Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

5 C.F.R. Phrt 2634 U.S. Office of Government Ethics	Executive Branch Personnel PUBLI	CFINANCIAI	L DISCLOSURE REPORT	OMB No. 3269-00
Date of Appointment, Candillaev, Election: or Nomberion (Month, Day, Year)	Reporting Status Calendar Year Wheel Incumbent Covered by Report pyramidule faces:	New Entrant, Numines, or Candidate	Termination Date (If Aprili- cattle) (Memili, Daly, Year) Files	Fee for Late Kiling Any individual who is required to tile this report and does so more than 30 does after the date the report is
Reporting Individual's Name	Last Name Smith	First Name and Middle Mary P.		required to be filed, or, it an extension is granted, more from 50 dues after the last day of the filing extension period
Position for Which Filing	Title of Position Solicitor	Department er Ageneve Labor	(fApplicable)	shall be subject to a \$200 fee. Reporting Periods
Location of Present Office (or forwarding address)	Address (Namber, Street, Cits, State, and ZIP Code) State Office Campus Albany NY 12240		Telephone No. (Include Area Code) 518 457 2746	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
Position(s) Hold with the Federal Government During the Preceding 12 Months (IF Not Same as Above)	Title of Position(s) and Date(s) Held			include the filing year up to the date you life. Part II of Schedule D is not applicable.
Presidential Numinees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Health, Education, Labor and Pensions	Dri You Intend to Greate	a Qualified Diversified Trus(). X Nu Dasg (North) Dass Years	Termination Filers: The reporting period heights 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.
Certification I CERTIFY that the statements I have made in this form and all attached schedules are true, complete and correct to the best of my knowledge.	Mary P. Smith		4-22-09	Nominees. New Entrants and Candidates for President and Vice President:
Other Review (If desired by agency)	Signature of Other Reviewor		Date (Month, Dav. Fear)	Schedule AThe rescring heriod for income BLOCK C) is the preceding calendar year and the entreat calendar year up to the date of filing. Value—sister as of any date you choose that is within 31 days of the date of filing.
Agency Ethics Official's Opinion On the basis of information contained in this report. I conclude that the filer is in compliance with applicable have and regulations (subject to any compens in the box helow).	Signature of Designated Agency Ethics Official/Reviewing Official Report A Sugar o		Pate (Month, Day, Year) 4/23/09 Date (Month, Day, Year)	Schedule B-Not applicable. Schedule C, Part I (Liabilities)— The registing period is the proceding calcular year and the current calcular year up to any date you cheese that is within 31 days of the date of filling.
Office of Government Ethics Use Only Comments of Reviewing Officials (If addition	mul space is required, used he reverse side of this slice).		4/27/09	Schedule C. Part II (Agreements of Afransoments) - Show any agreements or arrangements as of the date of
	(Check hox if fi	iling extension granted & i	Bassand	Schedule D. The reflorting period is the proceding two calendar years and the current calendar year up to the date of filing. Avency Use Only OGF Use Only
		(Check hox if commer	its are continued on the reverse side)	APR 2 3 2009

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Reporting Individual's Name	Art Silver											· ca	~-				_							Mar G							Page Number	
Mary P. Smith												3	LI	il.	DI	UŁ	Æ	A													2	
Assets and Income				Va		tion			sets			1								and need									ı \$ 20	01)"	is checked, no	
BLOCK A				1	repo	ortin BLO	g pe	erio	d							Oux	Ci C	шу	15.1	iccu	cu i	ц.	IOCK		OCK		iciii.					
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	m \$4,00t)		0	00	000	000	0,000		000,000	000,000	\$50,090,000	0	ment Fund					pe		n \$201)						oun			000000		Other Income (Specify Type & Actual	Date (Mo., Day Yr.) Only if
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	None (or less than	\$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 - \$5	Over \$50,000,000	Excepted Insestment Fund	Excepted Trust	Onahified Trast	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,000 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Amount)	Honoraria
Central Airlines Common Examples Dec Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			×	x	×		T N						X X			x						x		 							Law Partnesship Income \$130.0	
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deposit accounts Emigrant Savings Bank New York New York			X								0 26 0 26							×			X											
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5 New York State Deferred Comp			TAXA		×		297000				D1000		X			7/1				х							11000		resistant and			

* 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.

6 Managed Account Vanguard Small Cap Value Fund

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Stable Income Fund

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5 C.F.R Part	2634
** * ** **	THE RESERVE THE PARTY OF THE PARTY.

Rep	porting Individual's Name ary P Smith	SCHEDULE A continued (Use only if needed) 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.															20.71.20	X2+0.25																
	Assets and Income BLOCK A					al epo	t ele rtin	se c	of rioc								othe	r en	try i	pe i	and eede	amo d in	unt. Blo	ck (for BLOC	that KC	item	thar	ı \$20	01)"	is c	hecked, no		
	Nous	None for less than \$1,0010	\$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	Oyer \$1,000.000 *	\$1,000,001-\$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Oxer \$50,000,000	Excepted investment found	Excepted Trust	Qualified Trust		Regulated Royalties		Capital Gams	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	SZSOL SZSOUM		000 001 - \$100 000		Over \$1,000,000*	\$1,000,000. \$5,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount)	(Mo. Y Oı	Date . Day, (r.] nly if toraria
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3	Managed Account General Electric		×														X		A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T		x	^	NG STATE OF								T			
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6	Managed Account Newell Rubbermaid	×									100000000000000000000000000000000000000				-		X		The state of the s		X		A Phone Street									ř.		
7	IRA Allied Capital Corp.	×					10 m et al.						100				×		SCOOL STATE OF STATE				X						1517 1517 1517 1517 1517 1517					
8	IRA Apache Corp.														STATE STATE		×		Ottodioast	×				x										
9	Managed Account Accenture LTD		×				The second second								THE STATE OF THE		x		000000000000000000000000000000000000000		x		BELLEVISION											
作.	This category applies only if the asset/income is:	solel	v th	at of	the t	filer	s spe	ouse	or d	epen	dent	chil	dren	. If	the a	esset	t/inc	ome	is ei	ther	that	of the	ne fi	er or	ioin	ly he	ld by	the	iler	with	the	spouse or depend	ent ch	ildren.

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0.5	orting Individual's Nume cy P Smith									SC	115	1,000	UI e on			200	115.5		ed											Page Number	4	W. N. S.
	Assets and Income			1		it ck	se c g pc	of criod	ets			T				er e	ntry				iount n Bl		C1		iat i			i \$20	11)"	is checked, no		
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1	managed account BP PLC ADR	122 Transition (122 Transition	x	A STATE OF THE STA	1000				400 P	\$2.00 miles	2000	110101	1000	200	×				×									10.00			1	
2	managed account Pfizer Inc.	Herri Javili Ja Javili Javili Javili	x	\$270.00 \$240.00	727		14,12151	100000000000000000000000000000000000000	100	100 m	1212(39.7)	F-11 (cm)	1111444		х			11.00 M		X						234						
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4	managed account Suncor Energy	1.000 dept. 02 0.000 0.000 0.000 0.000 0.000 0.000	×	1224.274	7.57 7.57 7.57			1000000		1000	See the See	1000	19450441		x			1250	×					14 m								e.
5	managed account Verizon Communications	76 F 76 F 76 F 76 F 76 F 76 F 76 F 77 F 77	x	12	1000				1	100	100 121 0	2 1911 2		2.00	X			417 1417 1417 1417 1417 1417 1417 1417		N. IV.		100						1,111,12				
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7	IRA Arch Capital Corp.	X			The state of			1	2 9 5 2 9 5 2 9 5 2 9 5	1000	ACCES.	\$1745743	V V	271 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×		100000	1000		4174								
8	IRA Baxter International	X		1100	100 mm m m m m m m m m m m m m m m m m m				1		227	212.157		244	×			X				X										
9	IRA Amdoos limited	100 to 10	×	11111111				2007	21111	1000	N 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ALC: STORY	10 10 40 100	\$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$111.00 \$110.00 \$10.00 \$1		217 217			х		1000							24174777				
ź m.	This category applies only if the asset/inc tk the other higher categories of value, as	come is solel	y that	of t	he filer	's sp	ouse	or do	pend	deni c	hild	ren.	If the	e uss	ėl/in	com	e is	cithe	r the	it of	the f	iler	or jo	intly	held	by i	he f	iler v	vith i	the spouse or dep	pende	ent children.

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	orting Individual's Name ry P Smith										S		100		LE only		208	200		ue	d							1				Page	Number 5	
	Assets and Income				100	a repo	t elc ortin	of ose o	f riod	Hari.						I	nco ther	me en	e: tyj try i	pe a	and a	amo d ii	ount, Blo	If ock	C fo	or th	at il	ess em.	than	\$20)1)"	is ch	ecked, no	
	BLOCK A	33			100		BLO	CKE							7.		FJ.	Typ	ne .	I					-	Am	-	t) (16 // (17)			
	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	\$500,000 - \$1,000,000	Over \$1,000.000 *	\$1,000,001 - \$ 5,100,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	L'annited a limit	Dividends	Rept and Royalties	Interest	Capital Calus	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$22501.5 \$5.000 Per p	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001-\$100,000	\$100,001 - \$1,000,000	Over\$1,000,000*	\$1300,001 - \$5,000,000	Over\$5,000,000		Other Income (Specify Type & Actual Amount)	Date (Mo. Day, Yr.) Only if Honoraria
1	IRA GlaxoSmithKline		x		22560		PARENT		Al (d.R.)				STA BURGER				×				200 E 100 E		X		COLUMN TO THE PARTY OF THE PART		1076		94585		57.00	No.		
2	IRA Intel Corp		x										1800000000		20		X		100000000000000000000000000000000000000		100000000000000000000000000000000000000	X	100000000000000000000000000000000000000											
3	IRA Johnson & Johnson		x								STEATURE STATES						×				000000000000000000000000000000000000000	х	S SECTION S		200000000000000000000000000000000000000			- A A						
4	IRA Unilever NV NY		x										State of the				×					X												
	IRA Wells Fargo	×									100						x					X											ň	
6	IRA Nokia Corp		×								0.0000000000000000000000000000000000000		SPINISH NAMES						100 M		X		100000000000000000000000000000000000000		S SCHOOL STATE									
7	IRA and Managed account Alexander and Baldwin Inc		X														x				1	X												
3	IRA and Managed account Walt Disney Co.		x								THE STATE OF						x				200000000000000000000000000000000000000	×	anales an		STATE STATE OF									
9	IRA and Managed account BHP Billiton Ltd		x														x				4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X.			104550000	inter-								

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mark the other higher categories of value, as appropriate.

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 6 Mary P Smith (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK B BLOCK A BLOCK C Type Amount Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 Income (Mo., Day, \$5,000,001-\$25,000,000 \$1,000,001 - \$ 5,000,000 None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify Yr.). \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 Type & \$250,001 - \$500,000 Rent and Royalties Over \$1,000,000 * \$50,001 - \$100,000 Actual Only if Over \$50,000,000 Over \$1,000,000* Qualified Trust \$5,001 - \$15,000 Over \$5,000,000 Excepted Trust Amount) Honoraria \$1,001 - \$2,500 \$2,501 - \$5,000 Capital Gains 5201 - \$1,000 Dividends Interest None IRA and managed account Coca Cola Co. X 2 IRA and managed account Proctor & Gamble X X IRA and managed account X Sasol Ltd IRA and managed account RR Donnelly and Sons 5 ABBOTT Labs X IRA and managed account earned income 158,740 New York State Department of Labor 7 New York State value not ascertainable Defined Benefit Pension Plan will receive \$40,000 per year after age 62 8 New York 529 Plan Moderate Age Based (16-18) Option 9 New York 529 Plan Small Cap Stock Index Portfolio (16-18) 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.

Rep	orting Individual's Name		CAPU CAPU CAP CAP CAP CAP CAP CAP CAP CAP CAP CAP								S	CI	玩戏馆	to merci	J L onl			F . 16		ue	d										Page Number	er 7	
	Assets and Income					al epo	t ele rtin	of se o g pe CK B	of rioc								othe	rei	itry					ck (for	that K.C	item		\$20	01)"	is checked	, no	
	None None 1 to 1 t	None for less than \$1,001:	\$1,001 - \$15,000	\$15,007 - \$50,000	\$50,001 - \$100,000	\$100,001 .\$250,000	\$250,001 - \$500,000	\$500.001 -\$1,000.000	Over \$1,000.000 *	\$1,006,001-\$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		Rent and Royalties		Capital Gains	None (or less than \$201)	S201 - St0000	\$1,001 - \$2,500 millionated and a state of the state of t	Section 19 and 1		. \$50.001 - \$100.000	000	Over \$1,000,000*	St.,000,001 - \$5,000,000	Over \$5,000,000	Oths Incor (Speci Type Actu Aniou	ne fy & al	Date (Mo., Day, Yr.) Only if Honoraria
1	IRA - Charles Schwab & Co.			Х																	х									in ess			
2	Managed Account - Charles Schwab & Co. cash deposits		x										9								x												2
3	minor child cash deposits Sterling Bank NY NY			Х															X	31/25 31/25 41/3		X				NO N	200						
4	IRA IShares S&P US Prfd Stock Index Fund (ETF)		х		-									×							х					NAME OF THE OWNER, OWNE			CONTRACT				
5	IRA IShares IBOXX Investop Inv Grade Corp Bond Fund (ETF)		x								000000000000000000000000000000000000000			Х							x		HE STREET										
	IRA Vanguard Info Technology Fubnd (ETF)		x											×							x		経過回級額			MBHESSHAR							
7	IRA SPDR Gold Trust Fund (ETF)		x											X-							x					129936(538)							
8	IRA Vanguard Small Cap Fund (ETF)		×											Х							x		関係を開		200		75 CI						
9	IRA Sector SPDR Fincl Selectshares of Beneficial Int (ETF)		x											Х							x												
	This category applies only if the asset/income is a rk the other higher categ	solely	y the	t of	the f	iler'	s spo	ouse	or d	epen	dent	chi	ldrer	n. If	the	asse	Vinc	ome	is e	ithe	r tha	of the	ne fil	er or	join	ly he	ld by	the f	iler v	with	the spouse o	r depend	lent children,

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SC.F.R	Part	2634	

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

Reporting Individual's Name	SCHEDULE B										I N	age N	umber			
Part I: Transactions						None										
	involving property used solely as your or a transaction solely between you,		saction be (x)						Ar	nount o	of Transa	ction ((x)			
property, stocks, bonds, commodity futures, and other your spouse, or dep	bendent child. Check the "Certificate of o indicate sales made pursuant to a	Purchase			Date (Mo., Day, Yr.)	\$1,001 -	\$50,000	\$50,001	\$100,001 -	\$250,001-	\$500,001 -	\$1,000,000	\$5,000,000	\$5,000,0001 -	\$50,000,000	S50,000,000 Cartificate of divestitute
Bxample: Central Airtines Common		X	92	285 2004	2/1/99	发展的 初春時期		X			100				Bit 188	
			617								10000					
2											- Profit					
3											0.000		100			
4											1					
5											1					
by the filer or jointly held by the filer with the spouse or dependent children, use the Part II: Gifts, Reimbursements, and Travel Expens. For you, your spouse and dependent children, report the source, a brief desc tion, and the value of: (1) gifts (such as tangible items, trainsportation, lodgift food, or entertainment) received from one source totaling more than \$260; a (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, as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel it dates, and the nature of expenses provided. Exclude anything given to you	Ses rip- th ng re in re th such te fonerary	he U. eceiv ndepa he do otal v	ed from endent nor's r	of to of to esic	iment, giv elatives, r their relat lence. Als one sour ions.	eccive ionshi o. for	d by y p to y purpo	our s	pouse prov f ager	or de ided a regation	epender as perso ng gifts	nt chi onal l to d	ild tou hospiti etermi	ally ality a ine the ruction		
Source (Name and Address)	ALL THE GERMAN MADERAL AND		f Descrip						(*************************************							Value
Examples: Natl Assn. of Rock Collectors, NY, NY Airline ticket, hotel of Frank Jones, San Francisco, CA Leather briefcase (per	oom & meals incident to national conference 6/15/99 rsonal friend)	(pers	onal act	ivity	unrelated to	duty)		7								\$500 \$300
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SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name SCHEDULE C 8 Mary P Smith Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at-None X personal residence unless it is rented out; loans secured Category of Amount or Value (x) any time during the reporting period by you; your spouse, by automobiles, household furniture or appliances; and or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Term if Incurred Rate appli-cable Creditors (Name and Address): Type of Liability First District Bank, Washington, DC John Jones, 123 J St., Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: 1999 on demand Promissory note 10 % * 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 of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Example: Doe Jones & Smith, Hometown, State calculated on service performed through 1/00. 1 New York State Defined Benefit Pension Plan New York State 9/87 No further contributions will be made by me or my former employer 2 New York State Deferred Compension Plan New York State 9/94 No further contributions will be made by me or my former employer

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Reporting Individual's Name Mary P Smith		SCHEDULE D		Page Number	9
Report any positions held during compensated or not. Positions i	Outside U.S. Government g the applicable reporting period, whether include but are not limited to those of an officer, irroprietor, representative, employee, or	non-profit organization or education	partnership, or other business enterprise or al institution. Exclude positions with relig and those solely of an honorary nature.		
Nat'l Assn of Post Cal	Organization (Name and Address)	Type of Organization Non-profit education	Position Held President	From (Mo., Yr.)	To (Mo., Yr.) Present
Examples: Doe Iones & Smith, Ho		Lawfirm	Partner	7/85	3 1/00
New York State Departme	ent of Labor	State Government	Commissioner	1/07	present
2			6		
3					
4					
5	· · · · · · · · · · · · · · · · · · ·				
6					
Report sources of more than \$5, business affiliation for services a	In Excess Of \$5,000 Paid by One So 000 compensation received by you or your provided directly by you during any one year of des the names of clients and customers of any	corporation, firm, partnership, or oth organization when you directly prov	ner business enterprise, or any other non-pi ided the services generating a fee or payms report the U.S. Government as a source.	rofit if you are ar ent Termination Vice Preside	ential tial Candidate
Source (Name and Add Doe Jones & Smith, Ho		Legal services	Brief Description of Duties		
Examples: Metro University (clien	it of Doe Jones & Smith), Moneytown, State	Legal services in connection with univ	ersity construction		
New York State Departme	ent of Labor	run the department		7	
3					
4					
5	24		4	n,	
8					
Drier Editions Counct De Head					

Prior Editions Cannot Be Used