															
Central Airlines Common																															
Doe Jones & Smith, Homeowner, State																															
Kempstone Equity Fund																															
IRA Heartland 500 Index Fund																															
1	Wells Fargo Checking & Savings & Money Market Account (cash accounts)																														
2	Sam's Foreign and Domestic Auto Center, Inwindale, CA (spouse - sole proprietor)																														
3	CalPERS 401 A - defined benefits pension plan																														
4	State of California Savings Plus Program 401K																														
5	State of California Savings Plus Program Retirement 457																														
6	Nationwide Bond Index Fund																														
6	-- cash																														

* 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

(Use only if needed)

ω

Assets and Income		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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
BLOCK A																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
												Type	Amount							Other income (Specify Type & Amount)	Date (Mo., Day, Yr.) Only if Honoraria																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
1	Life Insurance Co. of the Southwest – Retirement Account (fixed Annuity)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													

Prior Editions Cannot be Used

SCHAUUTER

Part I: Transactions

Report any purchase, sale, or exchange by you, your spouse, or dependent child, 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 and your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

[illegible]

* 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 cash, clothing, transportation, lodging, food, entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For couples analysis, it is helpful to indicate a source for receipts, such as personal, friend, agency approval, under 5 U.S.C. 411, 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 you agency in connection with official travel received from relatives received by you, or 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 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 item)	\$500 \$300
1			
2			
3			
4			
5			

Reporting Individual's Name

Hilda L. Solis

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.

None ☒ X

Category of Amount or Value (X)

Creditors (Name and Address)	Type of Liability	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	\$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 1st St., Washington, DC

Mortgage on rental property, Delaware
 Promissory note

1991
 1999 9% 10% 25 yrs. on demand

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

* 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

None ☐

Date

1	CalPERS 401a -- defined benefits pension plan -- eligible to receive approx. \$430/month beginning at age 55.	State of California	1985
2	State of California Savings Plus Program Retirement 457 -- Defined contribution Plan -- no further contributions made by me or my former employer	State of California	1993
3	State of California Savings Plus Program - 401K Defined Contribution Plan -- no further contributions made by me or my former employer	State of California	1993
4			
5			
6			

Reporting Individual's Name
 Hilda L. Solis

SCHEDULE D

Page Number
 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, 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, N.Y., N.Y. Doe Jones & Smith, Hometown, State		Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Latino Public Broadcasting	non-profit organization	Board member (uncompensated)	6/08	present
2	American Rights at Work	Non-profit organization	Board member (uncompensated)	2006	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), Moneytown, State		Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		