

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

1802/09 - 09947

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|---|--|---|---------------------------------|---|--|
| Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) | | Reporting Status (Check appropriate boxes) Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/> | Calendar Year Covered by Report | Termination Date (if applicable) (Month, Day, Year) | <p>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.</p> <p>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.</p> <p>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.</p> <p>Schedule B—Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p> |
| Reporting Individual's Name | | Last Name Sebelius | | First Name and Middle Initial Kathleen G. | |
| Position for Which Filing | | Title of Position Secretary | | Department or Agency (If Applicable) U.S. Department of Health and Human Services | |
| Location of Present Office (or forwarding address) | | Address (Number, Street, City, State, and ZIP Code) One Cedar Crest Road, Topeka, Kansas 66606 | | Telephone No. (Include Area Code) 785.296.3636 | |
| 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 Senate Committee on Finance | | 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>Kathleen G Sebelius</i> | | Date (Month, Day, Year) 03/17/09 | |
| Other Review (If desired by agency) | | Signature of Other Reviewer <i>R. J. Hall</i> | | Date (Month, Day, Year) 3/18/09 | |
| 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 of Designated Agency Ethics Official/Reviewing Official <i>Elizabeth Swindell</i> | | Date (Month, Day, Year) 3/18/09 | |
| Office of Government Ethics Use Only | | Signature <i>R. J. Hall</i> | | Date (Month, Day, Year) 3/18/09 | |
| 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"/> | | | | | |
| Agency Use Only MAR 17 2009 <i>WJ</i> OGE Use Only | | | | | |

SCHEDULE A continued

Sebellus, Kathleen G.

(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 | | | | | | | | | | | | | | | | | | | |
| | 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"/> | | | | | | | | | | | | | | | | 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 | Swallows Partnership, Leland, MI Summer home, 25% interest | | | | | | | | * | | | | | | | x | | | | | | | | | | | | | | |
| 2 | State of Kansas, salary | | | | | | | | | | | | | | | | | | | | | | | | | | | | Governor's salary \$125,451 | |
| 3 | Kansas Public Employee Retirement System (vested contributions) (defined benefit plan) | | | | x | | | | | | | | | | | x | | | | | | | | | | | | | Eligible for \$3746 per mo. at age 61 | |
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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.

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

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| Reporting Individual's Name Sebellus, Kathleen G. | Page Number 5 |
|---|-------------------------|

SCHEDULE 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 | |
| Example: | Central Airlines Common | X | | | 2/1/99 | | | X | | | | | | | | | | |
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* 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 |
|-----------|--|---|----------------|
| 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 |
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| Reporting Individual's Name Sebelius, Kathleen G. | SCHEDULE C | Page Number 6 |
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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 - \$25,000 | \$25,001 - \$50,000 | \$50,001 - \$100,000 | \$100,001 - \$250,000 | \$250,001 - \$500,000 | \$500,001 - \$1,000,000 | Owed | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$10,000,000 | \$10,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Owed | \$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 | Kaw Valley Bank, Topeka, KS | Promissory note | 2007 | 6% | 2/10 | | | | | x | | | | | | | | | | | |
| 2 | Kaw Valley Bank, Topeka, KS | Promissory note | 2008 | 6% | 5/09 | x | | | | | | | | | | | | | | | |
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* 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 | I will retain my defined benefit plan with the Kansas Public Employee Retirement System (KPERs). Under that plan, I will be eligible at age 61 to receive a monthly pension of \$3746. | State of Kansas, Kathleen G. Sebelius | 1/1987 |
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| Reporting Individual's Name Sebellius, Kathleen G. | SCHEDULE D | Page Number 7 |
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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 | State of Kansas | state government | Governor | 1/03 | Present |
| 2 | Education Commission of the States, Denver, CO | Non-profit education | Chair | 07/06 | 06/08 |
| 3 | National Assessment Governing Board, Washington, D.C. | Non-profit education | Board Member | 01/08 | Present |
| 4 | Center for Innovative Thought, College Board, New York, NY | Non-profit education | Board Member | 01/08 | Present |
| 5 | American Federation of Teachers Educational Foundation Innovation Fund Advisory Board, Washington, D.C. | Non-profit education | Advisory Board Member | 01/09 | Present |
| 6 | Swallows Partnership, Leland, MI | Family partnership | General Partner | 10/91 | Present |

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 | State of Kansas | Governor of State of Kansas |
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