Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government	Ethics	
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or Nomination (Month, Day, Year)	(Cheek appropriate boxes) Incumbent Govered by Report		Filer	in, Day, Year)	Any individual who is required to file this report and does so more than 30 days after the date the report is
Reporting Individual's Name	Wolin _	First Name and Middle Neal S.			required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period
Position for Which Filing	Title of Position Deputy Secretary	Department or Agency Treasury Departme	ent		shall be subject to a \$200 fee. Reporting Periods
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) Eisenhower Executive Office Building		Telephone No. (Include Area Cod 202-456-3035	(e)	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) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Deputy Assistant to the President and Deputy Counse	el to the President for	Economic Policy (present)		include the filing year up to the date you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Senate Finance Committee	Do You Intend to Creat	X No.		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.
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		4/13/2009		Nominees, New Entrants and Candidates for President and Vice President: Schedule A-The reporting period for
Other Review (If desired by agency) Agency Ethics Official's Opinion	Signature of Other Refiewers Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month: Day Year) 4/(3/09 Date (Month: Day Year)		ncome (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 3 L days of the date of filing. Schedule B—Not applicable.
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).	Bourged Skinst	afen	4/13/09	NEDOCALAS PERMITAKAN	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.
Office of Government Ethics Use Only	mal space is fequired, useffice reverse side of this sheet)		4/22/09		Schedule C. Part II (Agreements or Arrangements) – Show any agreements or arrangements as of the date of
Confidency of the Confidence o		filing extension granted &	indicate number of days) 🗖	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
		(Check box if comme	ents are continued on the reverse sid	le)	APR 2 1 2009
Summander Deley Editions Which Council B		270 112		A.R. 10000	NSN 7540 01 070 8444

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A 2 Neal S. Wolin 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 A BLOCK B BLOCK C Type For you, your spouse, and dependent children, Amount 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 Other Date None (or less than \$1,001) in income during the reporting period, together - \$50,000,000 Income Mo., Day. \$5,000,001 - \$25,000,000 \$1,000,001 ~ \$5,000,000. with such income. (Specify Yr.)S500,001 - \$1,000,000 Excepted Investment \$100,001 - \$1,000,000 \$1,000,001 - \$ 5,000, Туре & \$250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalites \$50,001 - \$100,000 For yourself, also report the source and actual \$50,001 - \$100,000 Actual Only if Over \$50,000,000 None (or less than \$15,001 - \$50,000 Over \$1,000.000 Over \$1,000,000* Over \$5,000,000 amount of earned income exceeding \$200 (other Excepted Trust Qualified Trust \$5,001 - \$15,000 Amount) Honoraria \$1,001 - \$2,500 \$2,501 - \$5,000 Capital Gains than from the U.S. Government). For your spouse, \$201 - \$1,000 \$25,000,001 report the source but not the amount of earned Dividends income of more than \$1,000 (except report the Interest actual acount of any honoraria over \$200 of your spouse).

None Central Airlines Common Х Examples Doc Jones & Smith, Hometown, State Kempstone Equity Fund X. IRA: Heartland 500 Index Fund x ¥ Bank of America Checking and Savings X (Cash) Fidelity Asset Manager FASMX X Fidelity U.S. Government Reserves **FGRXX** Janus Worldwide Fund - JAWWX X Janus Overseas Fund - JAOSX X Janus Twenty Fund - JAVLX

* 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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	al S. Wolin										S	CI			J L on					ıue	ed													3	
	Assets and Income				Va	lua	tior	ı of	As	sets							Inc	om	e: t	ype	and	am	oun	t. I	f "N	one	(or	less	that	1 \$2	01)"	is c	checked, no	3	
						герс	t ele ortin	g p	erio	d																	hati								
	BLOCK A			I		I	BLO	CKI	В									Ту	pe						C-1271 13-71	OCK Am	C oun	t							
	None	None (or less than \$1,001)		\$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
1	Janus Venture Fund - JAVTX		х											×							×														
2	Columbia Cash Reserves - CHZXX		х											х							×													.25	
3	Dreyfus General Treasuries Prime Money Market - GTBXX				х									×									x				100000000000000000000000000000000000000							r	
4	Boston Scientific Corp		х																		×														
5	Genzyme Corp		x																		x														
6	Johnson & Johnson		х																		х														
7	Medco Health Solutions		×																		×														
8	Merck & Company		х														х					×													
9	Sepracor		×																		х														
	This category applies only if the asset/income is rk the other higher categories of value, as appro			nat o	f the	filer	r's sp	ous	e or	depe	ende	nt ch	ildre	en.	If the	e ass	et/ir	com	e is	eith	er th	at o	fthe	file	rorj	oint	ly he	ld by	y the	filer	with	the	spouse or de	epen	dent children

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Rep	orting Individual's Name										SO		EI (Us					1000		ue	d										P	rage Number 4		9. St. Storesson
	Assets and Income BLOCKA					a epo	t clo	of se o g pe	f riod													amoi d in		ck C		that			n \$2	(01))" is	s checked, no		
	Noac	None (or less than \$1,001)	\$1,001-\$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$256,001 - \$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 thyestment fund	Excepted Trust	Qualified Trust		Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000 erront syson	100 000 35 107 L3	\$5001-815.000	0	\$50,001 - \$100,000	900	Over \$1,000,000*	\$1,000,801 - \$5,006,000	Ocean P.E. DOD DOD	Over 35,000,000	Other Income (Specify Type & Actual Amount)		Date Mo., Day, Yr.) Only if Honoraria
1	DWS Global Bond Fund SSTGX			×									1									,												
2	American Century Ultra Fund - TWCUX			х										¢								×												
3	Autozone	×																		X		>	c											
4	Dish Network	×																		X		x												
5	Advantage Primary Liquidty ADLXX			х									1	C								x												+1
6	Intel Common Stock				x												x						,											
7	Oppenheimer Int'l Bond Fund - OIBAX	×																				×												
8	Evergreen Equity Total Return Asset Allocation - EABFX	×											ľ									X										(1)		
9	Harding Loevener Int'l Equity - HLMIX	×																					,											
	This category applies only if the asset/income is			at of	the	tiler	's sp	ouse	or d	leper	ident	chil	dren.	If	the	asse	t/inc	ome	is e	the	r tha	t of th	ie fi	er or	join	tly h	eld by	y the	file	wit	th th	ne spouse or depe	nde	nt children,

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15	oorting Individual's Name										S		183116		LI only					uc	d											Page Number 5		
	Assets and Income					at epo	clo rtin	of se o g pe JK B	f rioc																Cf		nat i			\$20	01)"	is checked, no		
	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 Invastment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	S201 - S1,000	\$1,001-\$2,500	\$2,501 - \$5,000	\$5,001-\$15,000	N 0000 - 250,000	\$50,001 - \$100,000 nn	\$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	Thornburg Int'l Value Class A - TGVAX			х										×								Х												
2	Diamond Hill Long-Short Fund DHFCX	х												x								X												
3	Loomis Sayles Bond Fund Retail LSBRX	Х												X			-						x											
4	Hartford Financial Services Group																															2009 Salary \$135,679		
5	Hartford Financial Services Group								-																							2008 Salary \$890,625		
6	Hartford Financial Services Group																															2008 Bonus \$950,000		
7	Hartford Financial Services Group		The second second																								-					2007 Bonus \$1,620,000		
8	Fidelity CT Muni Money Market Fund	х												X					x								X					\$ 1,02.0,000		
9	Hartford Financial Services Group																															2003-5 def bonu \$1,369,042	ıs	
	This category applies only if the asset/income is a tribute the other higher categories of value, as approp		-	at of	the	filer	s sp	ouse	or c	leper	ndent	t chi	ldrei	n. I	the	asso	et/in	com	e is	eith	er th	at of	the	file	rorj	oint	y he	ld by	the .	filer	with	the spouse or dep	ende	ent children,

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1 *	porting Individual's Name										S	CI			IL onl		general contract of the contra		LW(ed											Page Number 6	
	Assets and Income BLOCK A					a epo	tion t ele ortin BLO	se c g pe	of crice											and leed				Cí		hat			ı \$2	01)"	is checked, no	
	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 *	\$1,060,001 - \$ 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		Ty Kent and Royalties	Capital Gains	None (or less than \$201)	\$201 - \$1,090	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	Am 000'055 - 100'515	SS0,001 - \$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 Honorana
1	Hartford Financial Services Group																														non-qual cash balance of pension plan: \$901,428	n I
2	Hartford Financial Services Group																														non-qualified 401(k) \$151,833	
3	Hartford Financial Services Group common stock	Х															×									X						
4	Intentionally Left Blank																															
5	Hartford Financial Services Group Qualified Defined Benefit Pension Plan					х														x												
6	Hartford Financial Services Grp 401(k) holds:																															
7	- Hartford MidCap HLS (HIMCX)		x											х						х												
8	- Hartford Cap Appreciation (HIACX)			Х										х						х												
9	- Hartord Money Market HLS IA			X										×						х												

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	orting Individual's Name										S	CI	IE (U	3			A (ıue	d											Pag	ge Number 7		
	Assets and Income					a repo	t ele ortin	of ose o g pe CK E	of rio								Inc	er ei	itry	ype is n	and eed	amo ed ir	unt Blo	. If	"No C fo	or tl	at it	ess em.	than	\$20)1)"	is c	checked, no		
	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		\$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	- Hartford Stock Fund (Holds only Hartford Stock)		X						4						37501						×														
2	Schwab One Money Market Acct	х																	x			×													
3	Echostar	Х																		Х		х													
4	Mastercard	Х															x			x			х										E		
5	Swisscom AG	X															x			×		x													
6	Yum Brands	х															X			×			х												
7	Adams Respirator	×									,									х			x												
8	Aeropostale	×	-																	х		x							Vilei						
9	Amerigroup	Х																		×		Х													
	This category applies only if the asset/income is rk the other higher categ	solel	y th	at o	f the	file	r's sp	ouse	or	depe	nder	nt ch	ildre	en. I	f the	ass	et/in	com	e is	eithe	er tha	at of	the f	filer	or jo	intly	hel	d by	the	filer	with	the	spouse or dep	end	ent children,

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Page Number Reporting Individual's Name SCHEDULE A continued Neal S. Wolin (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Type Amount Other Date \$25,000,001 - \$50,000,000 Income (Mo., Day, \$5,000,001 - \$25,000,000 \$1,600,001 - \$ 5,000,000 None (or less than \$201) Yr.)(Specify \$1,000,001 - \$5,000,000 \$500,001 - \$1,000,000 Excepted investment Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 550,001 - \$100,000 Only if Over \$1,000.000 * Actual Over \$50,000,000 \$15,001 - \$50,000 Over \$5,000,000 \$5,001 - \$15,000 Amount) Honoraria **Excepted Trust** Qualified Trust \$2,501 - \$5,000 Capital Gains \$1,001 - \$2,500 \$201 - \$1,000 Dividends None McDonalds X X Ansys Concho X Lorillard Inc. X Petroleo Brasileira Ctrip X Dolby Nippon Tele & Tel X Denbury 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 categ

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	porting Individual's Name eal S. Wolin			4							S	CI.			J L onl					1116	ed											Pa	age Number 9		
	Assets and Income BLOCK A				Val	at epo	ion clos rting BLOC	se o g pei	f								othe	er ei	itry		and leed				C fo		nat i			\$20	01)"	'is	checked, no		
	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 Jess than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	Am 000'05\$ - 100'51\$	\$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 6. Day, Yr) Only if conoraria
1	Foundry Network	×	001225		101166		511.000						aties		10000		3660/26		HEAGE	X	0020	х	2000		29.446		53(639)		Olivane		3831936	2200	produption of the second	5450500035	ERI DICOSECURAS CAPO
2	Fti	×																		Х		×										T			
3	Gamestop	Х																		X		х													
4	Illumina	X																		×			×												
5	ITT Educational	×																	THE CONTRACT	X		×													
6	Electrobras Spon	×															x					x													
7	Lazard	×															×			х		×													-
8	Beverly MA Gen Obligation Bond	×																	х	Х				x										200 20110	
9	Conn State Rfdg Series C Bond	×					-												х					×											
	This category applies only if the asset/incom ark the other higher categ	e is sole	ly th	at of	the	filer'	's spo	ouse	or d	eper	nden	t chi	ldre	en. I	f the	ass	et/in	com	e is	eith	er tha	at of	the	filer	or jo	ointl	y he	ld by	the	filer	with	h th	e spouse or depe	ndent	t children,

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U.S. Office of Government Ethics Reporting Individual's Name Neal S. Wolin										S	CI	HE (U				A c			1116	ed											Page Number	
Assets and Income BLOCK A				Val	at epo	clo rtinį	of se o g pe CK B	f riod								othe	om er ei	ntry	ype is n	and	am ed i	oun n Bl	t I ock	C f	or t	hat i	tem	thar	ı \$2	01)'	" is checked, no	
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		Rent and Royalties	Interest	Capital Gains	None (or Jess 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
Tri-Creek HS Bldg Corp Bond	×													0.021				X	X	99032	х					Houses		1014203			a constant of the party transfer.	D TO A DE CONTROL OF THE OWNER
Victoria TX Util Syst Rev Rfdg Bond	×																	×					×									
Weslaco, TX Refdg Bond	×																	х	×				х									
Arizona School Facs Bond	X																	х	х			х										
Hawaii Housing & Commun Dev Bond	×																	×	Х				х									
Maryland St Health & Higher Ed Bond	Х																	х			Х											
7 Miss. Develop Bk Spec Oblig, Jackson County Bond	Х																	x	х			x									4	
Wash State Rfdg Bond	Х																	x	Х			х										
9 LKQ	х																		×		х											

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	porting Individual's Name eal S. Wolin									S	CI			J L I only				ue	d										Page Number	1
	Assets and Income					epor	close	of perio		S						Inc othe						ck (r th	at it		than	\$20	01)"	is checked, no	
	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	Over \$1.000,000 *	\$1,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Cyer \$50,000,000	Excepted lavostment Faud	Excepted Trust	Qualified Trust		Rent and Royaltles		None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - 25,000		\$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 Tyre & Actual Amount)	Date (Mo. Day Yr.) Only if Honoraria
1	Western Asset Muni Money Mkt TFMXX	×											×							X										
2	PIMCO Total Return Fund - PTTAX				x								Х								x									
3	Eaton Vance Large Cap Value A EHSTX					×							×						х							1000 CO.				
4	DWS Dreman Small Cap Value A KDSAX			х									×						х											
5	Vanguard Index Trust 500 - VFINX				x								х						х							Acceptant to the contract of				
6	American Funds Growth Fund GFAFX					х							×						x											
7	Fairholme Fund - FAIRX					х							x						х											
8	Perkins Mid Cap Value JMCVX				х								Х						х											
9	Mutual Discovery MDISX				х			-					×						X											

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Reporting Individual's Name Neal S. Wolin									SO)UI e or			No.		ue	d										Page Number	
Assets and Income			, ,	5550 (30) (40)	ation at clo ortin BLO	ose o	of erioc									itry				ount. a Ble	ck (C for BLO	that	iten		n \$2	201)"	is checked, no	
None	None (or less than \$1,001)	\$1,001 - \$15,000	888 B	\$50,001 - \$100,000 mmm standard standar	\$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	The state of the s	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,541 x \$5,000	25,001 -515,000	850 001 S100 DOG	\$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
Keeley Small Cap Value A - KSCVX			X								,							х											
Dodge & Cox International Fund			х								,							х											
Rainier Mid Cap Equity - RAIMX			x															х											
TD Ameritrade Money Market Fund			х								,							х											
5 Harbour International - HAINX				×							1							x											

American Century Intl Bond Fund BEGBX 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 categ

X

X

Х

X

X

DBPIX

PIMCO Real Return - PRRIX

PIMCO Total Return Inst - PTTRX

DWS Limited Short Term Duration Plus

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Reporting Individual's Name Page Number SCHEDULE A continued 13 Neal S. Wolin (Use only if needed) Valuation of Assets Assets and Income 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 \$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) Yr.)(Specify \$500,001 - \$1,000,000 Excepted Investment S100,001 - S1,000,001S \$250,001 - \$500,000 Туре & \$100,001 - \$250,000 Rent and Royalties \$50,001 - \$100,000 Over \$1,000.000 * Only if \$50,001 - \$100,000 Actual Over \$50,000,000 \$1,001-\$15,000 **Excepted Trust** \$5,001 - \$15,000 Amount) Honoraria Qualified Trust \$2,501 - \$5,000 Capital Gains \$201 - \$1,000 Dividends Interest None NY State 529 Aggressive Age Based Option: Aggressive Growth 2 NY State 529 Moderate Age Based Option X Growth Portfolio Navteg 4 Neal S. Wolin and Nicole Elkon Joint insurance trust - for descendants χ X holds Sun Life Guaranteed Universal Akzo Nobel NV X France Telecom X X Koninklijke Ahold NV Х X Korean Electric Power X X Telefonos de Mexico SAB 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 categ

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Reporting Individual's Name Page Number SCHEDULE A continued 14 Neal S. Wolin (Use only if needed) Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income Valuation of Assets at close of other entry is needed in Block C for that item. reporting period BLOCKA BLOCK B BLOCK C Amount Type Other Date \$25,000,001 - \$50,000,000 Income (Mo., Day, \$5,000,001 - \$25,000,000 Yr.)None (or less than \$201 (Specify 5500,001 - \$1,000,000 \$1,000,001 - \$ 5,000, Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Over \$1,000.000 * \$50,001 - \$100,000 Only if Excepted Investm Actual Over \$50,000,000 Rent and Royalth **Excepted Trust** Qualified Trust \$5,001 - \$15,000 Amount) Нопогагіа \$1,001 - \$2,500 \$2,501 - \$5,000 Capital Gains Dividends Interest None Unilever NV X Centrais Electricas Brasileiras X Telefonica SA Telemex Intl SAB de CV Wolters Kluwer NV X Portugal Telecom SGPS SA X Fuji Heavy Industry X British Sky Broadcasting Sony Corp. 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 categ

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	porting Individual's Name eal S. Wolin										S		LETTER S		J L onl					ıu(e d										Holi	Pag	ge Number	15	
	Assets and Income				Val	at epoi	ion clos rting	se o g per	f.								Inc oth	om er er	e: t	ype is n	and ieed	amed ii	oun 1 Bl	t. II ock	Cf	one or t	nat i	less tem	thar	\$20	01)"	isc	checked, n	IO.	
	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 - \$50,600,000	Over \$50,000,000	Excepted Invostment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or Jess than \$201)	\$201 - \$1,000	\$1,001 -\$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	Am 000:058 - 100:518	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Oyer \$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	Covidien Ltd.	X	2010				2000		NI				17000		10111		SMIRE		90363893	X		x	2018		ACH (D)		COGUIN		33000		1045-75	6-20046	MCMSHESSYSTHER	00000	5 (2) 19 18:22221 2:2611
2	Nestle SA	X							-											X		×													
3	Seiko Epson Corp.	×																		×		х													
4	Perkins Small Cap Value (JSCVX)	X												×						×		Х													
5	Deutsche Telecom	X															x			Х		×													
6	Onyx Pharma	X	-																	×		Х													
7	Ivy Asset Strategy Fund WASAX	X												x									x										417	11122	
8	Millea Holdings	×															x			×		×													
9	Marks & Spencer	X															х			×		Х													
* m	This category applies only if the asset/incom ark the other higher categ	ne is sole	ly th	at of	the f	filer'	s spc	ouse	or d	epen	ident	chi	ldre	n. I	f the	ass	et/in	com	e is	eith	er th	at of	the	filer	orj	ointl	y he	ld by	the	filer	with	the	spouse or	depen	dent children

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Reporting Individual's Name Neal S. Wolin										S(OH		1950 Hi			A c			lue	e d											Pag	ge Number	16	_ <u>120</u> _ 111_ 5 5
Assets and Income					at epo	t clo	of se o g pe	f riod								othe	er er	itry						C f	or ti ock	nat i	tem.		\$2	01)"	'is c	checked,	no	
None	None (or less than \$1,001)		\$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 Invostment Fund	Excepted Trust	Qualified Trust	Dividends	Ty Rent and Royalties	Interest	Capital Gains	None (or Jess than \$201)	\$201 - \$1,000	\$1,001-\$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	S15,001 - \$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		Office Income (Specify Type & Actual Amount	•	Date (Mo., Day, Yr.) Only if Honoraria
1 Telecom New Zealand	X			81003		1865.03				00,010		385 (12)		2835651		X		H1045	×	1303.038	Х	0.03		241012		1810/01		MESSE		1806016	1112000	28 yr 8 - 80 (c. c. f 83 (28 c.)	NO RECEIPTION	Similar State Sept.
Priceline	×																		х			x												
Monsanto Co New Com	х															х			X					x										
4 Genentech	×																		Х				×											
Barrick Gold Corp	×															х			х					x									4	
Chungwa Telecom Co Ltd	×																		×				×											
7 Gfi Group	×																	4	Х			х												
Imcione Systems	×																		X				Х			-								
9 Intuitiv	×																		×				×											-
* This category applies only if the asset/income i mark the other higher categ	s sole	ly th	at of	the	filer'	's sp	ouse	or d	leper	ndent	chi	ldre	n. I	f the	ass	et/in	com	e is	eith	er th	at of	the	filer	orj	ointl	y he	ld by	the	filer	with	n the	spouse or	depen	dent children

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U.S. Office of Government Ethics Reporting Individual's Name	1215011001	NAMES SEE	0.110101000	sinhon	-640000	NASSES	MONAGE	gagen	SHAONE	131210144	5021500	and street	SWITTE	SHEWS	Nissisini	Papidizas	diedien	18.HS16	asciatos	easies.	Sebilion.	according to	SINKS:	iti substiti	esteriosis	SALES INC.	n beverali i	evaria-li	mores	rettles de	g P.	age Number		
Neal S. Wolin										S	CE			J L onl				SERVICES	nu	ed											o di di	17		
Assets and Income				Va	a	t clo	se c	of																		(or			ı \$2	01)	" is	checked, no		
BLOCK A							g pe CK E																	BI	OCK	CC.								
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	0	Am 000'05' 100'51'	\$50,001 \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5.000.000	Over the state of	Other Income (Sperify Type & Actual Amount)	(Mo.) Or	Date Dav Yr.) nly if noraria
1 Consol Energy Inc Com	×	199000		riskstise		2896113		560903				Status				X		50521	x	885,685		X		529632		2592013		A PHILIPPE		1291531	All Street		B09H016583	meranera
Baxter Intl Inc.	×															X			х			х												
3 SI International	х																		×		х													
4 Solera	×																		х		х													
Thoratec Labs	×																		х			х			****							, a - l. L		
United Therapeutic	х																		Х			×												
7 Urban Outfitters	х																		x		х													
8 Varian	Х																		Х		x													
9 Acorn	Х															×			×			x												
* This category applies only if the asset/income is mark the other higher categ	solel	y tha	at of	the	filer	's sp	ouse	oro	lepe	nden	t chi	ildre	n. I	f the	ass	et/in	com	e is	eith	er th	at o	f the	file	rorj	oint	ly he	ld by	the .	filer	with	h the	e spouse or deper	dent c	hildren,

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	orting Individual's Name										S	CI			U L onl	a Gar				nu	ed											Pa	ge Number	18	
	Assets and Income				Val	at epo	ion clo rting	se o g pe	f riod								Inc oth	er e	ntry	ype is i	and need	am ed i	oun n Bl	t. I ock	C f	or ti ock	nat i C	tem	thar	\$2	01)	is	checked; no		
	None	None (or less than \$1,001)		\$15,001 - \$50,600	\$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	Am 000'058 - 100'518	\$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., Dav. Yr.) Only if Honoraria
1	Clp Holdings	×							92.61				SUZER				X		2035181	×	300000	х			20.540		920046		24031020		2000	1000	N. (1914) (1914) (1914) (1914)	8020 25	***************************************
2	Eni Spa	×															х			х		х										T		1	
3	Kinross	X																		×			x												2
4	Statoil	X																		×			х									Ī			
5	Total Fina	×																		x		×										T			
6	AT&T			×													x						X									T			
7																																			
8																																			
9																																			
	This category applies only if the asset/income is k the other higher categ	sole	ly th	at of	the i	filer'	s spo	ouse	or d	lepe	nder	nt ch	ildre	en. 1	If the	ass	et/in	con	ne is	eith	er th	at of	the	filer	orj	oint	y he	ld by	the .	filer	with	h the	e spouse or de	pend	dent children,

Reporting Individual's Name Neal S. Wolin	SCHED	ULE B										Page 1	Number		19		
Part I: Transactions						None		oranicosos									
Report any purchase, sale, or exchange by you, your spo or dependent children during the reporting period of any	real personal residence, or a transaction solely between y	оц	ransac Type	10102110-0123-0151					An	iount (of Trans	saction	(x)				
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 n	your spouse, or dependent child. Check the "Certifi divestiture" block to indicate sales made pursuant to ot certificate of divestiture from OGE. dentification of Assets		Sale	Exchange	Date (Mo., Day, Yr.)	1,001	\$15,001 -	\$100,001	\$250,000	250,001 500,000	\$500,001 -	51,000,000*	\$1,000,001 -	55,000,001	25,000,001 -	Oyer \$50,000,000	Certificate of
	ACTURATION OF PASSES	×	1000	* BONETE	2/1/99	1000	55 55	es es	09 69	9 9	8 8	0 6	49 49	55.55	69 69	0.6	
1			090000														
2			2000														
3																	Г
4			1000000	201000													
5						1											-
	lely that of the filer's spouse or dependent children. If the undependent children, use the other higher categories of value,		eithe	er held		SKREEN				squasi		5900088		TO STORES		(8318168)	-
Part II: Gifts, Reimbursements, a																	
For you, your spouse and dependent children, reportion, and the value of (1) gifts (such as tangible ite	rt the source, a brief descrip-				nment; giv relatives; r										l:		
food, or entertainment) received from one source to (2) travel-related cash reimbursements received fro	taling more than \$260; and m one source totaling more	inde	epend	lent of	their relatidence. Al	ionsh	p to y	ou; or	provi	ded a	as pers	sonal	hospit	tality			
than \$260. For conflicts analysis, it is helpful to in as personal friend, agency approval under 5 U.S.C. authority, etc. For travel-related gifts and reimburs dates, and the nature of expenses provided. Exclusi-	§ 4111 or other statutory, ements, include travel itinerary,	tota	l valı		n one sour									tructi			
Source (Name and Address)		CANDIDERCHIP PRODUCTION ATTACKS	1200, 1111111111	escripti	19110-2-1-120-2-7311.27 23203											Value	
Examples Natl Assn. of Rock Collectors, NY, NY, Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals undert to national conf Leather briefcase (personal friend)	erence 6/15/99 (p	erson	al activi	ty unrelated t	o duty)										\$500 \$300	
1				1													

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Neal S. Wolin				SCHEDUL	ЕC									Page N	umper	20		
Part I: Liabilities Report liabilities over \$10,000 owed to an any time during the reporting period by y		personal residence		United the control of		No	ne X				Catego	iry of A	mount	or Vali	ie (x)			
or dependent children. Check the highest during the reporting period. Exclude a m Creditors (Name and Examples: First District Bank, Washington John Jones, 123 TSt., Washington 2 3	ortgage on your Address)	Inbilities owed to See instructions fo Mortgage on rental p Promissory note	r revolving charge Type of Liabili	accounts.	Date incurred	Interest Rate 8% 10.%	Term if applicable cable 25 yrs.	\$10,001	\$15,001	\$50,001	\$100,001	x \$550,000	\$1,000,000	Over \$1,000,000*	\$5,000,000	\$5,000,001	\$50,000,000	Over Over
*This category applies only if the liability with the spouse or dependent children, many that the spouse of	ark the other higher cate Frangements ents for continuing p ferred compensation;	egories, as appropriat articipation in an (2) continuation		e liability is that of the	of absen	ce; and (y of the file 4) future er	nployi					egard	ing th	е гер	orting		
Example Pursuant to partnership agree calculated on service perform	Status and Terms of any ment, will receive lump su ed through 1/00 G Group Investment a	Agreement of Arranger in payment of capital ac and Savings Plan 41	count & partnership 01(k) - no furthe		made			Jones e Hart		ı, Hom		- NATION AND ADDRESS OF	Х	one			(ACCOUNTS AND	ate 85
by me of my former employer - I v The Hartford Financial Services G will cash out of this and roll the a	G Group Qualified Cas	sh Balance Pension		er contributions being	made		Th	e Hart	ford, H	lartfor	d CT						3/0	01
5 6																		

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	porting Individual's Name eal S. Wolin		SCHEDULE D		Page Number 2	1
Re	port I: Positions Held Outside port any positions held during the appli impensated or not. Positions include bu ector, trustee, general partner, proprieto	icable reporting period, whether t are not limited to those of an officer.	non-profit organization or education	partnership, or other business enterprise or any nal institution. Exclude positions with religious and those solely of an honorary nature.		
	Nati Assn of Book Collectors No	ion (Name and Address)	Type of Organization Non-profit education	Position Held President	From (Mo., Yr.) 6/92	To (Mo., Yr.) Present
Ex	amples Doe Jones & Smith, Hometown, S		Law firm	Partner	7/85	1/00
1	University of Hartford		educational institution	Member, Board of Regents	5/02	3/09
2	Appleseed Foundation		non-profit	Member, Board of Directors	10/07	3/09
3	Goodspeed Musicals		non-profit arts institution	Member, Board of Directors	8/08	2/09
4	Teach for America - Hartford CT		non-profit educational	Chairman, Board of Directors	2/08	2/09
5	Institute for Civil Justice, Rand Co	rp	non-profit	Member, Board of Overseers	5/01	2/09
6	Partnership for Public Service		non-profit	Member, Advisory Board of Govenors	12/07	2/09
Re bu	port sources of more than \$5,000 comp siness affiliation for services provided or reporting period. This includes the na Source (Name and Address)	ensation received by you or your directly by you during any one year of	corporation, firm, partnership, or ot organization when you directly pro-	her business enterprise, or any other non-profit wided the services generating a fee or payment treport the U.S. Government as a source. Brief Description of Duties	if you are an Termination Vice Preside	
1838	amples Doe Jones & Smith Hometown S Metro University (client of Doe Jo	ones & Smith), Moneytown, State	Legal services Legal services in connection with unit	versity construction		
1	The Hartford Financial Services C	orp, Inc., Hartford CT	President and Chief Operating C	Officer, Property & Casualty Operations		
2						
3						
4	*:3					
5		5	- Commit			
6				NAME OF TAXABLE PARTY.		
20. 1						

5 C	278 (Rev. 03/2000) .F.R Part 2634 8. Office of Government Ethics				
	porting Individual's Name eal S. Wolin	SCHEDULED		Page Number	22
Re	art I: Positions Held Outside U.S. Government eport any positions held during the applicable reporting period, whether impensated or not. Positions include but are not limited to those of an officer, rector, trustee, general partner, proprietor, representative, employee, or	consultant of any corporation, firm, par non-profit organization or educational i social, fraternal, or political entities and	thership, or other business enterprise or a nstitution. Exclude positions with relig those solely of an honorary nature.		•
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	har purity and written by the plant of the purity of
Ex	kamples: Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	7/85	Present 1/00
1	International Center for Research on Women	non-profit	Member, Board	11/08	2/09
2	Hartford Financial Services Corp., Inc.,	property & casualty insurance co	President, Board Member	06/07	2/09
3	American Institute for Chartered Property Casualty under writers	Insurance non-profit	Member, Board	06/08	2/09
4	pp				
5					
6					
Re bu	art II: Compensation In Excess Of \$5,000 Paid by One sport sources of more than \$5,000 compensation received by you or your siness affiliation for services provided directly by you during any one year of e reporting period. This includes the names of clients and customers of any Source (Name and Address).	corporation, firm, partnership, or other	business enterprise, or any other non-pr d the services generating a fee or payme out the U.S. Government as a source. Brief Description of Duties	ofit if you are a ent Terminatio Vice Presid	dential ntia <mark>l Can</mark> didat
Ex	amples. Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with univers			
1					
2					
- 3	The second secon				