
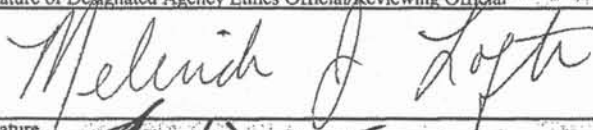
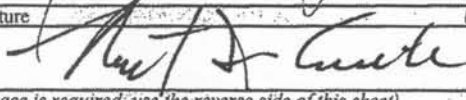


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

| | | | | |
|--|--|---|---|---|
| Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) | Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate <input type="checkbox"/> Termination Filer | Calendar Year Covered by Report | Termination Date (If Applicable) (Month, Day, Year) | 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. |
| Reporting Individual's Name | Last Name Connor | First Name and Middle Initial Michael L. | | |
| Position for Which Filing | Title of Position Commissioner, Bureau of Reclamation | Department or Agency (If Applicable) Department of the Interior | | |
| Location of Present Office (or forwarding address) | Address (Number, Street, City, State, and ZIP Code) Dirksen Senate Office Building, Room 304, Washington Dc 20510 | | Telephone No. (Include Area Code) 202 224 5479 | |
| 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 Counsel, U.S. Senate Energy & Natural Resources Committee, May 2001 - Present | | | |
| Presidential Nominees Subject to Senate Confirmation | Name of Congressional Committee Considering Nomination Senate Energy and Natural Resources | Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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  | | Date (Month, Day, Year) April 20, 2009 | |
| 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  | | Date (Month, Day, Year) April 21, 2009 | |
| Office of Government Ethics Use Only | Signature  | | Date (Month, Day, Year) 4/23/09 | |
| 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 _____) <input type="checkbox"/> | | | | |
| (Check box if comments are continued on the reverse side) <input type="checkbox"/> | | | | |
| Agency Use Only | | | | |
| OGE Use Only | | | | |
| | | | APR 22 2009 | |

| | | |
|--|-------------------|----------------------|
| Reporting Individual's Name Micahel L. Connor | SCHEDULE A | Page Number 2 |
|--|-------------------|----------------------|

| 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 | | | | | | | | | | | | | | | | | |
|---|--|--|--------------------|----------|---------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|--|--|-------------------------|--------------------|---------------------------|------------------|--|
| 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 report- ing 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 <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 | Type | | | | Amount | | | | | | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | | | | | |
| | | 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 | |
| Examples | Central Airlines Common | | | | | | | | | | | | | | | | | | |
| | Doe Jones & Smith, Hometown, State | | | | | | | | | | | | | | | | | | |
| | Kempstone Equity Fund | | | | | | | | | | | | | | | | | | |
| | IRA: Heartland 500 Index Fund | | | | | | | | | | | | | | | | | | |
| 1 | Franklin Income Fund | | X | | | | | | | | | | | | | | | | |
| 2 | Franklin Mutual Beacon Fund | | X | | | | | | | | | | | | | | | | |
| 3 | Franklin Mutual Shares Fund | | X | | | | | | | | | | | | | | | | |
| 4 | Franklin Total Return Fund | | X | | | | | | | | | | | | | | | | |
| 5 | Franklin Mutual Discovery Fund | | | X | | | | | | | | | | | | | | | |
| 6 | Templeton Global Smaller Companies Fund | | 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.

| | | |
|--|---|----------------------|
| Reporting Individual's Name Michael L. Connor | SCHEDULE A continued (Use only if needed) | Page Number 3 |
|--|---|----------------------|

| 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 |
|---|---|---|
| | | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Type <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 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 </div> <div style="width: 45%;"> Dividends Rent and Royalties Interest Capital Gains </div> </div> </div> <div style="width: 45%;"> 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 </div> <div style="width: 10%; text-align: center;"> Other Income (Specify Type & Actual Amount) </div> </div> |
| None <input type="checkbox"/> | | |
| 1 Templeton Growth Fund | X | X |
| 2 American Funds American High Income Trust Fund | X | X |
| 3 American Funds Bond Fund of America | X | X |
| 4 American Funds Capital Income Builder Fund | X | X |
| 5 American Funds Capital World Growth & Income Fund | X | X |
| 6 American Funds Fundamental Investors Fund | X | X |
| 7 American Funds Growth Fund of America | X | X |
| 8 American Funds New Perspective Fund | X | X |
| 9 American Funds Small Cap World Fund | 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.

Reporting Individual's Name

Michael L. Connor

SCHEDULE A continued

(Use only if needed)

Page Number

4

| 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 | | | | | | | | | | 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 |
| 1 | Sandia Labs FCU Savings Acct Albuquerque NM | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 2 | USAA Money Market Fund | | | X | | | | | | | | | X | | | | | | | | X | | | | | | | | | | | | |
| 3 | Holy Cross Church (Garrett Park, MD) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Spouse Salary | |
| 4 | State of MD, Towson State Univ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Spouse Salary | |
| 5 | AGT Crunch, Wash. DC-Rock Creek | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Spouse Salary | |
| 6 | Town Sports Int'l (Ny, NY) - Wash. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Spouse Salary | |
| 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.

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

Reporting Individual's Name

Michael L. Connor

SCHEDULE B

Page Number

5

Part I: TransactionsNone ☐

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) | | | Date (Mo., Day, Yr.) | Amount of Transaction (x) | | | | | | | | | | | Certificate of divestiture |
|---|----------------------------------|----------------------|------|----------|----------------------|---------------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|------------------|---------------------------|----------------------------|-----------------------------|-------------------|----------------------------|
| | | 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 | |
| | 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 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 friend) | \$500 \$300 |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Reporting Individual's Name

Michael L. Connor

SCHEDULE C

Page Number

6

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)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|---------------|---------------|----------------------|---------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|------------------|---------------------------|----------------------------|-----------------------------|-------------------|
| 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 | | | by automobiles, household furniture or appliances, and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts. | | | 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 |
| Creditors (Name and Address) | | | Type of Liability | | | | | | | | | | | | | | | | |
| Examples: | First District Bank, Washington, DC John Jones, 123 J St., Washington, DC | | Mortgage on rental property, Delaware Promissory note | | | 1991 1999 | 8% 10 % | 25 yrs. on demand | | | x | | 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 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

| | | |
|--|-------------------|------------------|
| Reporting Individual's Name Michael L. Connor | SCHEDULE D | Page Number 7 |
|--|-------------------|------------------|

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 | | | | | |
| 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 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |