

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics		Reporting Status		Calendar Year Covered by Report		Incumbent		Termination		Termination Date (If Applicable)	
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Incumbent		Covered by Report		Incumbent		Termination		Termination Date (If Applicable)	
		Incumbent		Covered by Report		Incumbent		Termination		Termination Date (If Applicable)	
Reporting Individual's Name		Last Name		First Name and Middle Initial		Termination		Termination		Termination Date (If Applicable)	
Position for Which Filing		Title of Position		Department or Agency (If Applicable)		Office of Science and Technology Policy		Telephone No. (Include Area Code)		Termination Date (If Applicable)	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		1 University Station, C1900 Austin, TX 78712		(512) 471-2457		Termination Date (If Applicable)		Termination Date (If Applicable)	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	
President (Name, Title, Subject, and Senate, Appropriation)		U.S. Senate Committee on Commerce, Science and Transportation		U.S. Senate Committee on Commerce, Science and Transportation		U.S. Senate Committee on Commerce, Science and Transportation		U.S. Senate Committee on Commerce, Science and Transportation		U.S. Senate Committee on Commerce, Science and Transportation	
Signature of Reviewing Official		Signature of Reviewing Official		Signature of Reviewing Official		Signature of Reviewing Official		Signature of Reviewing Official		Signature of Reviewing Official	
Date (Month, Day, Year)		Date (Month, Day, Year)		Date (Month, Day, Year)		Date (Month, Day, Year)		Date (Month, Day, Year)		Date (Month, Day, Year)	
Office of Government Ethics Use Only		Office of Government Ethics Use Only		Office of Government Ethics Use Only		Office of Government Ethics Use Only		Office of Government Ethics Use Only		Office of Government Ethics Use Only	
Comments of Reviewing Official (If additional space is required, use the reverse side of this sheet)		Comments of Reviewing Official (If additional space is required, use the reverse side of this sheet)		Comments of Reviewing Official (If additional space is required, use the reverse side of this sheet)		Comments of Reviewing Official (If additional space is required, use the reverse side of this sheet)		Comments of Reviewing Official (If additional space is required, use the reverse side of this sheet)		Comments of Reviewing Official (If additional space is required, use the reverse side of this sheet)	

**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:** 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 period or the date you file. Part II of Schedule D is not applicable.

**Termination:** The reporting period ends at the end of the period covered by your previous filing and ends at the end of the period covered by your filing. Part II of Schedule D is not applicable.

**Continuation:** If you are filing a continuation of a previous filing, you must indicate on the filing form that it is a continuation of a previous filing.

**Schedule A - 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 period or the date you file. Part II of Schedule D is not applicable.**

**Schedule B - Not applicable.**

**Schedule C, Part I (Qualifications) - 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 calendar year and the current calendar year up to the date of filing.**

**Agency Use Only**

**MAF 06 Use Only**

**MAF 06 2009**

NSN 7540-01-070-8444

# SCHEDULE A

[illegible]



**SCHEDULE A continued**

Prior Editions Cannot be Used.

Reporting Individual's Name  
 Sherburne B. Abbott

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

Page Number  
 4 of 11

**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 <input type="checkbox"/>		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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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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  
 Sheburne B. Abbott

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

**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**

BLOCK A		BLOCK B													BLOCK C		BLOCK D		BLOCK E	
		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 & Actual Amount)		Date (Mo., Day, Yr.) Only if Honoraria	
None <input type="checkbox"/>																				
1																				
TIAA-CREF Equity Index																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
Fidelity Cash Reserves																				

\* 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.

Sherburne B. Abbott

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

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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  
Honorary

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

Salary  
\$190,000.00Honorary  
\$300Honorary  
\$1000

10/29/08

11/18/08

\* 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.



Sherburne B. Abbott

## SCHEDULE A continued

(Use only if needed)

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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

Type

Amount

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

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

Salary and bonus

Consulting fees

Honorarium  
\$7,500.00Article payment  
\$500.00Honorarium  
\$1,500.00Honorarium  
\$10,000.00Article payment  
\$600.00Article payment  
\$500.00Honorarium  
\$1,500.00Honorarium  
\$1,500.00

\* 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 category.

Prior Editions Cannot be Used.

## SCHEDULE A continued

(Use only if needed)

Sherburne B. Abbott

Page Number

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### Prior Editions Cannot be Used

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



Reporting Individual's Name
Sherburne B. Abbott

## 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

[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 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)

Examples: Nat'l Assn. of Rock Collectors, NY, NY  
Frank Jones, San Francisco, CA

Brief Description
Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)
Leather briefcase (personal friend)

### Brief Description

Value

\$300

Prior Editions Cannot Be Used.

Sherburne B. Abbott

## 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 ☐

Category of Amount or Value (x)

Examples	Creditor (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
1	National City Bank Dayton, OH	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10.5%	23 years on demand 30 yrs					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.

## 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		7/83
1	I will take an unpaid leave of absence effective upon confirmation. Pursuant to the University of Texas at Austin policy, I can apply for extensions of the unpaid leave in one year intervals.	University of Texas at Austin Austin, Texas		02/09
2	UT Saver TSA 403(b) Fidelity Balanced (defined contribution plan) no further contributions by myself or the university while on leave	University of Texas at Austin Austin, Texas		01/06
3	UT Saver DCP-457(b) Fidelity Balanced (defined contribution plan) no further contributions by myself or the university while on leave	University of Texas at Austin Austin, Texas		01/06
4	Optional retirement program 403(b) TIAA-CREF (defined contribution plan) no further contributions by myself or the university while on leave	University of Texas at Austin Austin, Texas		01/06
5				
6				



Sherburne B. Abbott

## 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 ☐

Examples:	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
1	The University of Texas at Austin Austin, TX	Educational Institution	Director, Center for Science and Practice of Sustainability	1/06	Present
2	The World Bank Washington, DC	International Bank	Consultant	5/07	11/07
3	Heldref Publications, Environment magazine Washington, DC	Magazine publisher	Contributing Editor, Environment	12/01	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 Metro University (client of Doe Jones & Smith), Moneytown, State		Legal services Legal services in connection with university construction	
1	The University of Texas at Austin Austin, TX	Director, Center for Science and Practice of Sustainability	
2			
3			
4			
5			
6			