

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	Calendar Year Covered by Report	<input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	<input type="checkbox"/> 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.
Reporting Individual's Name	Last Name Merrigan		First Name and Middle Initial Kathleen A.			
Position for Which Filing	Title of Position Deputy Secretary		Department or Agency (if Applicable) US Department of Agriculture			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) Room 125, 150 Harrison Ave, Boston MA 02111			Telephone No. (Include Area Code) 617-636-3791		
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 Committee on Agriculture, Nutrition & Forestry		Do You intend to Create a Qualified Diversified Trust? <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.			3/26/09			
<b>Other Review</b> (If desired by agency)	Signature of Other Reviewer		Date (Month, Day, Year)			
<b>Agency Ethics Official's Opinion</b> 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		Date (Month, Day, Year)			
			3/26/09			
<b>Office of Government Ethics Use Only</b>	Signature		Date (Month, Day, Year)			
			3/26/09			
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>Reporting Periods</b> 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.
						<b>Nominees, New Entrants and Candidates for President and Vice President:</b>  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.
						<b>Agency Use Only</b>
						<b>OGE Use Only</b> MAR 26 2009

Reporting individual's Name  
Kathleen A. Memgan

SCHEDULE A

Table with columns: Assets and Income (BLOCK A), Valuation of Assets (BLOCK B), Income: type and amount (BLOCK C). Includes rows for Examples (Central Airlines Common, etc.) and numbered assets (1-6) like Etrade Checking, Vanguard Prime Money Market Fund, etc.

\* 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

Kathleen A. Merrigan

**SCHEDULE A continued**

(Use only if needed)

Page Number

3

BLOCK A	BLOCK B										BLOCK C																								
	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.																								
None <input type="checkbox"/>																					Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria													
	None (or less than \$100)	\$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 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Assessed Investment Fund	Excepted Trust	Qualified Joint	Type	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 Dodge & Cox Income Fund		X																																	
2 Dodge & Cox International Fund		X																																	
3 Third Avenue Value Fund		X																	X																
4 Third Avenue Real Estate Value Fund		X																																	
5 Third Avenue International Value Fund		X																	X																
6 Winslow Green Growth Fund		X																	X																
7 Perritt Emerging Opportunities Fund		X																																	
8 Cisco Stock		X																	X																
9 Green Mountain Coffee Stock																			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  
 Kathleen A. Merngan

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

Page Number  
 4

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																								
											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*	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	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	Over \$1,000,000*	Over \$5,000,000					
1 Rimage Corp Stock		X																				X													
2 Whole Foods Market Stock		X																				X													
3 Organic Valley Stock		X																X																	
4 Iowa College Savings Account - Savings Track A: Aggressive Growth Portfolio																						X													
5 Citizens Bank Boston, MA Passbook Savings		X																				X													
6 Greenfield Cooperative Bank Greenfield, MA - Checking Account		X																				X													
7 Savings Bank Life Insurance Woburn, MA - Whole Life Insurance		X																				X													
8 US Series EE Savings Bonds		X																				X													
9 (S) Well, Gotshal (Law Firm) Washington, DC																																			Consulting Fees

\* 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.

Kathleen A. Merrigan

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

BLOCK A	BLOCK B										BLOCK C																							
	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																							
	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.																							
None <input type="checkbox"/>	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	\$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	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 (S) University of Nebraska Law School Lincoln, Nebraska																																honoraria \$2,000	11/10/08 11/11/08	
2 (S) George Washington University Law School Washington, DC																																Salary		
3 Tufts University Boston, MA																																Salary \$135,854		
4 United Nations, Food Agriculture Organization, Rome Italy																																UN stipend \$11,500		
6 (S) Carolina Academic Press - Textbook on civil right litigation																																		
6 (S) Mathew Bender (Publisher) Casebook on employment law																																		
7 (S) George Washington Uni 401(k) - Vanguard International Growth Fund		x																				x												
8 Vanguard International Value Fund		x																				x												
9 Vanguard Morgan Growth Fund		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  
 Kathleen A. Merrigan

### SCHEDULE A continued

(Use only if needed)

BLOCK A	BLOCK B								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	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*	Over \$15,000	Over \$50,000	Over \$100,000	Over \$250,000	Over \$500,000	Over \$1,000,000	Over \$2,500,000	Over \$5,000,000	Over \$15,000,000	Over \$50,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)	
1 (S) GW Uni 401(k) Cont - Vanguard Wellington Fund		x																									
2 Vanguard Windsor Fund		x																									
3 (S) GW Uni Retirement Plan - Vanguard International Growth Fund																											
4 Vanguard International Value Fund																											
5 Vanguard Windsor Fund																											
6 (S) TIAA CREF - TIAA Real Estate																											
7 CREF Social Choice																											
8 CREF Stock				x																							
9 CREF Growth																											

\* 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  
 Kathleen A. Merrigan

**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.										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 *	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*	Over \$5,000,000							
										Dividends	Rents and Royalties	Interest	Capital Gains													
i (S) TIAA CREF Cont -																										
CREF Global Equities		x												x												
2 TIAA CREF Mid-Cap BI Index		x												x												
3 TIAA CREF Small-Cap Gr Index		x												x												
TIAA CREF Small-Cap Val Index		x												x												
4 TIAA CREF -																										
TIAA Traditional														x												
5 TIAA Real Estate														x												
6 CREF Money Market				x										x												
CREF Stock				x										x												
7 CREF Growth				x										x												
8 CREF Equity Index														x												
CREF Global Equities		x												x												
9 CREF Social Choice														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.

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

Reporting Individual's Name <b>Kathleen A. Merngan</b>	<b>SCHEDULE B</b>	Page Number <b>8</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	
1	Example: Central Airlines Common	x			2/1/99			x										
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
1	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
2			
3			
4			
5			



Reporting Individual's Name <b>Kathleen A. Mengan</b>	<b>SCHEDULE C</b>	Page Number <b>9</b>
--	-------------------	-------------------------

**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																				
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

Example:	Status and Terms of any Agreement or Arrangement	Parties	Date
	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 continue to participate in my TIAA-CREF plan. Neither I nor the university will continue to make contributions.	Tufts University Boston, MA	7/04
2			
3			
4			
5			
6			

Reporting Individual's Name <b>Kathleen A. Merrigan</b>	<b>SCHEDULE D</b>	Page Number <b>10</b>
--	-------------------	--------------------------

**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	Friedman School of Nutrition Science and Policy, Tufts University Boston, MA	university	assistant professor	7/2001	Present
2	Food Agriculture Organization of the United Nations Rome, Italy	international development agency	expert consultant	6/08	8/08
3	The Organic Center	non-profit education	Board of Directors	2004	Present
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	Friedman School of Nutrition Science and Policy, Tufts University	teaching, research, administration
2	Food Agriculture Organization of the United Nations	writing paper on organic agriculture in role as expert consultant. Salary was paid by Tufts, and FAO provided a living stipend to cover my costs of being in Rome for 6 weeks
3		
4		
5		
6		