
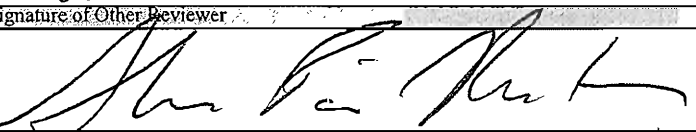

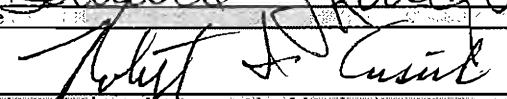


# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes)		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate		Termination Filer		Termination Date (If Applicable) (Month, Day, Year)		<b>Fee for Late Filing</b> 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.
		<input type="checkbox"/> Incumbent				<input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate		<input type="checkbox"/> Filer				
Reporting Individual's Name		Last Name				First Name and Middle Initial						
		WALLACE				KIM N.						
Position for Which Filing		Title of Position				Department or Agency (If Applicable)						
		Assistant Secretary for Legislative Affairs				Treasury						
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)						Telephone No. (Include Area Code)				
		2001 K St, NW, Suite 1125, Washington D.C. 20006						202 452 4785				
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										
		NA										
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination				Do You Intend to Create a Qualified Diversified Trust?						
		Senate Committee on Finance				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
<b>Certification</b>		Signature of Reporting Individual						Date (Month, Day, Year)				
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.								March 18, 2009				
<b>Other Review</b> (If desired by agency)		Signature of Other Reviewer						Date (Month, Day, Year)				
												
<b>Agency Ethics Official's Opinion</b>		Signature of Designated Agency Ethics Official/Reviewing Official						Date (Month, Day, Year)				
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).								3/18/09				
<b>Office of Government Ethics Use Only</b>		Signature						Date (Month, Day, Year)				
								3/19/09				
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"/>												
<b>Agency Use Only</b>												
<b>OGE Use Only</b>												
<b>MAR 18 2009</b>												

**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.



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

Reporting Individual's Name  
 KIM N. WALLACE

BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																				
		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	Morgan Stanley Emerging Market ETF (EEM)	X											X							X													
2	US Treasury Inflation Protected Bond			X																X													
3	US Treasury Inflation Protected Bond				X																X												
4	MD Community Deveopment Bond	X																		X													
5	MD Community Deveopment Bond		X																	X													
6	MD economic development bond	X																		X													
7	Carroll County (MD) Gen'l Ob Bond			X																X													
8	MD economic development bond	X																		X													
9	MD economic development bond	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  
 KIM N. WALLACE

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

Page Number  
 Four

BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																								
		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	MD economic Development Bond		X															X			X																
2	Montgomery County (MD) Gen'l Ob Bond				X													X			X																
3	Puerto Rico Commonwealth bond	X																X			X																
4	Washington Suburban Sanitation Commission Gen'l Ob Bond				X													X			X																
5	Puerto Rico Auction Rate Security Bond a 7 day revolver bond that pays annualized interest	X																X			X																
6	Rental Property in Washington, DC					X										X					X																
7																																					
8																																					
9	Barclays Money Market Cash Acct		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)

Reporting Individual's Name  
 KIM N. WALLACE

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	Fidelity 401K Holds:																															
2	- Neuberger Berman Socially Resp. Investment Fund			X									X							X												
3	- Fidelity Diversified US Bond Stable Value Fund		X										X					X		X												
4																																
5	Sandy Spring Bank CD (S)				X													X			X											
6	Sandy Spring CASH IRA (S)		X															X			X											
7	Natural Resources Partnership (NRP) Common Stock	X														X						X										
8	Penn/VA Reources Partnership Common Stock	X														X						X										
9	PIMCO Commodity Index 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 categ

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

Reporting Individual's Name  
 KIM N. WALLACE

BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Date (Mo., Day, Yr.) Only if Honoraria										
													Type					Amount						Other Income (Specify Type & Actual Amount)									
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	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	Global Resources Limited Common Stock	X														X					X												
2	NY State Defined Benefit Pension Plan (S)																															\$1000 a mo. at age 65	
3	Columbia Int'l Stock Fund	X												X							X												
4	Mainstay Global High Yield Bond Fund	X											X									X											
5	Bank of America Savings Account (DC)		X																		X												
6	Bank of America Savings Account (DC)		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 categ



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

Reporting Individual's Name	<b>SCHEDULE B</b>	Page Number <b>Nine</b>
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**Part I: Transactions**

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.

None

	Identification of Assets	Transaction Type (x)		Date (Mo., Day, Yr.)	Amount of Transaction (x)													
		Purchase	Sale		\$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
	Example: 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			

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

Reporting Individual's Name	<b>SCHEDULE B continued</b> (Use only if needed)	Page Number
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**Part I: Transactions**

	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																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	

\* 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.

Reporting Individual's Name <b>KIM N. WALLACE</b>	<b>SCHEDULE C</b>	Page Number <b>Ten</b>
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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 - \$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							
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			x												
1 Everhome Mortgage Company	Mortgage on rental property, DC	2001	6.5%	15 yrs		X																
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**

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 Continued participation in the Lehman Brothers Holdings, Inc. defined benefit pension plan	Kim N. Wallace, Silver Spring, MD and Lehman Brothers Holdings, Inc.	1996
2 Because of Lehman's bankruptcy status, Lehman and the Pension Benefit Guaranty Corporation (PBGC) are discussing the terms of the Lehman Defined Benefit Pension plan.		
3		
4		
5		
6		



Reporting Individual's Name <b>KIM N. WALLACE</b>	<b>SCHEDULE D</b>	Page Number <b>Eleven</b>
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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 Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1					
2	Lehman Brothers Holdings, Inc	Investmant Bank	Research Analyst	5/94	9/08
3	Barclays Capital	Investmant Bank	Research Analyst	9/08	1/09
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 Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	Lehman Brothers Holdings, Inc.	research analyst
2	Barclays Capital	research analyst
3		
4		
5		
6		



United States  
**Office of Government Ethics**  
1201 New York Avenue, NW., Suite 500  
Washington, DC 20005-3917

June 5, 2009

The Honorable Max Baucus  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510-6200

Dear Mr. Chairman:

On March 19, 2009, the Office of Government Ethics (OGE) transmitted to the Committee the financial disclosure report of Kim N. Wallace in connection with his nomination for the position of Assistant Secretary for Legislative Affairs, Department of the Treasury. Enclosed are two letters from the Department of the Treasury and one letter from Mr. Wallace forwarding amendments to Mr. Wallace's financial disclosure report. These letters forwarded two amended pages of the report and one additional page to the report.

We have reviewed this additional submission and have obtained advice from the Department of the Treasury concerning any possible conflict in light of its functions and the nominee's proposed duties. Based on the information provided, OGE continues to believe that Mr. Wallace is in compliance with applicable laws and regulations governing conflicts of interest.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert I. Cusick".

Robert I. Cusick  
Director

Enclosures



DEPARTMENT OF THE TREASURY  
WASHINGTON, D.C. 20220

The Honorable Robert I. Cusick  
Director  
United States Office of Government Ethics  
1201 New York Ave., N.W.  
Suite 500  
Washington, D.C. 20005-3917

Re: Additional Information for Kim N. Wallace Nominee for the Treasury  
Assistant Secretary (Legislative Affairs).

Dear Mr. Cusick:

Enclosed are amended pages 5 and 6 of Schedule A of Kim N. Wallace's SF-278 public financial disclosure report containing changes to the valuations of several assets which were inadvertently incorrectly reported on Mr. Wallace's public financial disclosure report:

- 1) USSFCU Checking and Money Market - value changed to \$100,001-\$250,000;
- 2) USSFCU CD - value range changed to \$1,001-15,000;
- 3) Chevy Chase checking - value range changed to \$100,001 - \$250,000;
- 4) Chevy Chase Bank CD - value range changed to \$125,000- 250,000.

These amendments do not change our conflicts analysis.

Sincerely

Shira Pavis Minton  
Deputy Assistant General Counsel for Ethics and  
Alternate Designated Agency Ethics Official





DEPARTMENT OF THE TREASURY  
WASHINGTON, D.C. 20220

The Honorable Robert I. Cusick  
Director  
U.S. Office of Government Ethics  
1201 New York Avenue, NW  
Suite 500  
Washington, DC 20005

Re: Additional Information for Kim N. Wallace, Nominee for the Treasury  
Assistant Secretary (Legislative Affairs)

Dear Mr. Cusick:

Enclosed is an addition to Schedule A of Kim Wallace's SF-278, public financial disclosure report containing the following:

- 1) 2 Certificates of Deposit that Mr. Wallace acquired after his SF-278 was submitted to OGE.

I find no additional conflicts in relation to these assets. Hence, neither of these additions changes our conflicts analysis.

Sincerely,

Shira Pavis Minton  
Deputy Assistant General Counsel for Ethics  
and  
Alternate Designated Agency Ethics Official

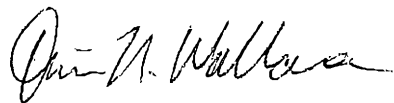
Mr. Bernard J. Knight, Jr.  
Acting General Counsel  
and Designated Agency Ethics Official  
U.S. Department of the Treasury  
1500 Pennsylvania Ave, NW  
Washington, DC 20220

Re: Amended Information for Kim N. Wallace, Nominee for the Treasury  
Assistant Secretary (Legislative Affairs).

Dear Mr. Knight:

Enclosed please find supplemental information regarding valuation of certain assets for my SF-278. This information was inadvertently incorrectly reported on my previous submissions.

Sincerely

A handwritten signature in black ink, appearing to read "Kim N. Wallace". The signature is written in a cursive style with a large initial "K".

Kim N. Wallace

Reporting Individual's Name  
 KIM N. WALLACE

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

Page Number  
 Five  
 Amended

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 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 Honorary	
None <input type="checkbox"/>																																		
1	US Senate Fed CU checking & Money Market cash Acct				X													X			X													
2	US Senate Fed CU CD	X																X			X													
3	Bank of America Money Market Cash Account		X															X			X													
4	Bank of America Treasury Inflation Protected Series Bond			X														X				X												
5	Bank of America Treasury Inflation Protected Series Bond		X															X			X													
6	Bank of America Treasury Bond Fund			X									X										X											
7	1st United Bank CD (S)		X															X			X													
8	1st United Bank CD (J)		X															X			X													
9	1st United Bank CD		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 categ



**SCHEDULE A continued**

Reporting Individual's Name  
 KIM N. WALLACE

(Use only if needed)

Amended

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 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	Chevy Chase Bank Checking				X															X															
2	Chevy Chase Bank Joint CD				X													X			X														
3	HSBC Money Market Cash Acct				X													X				X													
4	Lehman Bros Defined Benefit Pension Plan: value to be determined by PBGC see Sch. C, part II																																		
5	Lehman Brothers Partnership Account 2000/2001			X									X						X						X										
6	Lehman Bros Loan Opportunity LP	X											X						X					X											
7																																			
8																																			
9	HSBC Checking Account	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 category.

Reporting Individual's Name

Kim N. Wallace

**SCHEDULE A continued**

(Use only if needed)

Page Number

8B

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 <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						Other Income (Specify Type & Actual 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
1	BB&T CD (s)																									
2	HSBC CD																									
3																										
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.

March 18, 2009

Mr. Bernard J. Knight, Jr.  
Assistant General Counsel for General Law, Ethics & Regulation  
and Designated Agency Ethics Official  
U.S. Department of the Treasury  
1500 Pennsylvania Ave, NW  
Washington, DC 20220

Dear Mr. Knight:

The purpose of this letter is to inform you of the steps that I will take to avoid any actual or apparent conflicts of interest in the event that I am confirmed for the position of Assistant Secretary for Legislative Affairs at the Treasury.

As required by 18 U.S.C. § 208(a), I will not participate personally and substantially in any particular matter that has a direct and predictable effect on my financial interests or those of any person whose interests are imputed to me, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2). I understand that the interests of the following persons are imputed to me: any spouse or minor child of mine; any general partner of a partnership in which I am a limited or general partner; any organization in which I serve as officer, director, trustee, general partner or employee; and any person or organization with which I am negotiating or have an arrangement concerning prospective employment.

I will divest my holdings in the Lehman Brothers Partnership Account 2000/2001 and the Lehman Brothers Loan Opportunity Limited Partnership within 90 days of my confirmation by placing these holdings in an irrevocable trust for two of my siblings. I will not be the trustee for this irrevocable trust. I will not participate personally and substantially in any particular matter that has a direct and predictable effect on the financial interests of these entities until I have divested them, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2).

I worked for Lehman Brothers Holdings, Inc. until September 2008. For a period of one year from the date of my resignation, I will not participate personally and substantially in any particular matter involving specific parties in which Lehman Brothers Holdings, Inc., is a party or represents a party, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d).

In addition, I will continue to participate in Lehman's defined benefit pension plan, which is currently under consideration by the Pension Benefit Guaranty Corporation. I will not

Mr. Bernard J. Knight, Jr.  
Deputy Assistant General Counsel (General Law & Ethics)  
and Designated Agency Ethics Official  
Page 2

participate personally and substantially in any particular matter that has a direct and predictable effect on the ability or willingness of either Lehman Brothers Holdings, Inc., the Pension Benefit Guaranty Corporation, or any other entity that may assume this responsibility to provide this contractual benefit, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1), or qualify for a regulatory exemption, pursuant to 18 U.S.C. § 208(b)(2).

I am no longer employed with Barclays, P.L.C. (the entity that purchased my former employer Lehman Brothers Holdings, Inc.). For a period of one year from the date of my resignation, I will not participate personally and substantially in any particular matter involving specific parties in which Barclay's is a party or represents a party, unless I am first authorized to participate, pursuant to 5 C.F.R. § 2635.502(d).

Sincerely,

A handwritten signature in cursive script, appearing to read "Kim N. Wallace".

Kim N. Wallace