

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		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.
January 21, 2009		<input type="checkbox"/> Incumbent				<input checked="" type="checkbox"/>		<input type="checkbox"/> Filer				
Reporting Individual's Name		Last Name				First Name and Middle Initial						
Frye						Jocelyn C.						
Position for Which Filing		Title of Position				Department or Agency (If Applicable)						
Dep. Asst. to the President and Dir. of Policy and Projects for the First Lady												
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)				Telephone No. (Include Area Code)						
1600 PENNSYLVANIA AVE, WASHINGTON, DC 20506						(202) 456-1414						
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				Do You Intend to Create a Qualified Diversified Trust?						
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Certification		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.						January 5, 2009						
Other Review (If desired by agency)		Signature of Other Reviewer				Date (Month, Day, Year)						
						2/20/09						
Agency Ethics Official's Opinion		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)						3/15/09						
Office of Government Ethics Use Only		Signature				Date (Month, Day, Year)						
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"/>												
Agency Use Only												
OGE Use Only												

Reporting Individual's Name Jocelyn C. Frye	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														
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"/>									Type		Amount					Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria						
	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)	\$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		
	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains																
Examples	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund																						
1	Growth Fund of American CL B													X									
2	Legg Mason Partners Fundamental Value Fund CL C													X									
3	Legg Mason Partners Strategic Income Fund Class C													X									
4	Legg Mason Partners Small Cap Value Fund Class C													X									
5	Oppenheimer Global Fund Class C													X									
6	Fidelity SEP-IRA, Fidelity Cash Reserves									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
 Jocelyn C. Frye

SCHEDULE A continued
 (Use only if needed)

Page Number
 3

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													
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 National Partnership for Women and Families	x																															Salary \$133,103			
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.

Reporting Individual's Name
JOCELYN C. FRYE
 (S) Brian Summers

SCHEDULE A continued

(Use only if needed)

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																	
	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)												
																	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 T. Rowe Price Prime Reserve Fund Families				X															X																		
2 Asbury United Methodist Church		X																																		Honorarium \$500	2/8/08
3 Emperors of Soul, The Temptations (Motown Records)																																				fees for professional services *	
4 Huckabee for President																																				fees for professional services *	
5 Republican National Committee																																				fees for professional services *	
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.

Reporting Individual's Name Jocelyn C. Frye	SCHEDULE C	Page Number 5
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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											
1	Citi Diamond Preferred Rewards Mastercard PO Box 6062, Sioux Falls, South Dakota 57117	credit card	1988 -2008	9.9%				x											
2	American Express (J) PO Box 981540, El Paso, Texas 79998-1540	credit card	2007 -2008	27%				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
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Reporting Individual's Name Jocelyn C. Frye	SCHEDULE D	Page Number 6
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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 Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	National Partnership for Women & Families, 1875 Connecticut Avenue, NW Suite 650, Washington, DC 20009	non-profit organization	General Counsel	4/93	1/16/09 *
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 Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	National Partnership for Women & Families, 1875 Connecticut Avenue, NW Suite 650, Washington, DC 20009	public policy advocacy and legal analysis on behalf of non-profit women's organization.
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