SF278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:
OMB No. 3209-0001

Date of Appointment, Candidacy, Election or Nomination (*Month, Day, Year*)	Reporting Status (*Check appropriate boxes*): ☐ Incumbent; Calendar Year Covered by Report: ; ☒ New Entrant, Nominee, or Candidate; ☐ Termination Filer	Termination Date (*If Applicable*) (*Month, Day, Year*)
Reporting Individual's Name	Last Name: Strickland	First Name and Middle Initial: Thomas L.
Position for Which Filing	Title of Position: Assistant Secretary for Fish, Wildlife and Parks	Department or Agency (*If Applicable*): Department of the Interior
Location of Present Office (or forwarding address)	Address (*Number, Street, City, State, and ZIP Code*): 1849 C Street, NW, Washington DC 20240	Telephone No. (*Include Area Code*): (202)208-7351
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: Chief of Staff, Department of the Interior, 1/21/2009 - present	
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination: Committees on Energy and Natural Resources and Environment and Public Works	Do You Intend to Create a Qualified Diversified Trust? ☐ Yes ☒ No
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 Reporting Individual: Thomas L. Strickland	Date (*Month, Day, Year*): 3-13-09
Other Review (If desired by agency)	Signature of Other Reviewer	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 of Designated Agency Ethics Official/Reviewing Official: Kimberly [illegible] Alternate Agency Ethics Official	Date (*Month, Day, Year*): 13 Mar 2009
Office of Government Ethics Use Only	Signature: [illegible]	Date (*Month, Day, Year*): 3/16/09

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* ________) ☐

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

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 (Liabilities)--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 (Agreements or 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
MAR 13 2009

Supersedes Prior Editions, Which Cannot Be Used.

278-112

Form Designed in Microsoft Excel 2000

NSN 7540-01-070-8444

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U.S. Office of Government Ethics

Reporting Individual's Name: Strickland, Thomas

SCHEDULE A

Page Number 2

Assets and Income

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 acount of any honoraria over $200 of your spouse).

None ☐

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

	Assets and Income (Block A)	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	Type: Dividends	Type: Rent and Royalties	Type: Interest	Type: Capital Gains	Amount: 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 Honoraria
Examples	Central Airlines Common				x												x						x										
	Doe Jones & Smith, Hometown, State			x																												Law Partnership Income $130,000	
	Kempstone Equity Fund					x								x										x									
	IRA: Heartland 500 Index Fund							x						x											x								
1	Blackrock Equity Dividend A (MDDVX)			X										X							X												
2	American Funds Bond Fund of America				X									X							X												
3	Davis New York Venture Fund			X										X							X												
4	Delaware High Yield Opportunities Fund		X											X							X												
5	Dreyfus Founders Mid Cap Growth Fund				X									X							X												
6	Gabelli Small Cap Growth Fund				X									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.

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Reporting Individual's Name: Strickland, Thomas

SCHEDULE A continued
(Use only if needed)

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

#	Assets and Income (BLOCK A) None ☐	Valuation of Assets at close of reporting period (BLOCK B): 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	BLOCK C Type: Dividends	Rent and Royalties	Interest	Capital Gains	Amount: 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 Honoraria
1	American Funds Growth Fund of America			X										X							X												
2	SSGA International Stock Selection Fund				X									X							X												
3	Fidelity Money Market Fund		X											X							X												
4	AIM Charter Fund		X											X							X												
5	Fidelity Money Market Fund Spouse's Revocable Trust		X											X							X												
6	Vanguard 500 Index Investor (VFINX) Spouse's Revocable Trust					X								X							X												
7	Vanguard Mid Cap Index Fund Spouse's Revocable Trust			X										X							X												
8	Vanguard Small Cap Index Fund (NAESX) Spouse's Revocable Trust				X									X							X												
9	Vanguard Total Int'l Stock Index Fund Spouse's Revocable Trust				X									X							X												

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Prior Editions Cannot be Used.

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Reporting Individual's Name

Strickland, Thomas

SCHEDULE A continued

(Use only if needed)

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

#	Assets and Income (BLOCK A) None ☐	Valuation of Assets at close of reporting period (BLOCK B): 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	BLOCK C Type: Dividends	Rent and Royalties	Interest	Capital Gains	Amount: 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 Honoraria
1	Vanguard High Yield Tax Exempt Fund Spouse's Revocable Trust				X									X							X												
2	Vanguard Intermed. Term Tax Exempt Fund Spouse's Revocable Trust					X								X							X												
3	Vanguard Limited Term Tax Exempt Fund Spouse's Revocable Trust					X								X							X												
4	AIM Constellation Fund Spouse's IRA			X										X							X												
5	AIM Basic Value Fund (Joint)		X											X							X												
6	AIM Mid Cap Core Equity Fund (Joint)		X											X							X												
7	MFS Municipal Income Fund W.R. Frye Trust fbo Daughter			X										X							X												
8	First American Money Market Acct (Cash Account) W.R. Frye Trust fbo Daughter		X																		X												
9	AIM Money Market Fund Cash Reserve M.L.F. Frye Trust fbo Daughter	X												X							X												

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Reporting Individual's Name

Strickland, Thomas

SCHEDULE A continued
(Use only if needed)

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

#	Assets and Income (BLOCK A) None ☐	Valuation of Assets at close of reporting period (BLOCK B): 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	BLOCK C Type: Dividends	Rent and Royalties	Interest	Capital Gains	Amount: 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 Honoraria
1	MFS Money Market Fund M.L.F. Frye Trust fbo Daughter	X																			X												
2	MFS Municipal Income Fund M.L.F. Frye Trust fbo Daughter			X										X							X												
3	AIM Municipal Bond Fund W.R. Frye Trust fbo Daughter			X										X							X												
4	AIM Charter Fund W.R. Frye Trust fbo Daughter		X											X							X												
5	AIM Mid Cap Core Equity Fund W.R. Frye Trust fbo Daughter		X											X							X												
6	AIM Municipal Bond Fund W.R. Frye Trust fbo Daughter					X								X							X												
7	First American Money Market Acct Cash Account W.R. Frye Trust fbo Daughter			X																	X												
8	Fidelity Money Market Acct Cash Account M.L.F. Frye Trust fbo Daughter	X																			X												
9	Vanguard Index Trust S&P 500 Fund M.L.F. Frye Trust fbo Daughter			X										X							X												

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Reporting Individual's Name: Strickland, Thomas

SCHEDULE A continued
(Use only if needed)

Page Number 6

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

	Assets and Income (BLOCK A)	Valuation of Assets at close of reporting period (BLOCK B): 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	BLOCK C Type: Dividends	Rent and Royalties	Interest	Capital Gains	Amount: 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 Honoraria
	None ☐																																
1	Vanguard Mid Cap Index Fund M.L.F. Frye Trust fbo Daughter		X											X							X												
2	Vanguard Small Cap Index Fund (NAESX) M.L.F. Frye Trust fbo Daughter		X											X							X												
3	Vanguard Total Int'l Stock Index Fund M.L.F. Frye Trust fbo Daughter			X										X							X												
4	Columbia Marsico Focused Fund (NFEPX)			X										X							X												
5	Dreyfus Short Term Income Fund				X									X							X												
6	First Eagle Oveseas Fund			X										X							X												
7	Goldman Sachs Capital Growth Fund A			X										X										X									
8	JP Morgan Gov't Bond Fund			X										X							X												
9	MFS Value Fund Cl A			X										X								X											

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Reporting Individual's Name		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

None ☐

#	Assets and Income (BLOCK A)	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	Type: Dividends	Type: Rent and Royalties	Type: Interest	Type: Capital Gains	Amount: 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 Honoraria
1	Royce Pennsylvania Mutual Fund			X										X							X												
2	The Oakmark Fund			X										X								X											
3	Thornburg Int'l Value Fund			X										X								X											
4	(S) Sandestin Hilton, LP, a real estate partnerhip of condo in Destin, FL				X													X							X								
5	(S) Interest in PVIC, a real estate "S" Corporation, Alexandria, LA Undeveloped land in Alexandria LA				X																X												
6	(S) 407 St Paul, LLC (Sold in Jan 2008)	X																														loss due to operational costs	
7	GB Enterprises I, Colorado Springs CO Real Estate Limited Partnership:				X																											Rental Real Estate est. loss $9,300	
8	Apartment Complex, Loveland CO Multi-use, Glenwood Springs CO																																
9	Yarmony Creek, LLC Energy company - mineral and royalty (Note receivable)					X															X												

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Reporting Individual's Name: Strickland, Thomas

SCHEDULE A continued

(Use only if needed)

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

Assets and Income BLOCK A	Valuation of Assets at close of reporting period BLOCK B															BLOCK C Type				Amount											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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		
1 First Western Trust Bank Account (Money Market)									X									X					X									
2 Wells Fargo Bank, N.A. (Checking/Savings)			X															X			X											
3 First Western Trust Bank (Checking)		X																X			X											
4 UnitedHealth Group Inc 401(K):																																
5 Wells Fargo Advan Grow Bal Fund (NVGBX)		X											X							X												
6 Wells Fargo Advan Con Alloc Fund (NVCBX)		X											X							X												
7 UnitedHealth Group Executive Savings Plan: Wells Fargo Advan Con Alloc Fund (NVCBX)			X										X							X												
8 UnitedHealth Group Stock Appreciation Rights All Vested:																																
9 175,000 Shares Awarded 5/28/07 Grant Price $54.41 Exp 5/28/2017 (Value not readily ascertainable)																				X												

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Reporting Individual's Name: Strickland, Thomas

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

#	Assets and Income (BLOCK A)	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 Honoraria
	None ☐																																
1	203,624 Shares Awarded 6/5/2008 Grant Price $33.94 Exp 6/5/2018 Value not readily ascertainable																				X												
2	UnitedHealth Group Inc																															Salary and Bonus $2,700,000	
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	

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

Reporting Individual's Name		Page Number
Strickland, Thomas	SCHEDULE B	10

None ☐

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.

	Identification of Assets	Transaction Type (x) Purchase	Sale	Exchange	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	Certificate of divestiture
Example:	Central Airlines Common	x			2/1/99			x									
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 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			

Prior Editions Cannot Be Used.

Reporting Individual's Name: Strickland, Thomas

SCHEDULE C

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]

	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	Mortgage on rental property, Delaware	1991	8%	25 yrs.			x								
	John Jones, 123 J St., Washington, DC	Promissory note	1999	10 %	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: 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	Parties	Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1	I will retain my 401(k) account; however, neither I nor UnitedHealth Group will make any further contributions to this account.	UnitedHealth Group Inc	5/07
2	I will retain my executive Savings Plan; however, neither I nor UnitedHealth Group will make any further contributions to this account	UnitedHealth Group Inc	5/07
3	I will retain my stock appreciation rights and I will not receive any additional stock appreciation rights from UnitedHealth Group.	UnitedHealth Group Inc	5/07
4			
5			
6			

SF 278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government Ethics

Reporting Individual's Name: Strickland, Thomas

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.

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	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	UnitedHealth Group, Inc., Minneapolis, MN	Health Care Provider	Executive Vice President and Chief Legal Officer	5/07	1/09
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 ☐

	Source (*Name and Address*)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1	UnitedHealth Group, Inc., Minneapolis, MN	Legal Services
2		
3		
4		
5		
6		

Prior Editions Cannot Be Used.