

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

1802/09 - 09947

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes) Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>		Calendar Year Covered by Report		Termination Date (if applicable) (Month, Day, Year)		Termination <input type="checkbox"/> Filer <input type="checkbox"/>	
Reporting Individual's Name		Last Name Sebelius		First Name and Middle Initial Kathleen G.					
Position for Which Filing		Title of Position Secretary		Department or Agency (If Applicable) U.S. Department of Health and Human Services					
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) One Cedar Crest Road, Topeka, Kansas 66606				Telephone No. (Include Area Code) 785.296.3636			
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							
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Senate Committee on Finance				Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.		Signature of Reporting Individual <i>Kathleen G Sebelius</i>				Date (Month, Day, Year) 03/17/09			
Other Review (If desired by agency)		Signature of Other Reviewer <i>R. J. Hall</i>				Date (Month, Day, Year) 3/18/09			
Agency Ethics Official's Opinion On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		Signature of Designated Agency Ethics Official/Reviewing Official <i>Elizabeth Swindell</i>				Date (Month, Day, Year) 3/18/09			
Office of Government Ethics Use Only		Signature <i>R. J. Hall</i>				Date (Month, Day, Year) 3/18/09			
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"/>									

Fee (if) 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.

Agency Use Only
MAR 17 2009 *WJ*
OGE Use Only

Reporting Individual's Name Sebelius, Kathleen G.	SCHEDULE A	Page Number 2
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Assets and Income BLOCK A	Valuation of Assets at close of reporting period BLOCK B											Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																												
	None (or less than \$1,001)											None (or less than \$201)											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																
	\$1,001 - \$15,000											\$201 - \$1,000																												
\$15,001 - \$50,000											\$1,001 - \$2,500																													
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 amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None <input type="checkbox"/>	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund†	Excepted Trust	Qualified Trust	Type	Amount																							
																None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000														
Examples: Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			x												x																					None None				
1 Kaw Valley Bank, Topeka, Kansas cash accounts				x												x																								
2 Kaw Valley Bank, Topeka, Kansas IRA: CDs cash account				x												x																								
3 Westar Energy, Inc. (WR), common		x														x																								
4 Kronos Worldwide, Inc. (KRO), common		x														x																								
5 NL Industries (NL), common		x														x																								
6 IRA: American EuroPacific Growth Fund A (AEPGX), mutual fund		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.

Reporting Individual's Name
 Sebelius, Kathleen G.

SCHEDULE A continued
 (Use only if needed)

Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																							
		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 Gain	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	IRA: Fidelity Advisor Emerging Markets Fund C (FMCKX)		x										x								x														
2	IRA: Security Mid Cap Value Fund C (SEVSX)			x									x								x														
3	IRA: American EuroPacific Growth Fund C (AEPCX)			x									x								x														
4	IRA: Fidelity Advisor Energy Fund C (FNRCX)			x									x								x														
5	IRA: JP Morgan Intrepid European Fund (VEUCX)			x									x									x													
6	IRA: MFS International New Discovery Fund C (MIDCX)			x									x								x														
7																																			
8																																			
9																																			

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.
 Prior Editions Cannot be Used.

Reporting Individual's Name

Sebellus, Kathleen G.

SCHEDULE A continued

(Use only if needed)

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																						
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type	Amount									Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria						
None <input type="checkbox"/>																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				
1	Swallows Partnership, Leland, MI Summer home, 25% interest									*										x														
2	State of Kansas, salary																																Governor's salary \$125,451	
3	Kansas Public Employee Retirement System (vested contributions) (defined benefit plan)				x															x													Eligible for \$3746 per mo. at age 61	
4																																		
5																																		
6																																		
7																																		
8																																		
9																																		

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

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

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SCHEDULE B

Part I: Transactions

None

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												
		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																		

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

Part II: Gifts, Reimbursements, and Travel Expenses

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government, given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
Examples:	Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$300
1			
2			
3			
4			
5			

Reporting Individual's Name Sebelius, Kathleen G.	SCHEDULE C	Page Number 6
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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

Category of Amount or Value (x)

	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-\$25,000	\$25,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	Owed \$1,000,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$10,000,000	\$10,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Owed \$50,000,000		
Examples:	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x												
1	Kaw Valley Bank, Topeka, KS	Promissory note	2007	6%	2/10					x										
2	Kaw Valley Bank, Topeka, KS	Promissory note	2008	6%	5/09	x														
3																				
4																				
5																				

* This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of the filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements or Arrangements

Report your agreements or arrangements for: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation); (2) continuation payment by a former employer (including severance payments); (3) leaves

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

None

	Status and Terms of any Agreement or Arrangement	Parties	Date
Example:	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1	I will retain my defined benefit plan with the Kansas Public Employee Retirement System (KPERs). Under that plan, I will be eligible at age 61 to receive a monthly pension of \$3746.	State of Kansas, Kathleen G. Sebelius	1/1987
2			
3			
4			
5			
6			

Reporting Individual's Name Sebellius, Kathleen G.	SCHEDULE D	Page Number 7
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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:	Natl 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	State of Kansas	state government	Governor	1/03	Present
2	Education Commission of the States, Denver, CO	Non-profit education	Chair	07/06	08/08
3	National Assessment Governing Board, Washington, D.C.	Non-profit education	Board Member	01/08	Present
4	Center for Innovative Thought, College Board, New York, NY	Non-profit education	Board Member	01/08	Present
5	American Federation of Teachers Educational Foundation Innovation Fund Advisory Board, Washington, D.C.	Non-profit education	Advisory Board Member	01/09	Present
6	Swallows Partnership, Leland, MI	Family partnership	General Partner	10/91	Present

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	State of Kansas	Governor of State of Kansas
2		
3		
4		
5		
6		