Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

U.S. Office of Government Ethics												
Date of Appointment, Candidacy, Election	Reporting Status (Check Incumber	Calendar Year nt Covered by Report	New Entrant, Nominee,	Termination	Termination Date (If Appli - cable) (Month, Day, Year)	Any individual who is required to						
or Nomination (Months Day, 1997)	(Check Incumber	Covered by Report	X or Candidate	Filer		file this report and does so more than						
IVIAIN 0 = 2000						30 days after the date the report is						
December 1 di Shedh Mene	Last Name		First Name and Middle	Initial		required to be filed, or, if an extension						
Reporting Individual's Name	Triay .		Ines R.			is granted, more than 30 days after the last day of the filing extension period						
	Title of Position		Department or Agency	(If Applicable)		shall be subject to a \$200 fee.						
Position for Which Filing	Assistant Secretary for Env	Assistant Secretary for Environmental Management										
	Address (Number, Street, City, Sta	ite, and ZIP Code)	I	Telephone No. (In	Reporting Periods Incumbents: The reporting period is							
Location of Present Office (or forwarding address)	1000 Independence Avenue		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	Title of Position(s) and Date(s) He	id				include the filing year up to the date you file. Part II of Schedule D is not						
Government During the Preceding 12 Months (If Not Same as Above)	Principal Deputy Assistant	Principal Deputy Assistant Secretary for Environmental Management October 2007 to present										
Presidential Nominees Subject to	Name of Congressional Committee	Considering Nomination	Do You Intend to Creat	e a Ounlified Diversi	fied Trust)	Termination Filers: The reporting period begins at the end of the period						
Schate Confirmation	Senate Committee on Energ			X _{No}	Manageria Commission of the Co	covered by your previous filing and ends						
	Seriate Committee on Energ	gy and Natural Resource	Yes	^ No		at the date of termination. Part II						
Commention	Signature of Reporting Individual			Date (Month, Day,	Year	of Schedule D is not applicable.						
I CERTIFY that the statements I have	Signature of Aerording Individual	7	,	Late (isomin, to a);		Nominces, New Entrants and						
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Ines 1	reay		3/211	109	Candidates for President and Vice President:						
	Signature of Other Reviewer				Year)	Schedule A-The reporting period for income (BLOCK C) is the preceding						
Other Review (If desired by	58/1) 4	Ll.		3/31/1	`	calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is						
agency)	(ency)					within 31 days of the date of filing.						
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency E	cial	Date (Month, Day,	Year)	Schedule B-Not applicable.							
in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Schoan F. Beard 3/31/09				09	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						
OSS SO Palin	Signature	A		Date (Month, Day,	Year)	within 31 days of the date of filing.						
Office of Government Ethics Use Only	Maht.	1 Cumbe		4/02	109	Schedule C. Part II (Agreements or Arrangements) Show any agreements						
Comments of Reviewing Officials (If additi	onal space is required, use the rever	se side of this sheet)			,	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.						
						MAR 3 1 2009						
			(0) 11			OGE Use Only						
			(Check box if comme	nts are continued on	the reverse side)	APR - 1 2009						

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 Triay, Ines R. 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 (Mo., Day, in income during the reporting period, together Income \$25,000,081 - \$50,000,00 \$5,000,001 - \$25,000,000 with such income. (Specify Yr.) \$500,001 - \$1,000,000 Type & \$250,001 - \$500,000 Rent and Royaliles Excepted Investme \$50,001 - \$100,000 For yourself, also report the source and actual Actual Only if Over \$50,000,000 \$50,001 - \$100,000 Over \$1,000.000 Over \$1,000,000* \$1,001 - \$15,000 amount of earned income exceeding \$200 (other Qualified Trast Amount) Honoraria Capital Gams than from the U.S. Government). For your spouse, report the source but not the amount of earned Dividends income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse). None Central Airlines Common X Examples Doe Jones & Smith, Hometown, State Law Parmership Income \$130,000 Kempstone Equity Fund IRA: Heartland 500 Index Fund (Ines) University of California Defined Contribution Plan 401A X Savings Fund- See Attachment A 2 (S) University of California Defined Contribution Plan 401A Savings Fund-See Attachment A (Ines) University of California Equity Fund Defined Contribution Plan 403 B* 4 (S) University of California Equity Fund Defined Contribution Plan 403 B* *underlying assets of 403 B plans Ishares MCSI EAFE Fund Ishares Russell 3000 Index Fund 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.

SF278 (Rev. 03/2000) 5 C.F.R Part 2634

U.S. Office of Government Ethics Page Number Reporting Individual's Name **SCHEDULE A continued** 3 Trlay, Ines R. (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 B BLOCK C BLOCK A Amount Type Date Other Over \$50,000,000 Excepted Javentment Fund (Mo., Day. None (or less than \$1,084) \$25,000,001 - \$50,000,000 Income \$5,000,001 - \$25,000,000 (Specify Yr.) \$1,000,001 - \$5,000,000 Type & \$250,001 - \$500,000 \$1,000,001 - \$ 5,000 Rent and Royalfies \$50,001 - \$100,000 Over \$1,000.000 * \$15,001 - \$50,000 \$50,001 - \$100,000 Actual Only if None (or less than Over \$1,000,000* S15,001 - \$50,000 Over \$5,000,000 Amount) Honoraria **Excepted Trust** \$5,001 - \$15,000 \$1,001 - \$2,500 82,501 - \$5,000 Capital Calus S201 - \$1,000 Dividends None X (S) Janus 20 2 (S) Yamasato, Fujiwara, Higa & Associates, Inc. Salary Honolulu, HI 3 (Ines) University of California \$3701 per month Defined Benefit Plan at age 60 (value not ascertainable) 4 (S) University of California \$5250 per month Defined Benefit Plan at age 60 (value not ascertainable) 5 (Ines) Mountain Community Bank IRA Los Alamos, NM 6 (S) Mountain Community Bank IRA X Los Alamos, NM 8 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.

SF 278 (Rev. 0 5 C.F.R Part 2 U.S. Office of		o not Complete S	chedule B if you are a new entrant, nomine	e, Vic	e Pr	resi	dential c	r Pr	eside	entia	1 Ca	ndic	late						
	dividual's Name	,	SCHEDULE B								Page Number 4								
Part I:	Transactions		Provide the state of the state	***************************************			**************************************	None]			-					
			report a transaction involving property used solely as your personal residence, or a transaction solely between you,	Transaction Type (x)				T	Amount of Tra					saction	(x)		•		
property, st securities v	ocks, bonds, commodity fi when the amount of the tran- lude transactions that resu	utures, and other nsaction exceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.			Exchange	Date (Mo. , Day, Yr.)	\$1,001 -	5,001 -	00,000	00,001 -	50,001 -	.000,000	Over \$1,000,000*	. 100,000	- 100,000,	\$50,000,000	Over \$50,000,000	Certificate of
	Identification of Assets			Purchase	S	6		2 2	\$ 55	8 2	S 53	5 53	8 5	0 2	S 53	\$ 52	\$ 52	\$50.0	0 4
Examp	e: Central Airlines Common			X			2/1/99			X									-
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2																		:	
3						-												- 1	
4				T								T	1						
5	Market Control of the			1															
* This cate	none applies only if the un	derlying areast in nalaby the	t of the filer's spouse or dependent children. If the underlying	reet in	nithor	hald							1	1	1				
			dent children, use the other higher categories of value, as appropriate the content of the categories of the categories of value, as appropriate the categories of the categor		Citater	Jicia							,						
Part II	: Gifts, Reimbu	rsements, and T	ravel 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									at		I.								
	Source (Name and		Brief Description									Value							
Exampl	es: Nat'l Assn. of Rock Collection Frank Jones, San Francisco	isn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) ones, San Francisco, CA Leather briefcase (personal friend)									\$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 5 Triay, Ines R. Part 1: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None X Category of Amount or Value (x) by automobiles, household furniture or appliances; and any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts. Date during the reporting period. Exclude a mortgage on your Interest Term if 100,000 500,000 550,000 \$50,001 Incurred Rate appłicable Type of Liability Creditors (Name and Address) First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 25 yrs. 1999 10% John Jones, 123 J St., Washington, DC Promissory note on demand × 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 of absence; and (4) future employment. See instructions regarding the reporting Report your agreements or arrangements for: continuing participation in an 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 Date Partics Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share 7/85 Doe Jones & Smith, Hometown, State calculated on service performed through 1/00. 1 University of California defined benefit plan. Approximate monthly benefit of \$3,701.00. University of California 10/85 Los Angeles, CA 2 University of California defined contribution plans (401A and 403B), Employer does not and will not make any further University of California 10/85 Los Angeles, CA contributions to these plans. 3 4 5

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6

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Page Number Reporting Individual's Name Triay, Ines R. Scheule D SCHEDULE D 6 completed for 2007 to Present Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether consultant of any corporation, firm, partnership, or other business enterprise or any compensated or not. Positions include but are not limited to those of an officer. non-profit organization or educational institution. Exclude positions with religious. director, trustee, general partner, proprietor, representative, employee, or 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.) Nat'l Assn. of Rock Collectors, NY, NY Non-profit education 6/92 Present President Examples: Doe Jones & Smith, Hometown, State Law firm 1/00 Partner 7/85 2 3 4 5 6 Part II: Compensation In Excess Of \$5,000 Paid by One Source Do not complete this part if you are an Incumbent, Report sources of more than \$5,000 compensation received by you or your corporation, firm, partnership, or other business enterprise, or any other non-profit Termination Filer, or business affiliation for services provided directly by you during any one year of organization when you directly provided the services generating a fee or payment the reporting period. This includes the names of clients and customers of any of more than \$5,000. You need not report the U.S. Government as a source. Vice Presidential or Presidential Candidate None X Source (Name and Address) Brief Description of Duties Doe Jones & Smith, Hometown, State Legal services Examples: Metro University (client of Doe Jones & Smith), Moneytown, State Legal services in connection with university construction 2

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3

5

ATTACHMENT A University of California Savings Fund

Security Name	Maturity Date
FEDERAL FARM CREDIT BANK	9/29/2011
FEDERAL FARM CREDIT BANK	12/16/2010
FEDERAL FARM CREDIT BANK	1/2/2013
FEDERAL FARM CREDIT BANK	1/12/2012
FEDERAL FARM CREDIT BANK	1/13/2014
FEDERAL FARM CREDIT BANK	2/6/2013
FEDERAL FARM CREDIT BANK	2/12/2014
FEDERAL FARM CREDIT BANK	3/3/2014
FEDERAL FARM CREDIT BANK	5/20/2011
FEDERAL HOME LOAN BANK DSC NT	5/5/2009
FEDERAL HOME LOAN BANK DSC NT	5/20/2009
FEDERAL HOME LOAN BANK	4/1/2009
FEDERAL HOME LOAN BANK	6/18/2010
FEDERAL HOME LOAN BANK	6/11/2010
FEDERAL HOME LOAN BANK	5/14/2013
FEDERAL HOME LOAN BANK	2/24/2014
FANNIE MAE DSC NT	4/28/2009
FANNIE MAE	2/11/2011
FANNIE MAE	2/17/2012
FANNIE MAE	11/21/2012
FANNIE MAE	5/8/2013
FANNIE MAE	5/1/2013
FANNIE MAE	5/29/2013
FANNIE MAE	7/15/2013
FANNIE MAE	2/11/2014
UNITED STATES TREAS BILLS	7/2/2009
UNITED STATES TREAS INFLATION INDEXED NOTES	1/15/2010
UNITED STATES TREAS NOTES	6/15/2009
UNITED STATES TREAS NOTES	6/15/2010
UNITED STATES TREAS NOTES	8/15/2010
UNITED STATES TREAS NOTES	3/31/2011
UNITED STATES TREAS NOTES	7/31/2009
UNITED STATES TREAS NOTES	8/31/2009
UNITED STATES TREAS NOTES	9/30/2009
UNITED STATES TREAS NOTES	11/30/2009
UNITED STATES TREAS NOTES	11/30/2012
UNITED STATES TREAS NOTES	4/30/2010
UNITED STATES TREAS NOTES	5/31/2010
UNITED STATES TREAS NOTES	6/30/2010
UNITED STATES TREAS NOTES	9/30/2010
UNITED STATES TREAS NOTES	10/31/2010
UNITED STATES TREAS NOTES	12/15/2011
UNITED STATES TREAS NOTES	1/15/2012
UNITED STATES TREAS NOTES	2/15/2012