

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:  
OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name		Last Name Roubideaux		First Name and Middle Initial Yvette D.			
Position for Which Filing		Title of Position Director, Indian Health Service		Department or Agency (If Applicable) Department of Health and Human Services			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 500 N. Tucson Blvd., #110, Tucson, AZ 85716			Telephone No. (Include Area Code) 520-318-7016		
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 None					
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Committee on Indian Affairs			Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Certification		Signature of Reporting Individual <i>Yvette Roubideaux</i>			Date (Month, Day, Year) 3/27/09		
Other Review (If desired by agency)		Signature of Other Reviewer <i>R. J. Hall</i>			Date (Month, Day, Year) 3/30/09		
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official <i>[Signature]</i>			Date (Month, Day, Year) 3/30/09		
Office of Government Ethics Use Only		Signature <i>[Signature]</i>			Date (Month, Day, Year) 4/9/09		
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							
MAR 30 2009							

**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 Roubideaux, Yvette D.		<b>SCHEDULE A continued</b> (Use only if needed)												Page Number 3 of 6					
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 (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	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	Other Income (Specify Type & Actual Amount)	
1	Inter Tribal Council of Arizona, Inc. - Honoraria																	Honoraria \$300	10/31/2008
2	National Institutes of Health - Honoraria																	Honoraria \$1010	03/25/2008
3	National Institutes of Health - Honoraria																	Honoraria \$200	12/17/2008
4	Chase Premier Checking 1		X														X		
5	Chase Premier Checking 2		X														X		
6	Chase Plus Savings			X													X		
7	Chase Certificate of deposit	X															X		
8	Arizona University System Retirement Plan 403(b) holdings:																		
9	- Fidelity Asset Manager 70%			X										X			X		

\* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.



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

Page Number

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[illegible]

\* 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, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Roubideaux, Yvette D.		SCHEDULE B					Page Number of										
<div><div><b>Part I: Transactions</b> 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.</div><div>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.</div><div style="text-align: right;">None <input type="checkbox"/></div></div>																	
Identification of Assets		Transaction Type (x)		Date (Mo., Day, Yr.)	Amount of Transaction (x)												
		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	Certificate of divestiture
Example	Central Airlines Common	x			2/1/99			x									
1																	
2																	
3																	
4																	
5																	
<p>*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.</p>																	
<div><div><b>Part II: Gifts, Reimbursements, and Travel Expenses</b> 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</div><div>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.</div><div style="text-align: right;">None <input type="checkbox"/></div></div>																	
Source (Name and Address)		Brief Description												Value			
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)												\$500			
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)												\$300			
1																	
2																	
3																	
4																	
5																	

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

Reporting Individual's Name Roubideaux, Yvette D.		<b>SCHEDULE B continued</b> (Use only if needed)					Page Number of										
<b>Part I: Transactions</b>																	
	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											
		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	Certificate of divestiture
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<p>*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.</p>																	



Reporting Individual's Name Roubideaux, Yvette D.	<h2 style="margin: 0;">SCHEDULE C</h2>	Page Number <div style="text-align: center; font-size: 1.2em;">5 of 6</div>
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### 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 ☒

Creditors (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
Examples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			x							
	John Jones, 123 J St., Washington, DC	Promissory note	1999	10%	on demand				x						
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\*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: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None ☐

Status and Terms of any Agreement or Arrangement		Parties	Date
Example	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1	I will resign my position as Assistant Professor at The University of Arizona. I will continue to participate in my		
2	403(b) account with the University of Arizona. No further contributions will be made by the University of Arizona	University of Arizona, Tucson, AZ	8/98
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Reporting Individual's Name Roubideaux, Yvette D.	<h2 style="margin: 0;">SCHEDULE D</h2>	Page Number <div style="border: 1px solid black; padding: 2px; display: inline-block;">           6 of 6         </div>
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### 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	The University of Arizona, Tucson, AZ	State educational institution	Assistant Professor - Faculty	08/1998	Present
2	National Indian Health Board, Washington, D.C.	Non-profit organization	Consultant	09/2008	10/2008
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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	The University of Arizona, Tucson, AZ	Assistant Professor - Faculty - research and education
2	National Indian Health Board, Washington, D.C.	Consultant - project management
3	Columbia University, New York, NY	Institute on Medicine as a Profession Award
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