

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate <input type="checkbox"/> Termination Filer	Calendar Year Covered by Report	Termination Date (If Applicable) (Month, Day, Year)	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	Last Name Strickling	First Name and Middle Initial Lawrence E.		
Position for Which Filing	Title of Position Assistant Secretary for Telecommunications and Information	Department or Agency (If Applicable) U.S. Department of Commerce		
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) c/o Court Theatre, 5535 S. Ellis Avenue, Chicago, Illinois 60637	Telephone No. (Include Area Code) 312.343.1500		
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 Commerce, Science and Transportation	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>Lawrence E. Strickling</i>		Date (Month, Day, Year) March 25, 2009	
Other Review (If desired by agency)	Signature of Other Reviewer <i>Francisco J. Ruben</i>		Date (Month, Day, Year) March 25, 2009	
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>B. J. 12</i>		Date (Month, Day, Year) March 31, 2009	
Office of Government Ethics Use Only	Signature <i>Pat J. Cook</i>		Date (Month, Day, Year) 4/3/09	
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"/>				
<div style="text-align: right;"> Agency Use Only OGE Use Only MAR 31 2009 </div>				

Reporting Individual's Name Lawrence E. Strickling	SCHEDULE A	Page Number 2
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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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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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 report- ing 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 account of any honoraria over \$200 of your spouse). None <input type="checkbox"/>												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	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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* 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.

(Use only if needed)

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Prior Editions Cannot be Used.

(Use only if needed)

Page Number

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Lawrence E. Strickling

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Prior Editions Cannot be Used.

Reporting Individual's Name		SCHEDULE A continued										Page Number								
Lawrence E. Strickling		(Use only if needed)										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													
							Type	Amount					Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)						
							Dividends	Interest	Capital Gains	None (or less than \$201)	\$1,001 - \$2,500	\$2,501 - \$5,000			\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	Over \$100,000*	Over \$1,000,000*	Over \$5,000,000
1	Merck Common (Trust, IRA)							X												
2	Microsoft Common (IRA)							X												
3	Oracle Common (IRA)										X									
4	PepsiCo Common (I, DC)							X												
5	Procter & Gamble Common (IRA)							X												
6	Rockwell Automation Common (S, DC)										X									
7	Rockwell Collins Common (I, S, DC)							X												
8	Schlumberger Common (IRA)							X												
9	Telecom New Zealand Common (I)							X												

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Reporting Individual's Name Lawrence E. Strickling		SCHEDULE A continued (Use only if needed)										Page Number 7					
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							
										Type	Amount			Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary		
None <input type="checkbox"/>																	
1	Travelers Common (Trust)		x														
2	Under Armour Common (I)			x													
3	Verizon Common (I, S)			x						x							
4	Yum Brands Common (I, DC)			x							x						
5	Zimmer Holdings Common (S)		x									x					
6	Campbell Strategic Allocation Fund, L.P. (IRA)				x							x					
7	Clough Global Opportunities Fund (IRA)			x									x				
8	Davis New York Venture Fund (J)				x								x				
9	Mesrow Large Cap Value Fund (I)				x									x			

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Reporting Individual's Name Lawrence E. Strickling		SCHEDULE A continued (Use only if needed)												Page Number 9													
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															
												Type	Amount			Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
None <input type="checkbox"/>		None (or less than \$201)	\$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	Over \$50,000,000	Excepted Trust	Qualified Trust	Dividends	Interest	Capital Gains	None (or less than \$201)	\$1,001 - \$7,500	\$7,501 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	Over \$1,000,000*	Over \$5,000,000			
1	University of Chicago (S)																								Salary		
2	Level 3 Communications (I)																								Severance, \$125,000		
3	Office of the President Elect (I)																								Salary, \$19,674		
4	Obama for America (I)																								Salary, \$2,538		
5	American Psychological Association (S)																								Editor Fee		
6	Vanguard GNMA Fund (IRA)			X								X							X								
7	Vanguard Strategic Equity Fund (IRA, S)			X								X							X								
8	Vanguard European Index Fund (IRA)			X								X							X								
9	Vanguard Pacific Index Fund (IRA)		X									X							X								

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Reporting Individual's Name Lawrence E. Strickling		SCHEDULE A continued (Use only if needed)										Page Number 10								
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													
							Type	Amount												
							Dividends	Rent and Royalties	Interest	Capital Gains										
							None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	Over \$500,000 *	\$5,000,001 - \$25,000,000	Over \$25,000,000	Exempt Trust	Qualified Trust	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)
1	Vanguard International Value Fund (S)	x																		
2	Vanguard Selected Value Fund (S)	x																		
3	Vanguard Small Cap Index Fund (S)	x																		
4	Vanguard Windsor II Fund (S)	x																		
5	TIAA Traditional (S)					x														
6	CREF Stock (S)					x														
7	CREF Money Market (S)	x																		
8	ING Legg Mason Value Portfolio (I & S Annuities)					x														
9	ING Baron Small Cap Growth Portfolio (I & S Annuities)					x														

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Prior Editions Cannot be Used.

Reporting Individual's Name Lawrence E. Strickling		SCHEDULE A continued (Use only if needed)										Page Number 11	
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*	None (or less than \$201)	Type	Amount	Date (Mo., Day, Yr.) Only if Honoraria
1	ING Julius Baer Foreign Portfolio (I & S Annuities)			x						x			
2	ING Intermediate Bond Portfolio (I & S Annuities)			x						x			
3	ING Davis New York Venture Portfolio (S Annuity)				x					x			
4	ING Janus Contrarian Portfolio (I Annuity)			x						x			
5													
6													
7													
8													
9													

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Reporting Individual's Name Lawrence E. Strickling	SCHEDULE C	Page Number 12
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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	\$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																
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			
2			
3			
4			
5			
6			

Reporting Individual's Name Lawrence E. Strickling	SCHEDULE D	Page Number 13
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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	Lawrence E. Strickling Trust, dated April 7, 1997	Family trust	Trustee	4/97	Present
2	Office of the President-Elect, Washington, DC	Non-profit organization	Public Liaison for Policy Groups	11/08	2/09
3	Court Theatre, Chicago, IL	Non-profit arts organization	Board Chairman	1995	Present
4	Music of the Baroque, Chicago, IL	Non-profit arts organization	Board Treasurer	2003	Present
5	University of Maryland School of Public Policy, College Park, MD	Public educational institution	Member, Board of Visitors	2006	Present
6	Broadwing Communications, Austin, TX (acquired by Level 3 in 1/07)	Corporation	Chief Regulatory Officer	9/04	4/07

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	Office of the President-Elect, Washington, DC (2008-09)	Managed public outreach for PTT policy groups
2	Broadwing Communications, Austin, TX (2007) (acquired by Level 3 in 1/07)	Developed and executed federal and state regulatory policy for company
3		
4		
5		
6		

Reporting Individual's Name Lawrence E. Strickling	SCHEDULE D	Page Number 14
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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	Estate of Edward Strickling	Decedent trust	Co-Trustee	3/07	Present
2					
3					
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		
2		
3		
4		
5		
6		