

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate <input checked="" 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 Individual's Name Last Name: Concannon First Name and Middle Initial: Kevin W.		Title of Position Under Secretary for Food, Nutr. & Consumer Svcs USDA		Department or Agency (If Applicable)	
Position for Which Filing		Address (Number, Street, City, State, and ZIP Code) 1400 Independence Ave. SW, Washington DC 20250		Telephone No. (Include Area Code) (202) 720-7711	
Location of Present Office (or forwarding address)		Title of Position(s) and Date(s) Held None		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.	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Name of Congressional Committee Considering Nomination Agriculture, Nutrition and Forestry		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Presidential Nominee Subject to Senate Confirmation		Signature of Reporting Individual Kevin W Concannon		Date (Month, Day, Year) 4/30/2009	
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 Other Reviewer		Date (Month, Day, Year)	
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official RVAE		Date (Month, Day, Year) 5/5/09	
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 Theresa J. Conner		Date (Month, Day, Year) 5/5/09	
Office of Government Ethics Use Only		Comments of Reviewing Officials (If additional space is required use the reverse side of this sheet) <p style="text-align: center;">(Check box if filing extension granted & indicate number of days)</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">MAY - 1 2009</div> <p style="text-align: center;">(Check box if comments are continued on the reverse side)</p>		Schedules B & Not applicable Schedule C, Part I (Individuals)- 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 (Arrangements 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.	
Supersedes Prior Editions, Which Cannot Be Used.		278-112		Form Designed in Microsoft Excel 2000	
				NSN 7540-01-070-8444	

MAY 5 2009

Reporting Individual's Name
 Kevin W. Concannon

SCHEDULE A

Page Number

2

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.								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria					
									Type														
	\$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	\$1,000,001 - \$5,000,000	Over \$5,000,000	Dividends	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	Over \$1,000,000*	Over \$5,000,000	
Examples: Central Airlines Common; Doe Jones & Smith, Hometown, State; Kempstone Equity Fund; IRA: Heartland 500 Index Fund																							
1 Citi Smith Barney Account underlying holdings:																							
2 Mercury General Insurance Stock	X								X														
3 Citibank NA South Dakota Cash Account												X											
4 American Funds: Capital Income Builder Fund																							
5 Charles Schwab Roth IRA: Cash Deposit Account	X											X											
6 Charles Schwab IRA: Cash Deposit 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 categories of value, as appropriate.

Prior Editions Cannot be Used.

Reporting Individual's Name
 Kevin W. Concannon

SCHEDULE A continued
 (Use only, if needed)

Page Number
 3

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.							Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria									
		None (or less than \$201)	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	Over \$1,000,000	Over \$5,000,000	Over \$25,000,000	Over \$50,000,000	Over \$100,000,000	Over \$250,000,000	Over \$500,000,000	Over \$1,000,000	\$2,501 - \$5,000			\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	Over \$1,000,000*	Over \$5,000,000			
									BLOCK C																	
									Type																	
									Dividends																	
									Rents and Royalties																	
									Interest																	
									Capital Gains																	
									None (or less than \$201)																	
									Excluded Trust																	
									Qualifying Plans																	
									Type																	
									Amount																	
									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																	
									\$100,001 - \$500,000																	
									Over \$1,000,000*																	
									Over \$5,000,000																	
1	TIAA CREF 457(b) Account (S) underlying holdings:																									
2	TIAA CREF Global Equities (S)	X																								
3	TIAA CREF Growth (S)	X																								
4	TIAA CREF Stock (S)	X																								
5	TIAA CREF Equity Index (S)	X																								
6	Maine Deferred Compensation Plan The Hartford 457(b) Account underlying holding:																									
7	SEI Stable Asset Fund																									
8	Iowa Deferred Compensation Plan ING 457(b): ING Fixed Account																	X								
9	Iowa Deterred Compensation Plan ING 401(a): ING Fixed 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 categories of value, as appropriate.
 Prior Editions Cannot be Used.

Reporting Individual's Name
 Kevin W. Concannon

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.		Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
		None (\$0)	Over \$0-\$25,000	Over \$25,000-\$50,000	Over \$50,000-\$75,000	Over \$75,000-\$100,000	Over \$100,000-\$250,000	Over \$250,000-\$500,000	Over \$500,000-\$1,000,000	Over \$1,000,000-\$2,500,000	Over \$2,500,000-\$5,000,000	Over \$5,000,000	Type			Amount	
												Dividends	Interest	Capital Gain	None (or less than \$201)		
1	AIM Invesco Cash Reserve Fund	X													X		
2	Charles Schwab Roth IRA (S): Cash Deposit Account	X													X		
3	Canada Life (whole life insurance)	X													X		
4	Iowa Department of Human Services											X					
5	Policy Studies, Inc. (Denver, CO)																Salary \$78,493
6	Maine Public Employees Retirement System																Consulting fees \$500
7	Oregon Public Employees Retirement System																Pension Payment \$44,489
8	Iowa Public Employees Retirement System																Pension Payment \$30,331
9	Goold Health Systems Advisory Board																Pension Payment \$10,368 Payment for Meeting Attendance \$5,000.00

* 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

Kevin W. Concannon

SCHEDULE A continued

(Use only if needed)

Page Number

5

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 \$1,000)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$500,000*	None (or less than \$201)	Over \$201 - \$500	\$501 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	Over \$100,000*	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	Fidelity Core Account 100% Cash	X									X							
2																		
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.

Prior Editions Cannot be Used.

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

Reporting Individual's Name Kevin W. Concannon	SCHEDULE B	Page Number 6
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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 for 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	Cert. of divestiture	Over \$50,000,000	Cert. 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. § 411, or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary dates and the nature of expenses incurred. 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.

Source (Name and Address)	Brief Description	Value
Examples: Natl 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		

Prior Editions Cannot Be Used.

Reporting Individual's Name Kevin Concannon	SCHEDULE C	Page Number 7
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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

Creditor's (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term, if applicable	Category of Amount or Value (x)																	
					\$10,000 - \$15,000	\$15,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$250,000	\$250,000 - \$500,000	\$500,000 - \$1,000,000	Over \$1,000,000	\$1,000,000 - \$5,000,000	\$5,000,000 - \$25,000,000	\$25,000,000 - \$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																		
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: (1) continuing participation in an employee benefit plan (e.g. 401k, deferred compensation); (2) continuation of benefits 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

State 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.	Doc. Jones & Smith, Hometown, State	7/85
1 Maine Public Employees Retirement System (defined benefit plan, receives approx. \$36,000 per year) Maine 457(b) deferred compensation plan; no further contributions made.	State of Maine, Augusta, Maine	2/03
2 Oregon Public Employees Retirement System (defined benefit plan, receives approximately \$24,000 per year)	State of Oregon, Salem, Oregon	1995
3 Iowa Public Employees Retirement System (defined benefit plan, receives approximately \$13,000 per year) Iowa 457(b) and 401(a) deferred compensation plan; no further contributions made.	State of Iowa, Des Moines, Iowa	7/08
4		
5		
6		

Prior Editions Cannot Be Used.

Reporting Individual's Name Kevin W. Concannon	SCHEDULE D	Page Number 8
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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

Examples:	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Natl Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doc Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	Iowa Department of Human Services, Des Moines, IA	State Health and Human Services	Director	3/03	8/08
2	Millbank Memorial Fund - Reforming States Group, New York NY	Non-profit committee of states	Co-Chair	07/07	08/08
3	University of Iowa, Iowa City, IA	Public University	Adjunct Prof. of Social Work (have not taught since 2006)	2005	Present
4	Policy Studies, Inc., Denver, CO	Government Outsourcing Firm	Consultant	12/08	12/08
5	Goold Health Systems, Portland ME	Healthcare Management Org.	Advisory Board Member	12/08	Present
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

Examples:	Source (Name and Address)	Brief Description of Duties
	Doc Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doc Jones & Smith), Moneytown, State	Legal services in connection with university construction
1	Iowa Department of Human Services	CEO - Director of State Government Service Agency
2	Goold Health Systems, Portland, ME	Advisory Board Member
3		
4		
5		
6		