Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

5 C.F.R Part 2634

O.S. Office of Government Billies				tole and the second
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year (Check Incumbent Covered by Report	New Entrant, Nominee,	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
of Nomination (Monin, Day, Tear)			Filer	file this report and does so more than
			! homework	30 days after the date the report is
Reporting Individual's Name	Last Name	First Name and Middle	Initial	required to be filed, or, if an extension is granted, more than 30 days after the
Reporting individual's Name	Lew	Jacob J		last day of the filing extension period
	Title of Position	Department or Agency ((If Applicable)	shall be subject to a \$200 fee.
Position for Which Filing	Deputy Secretary	State Department		
	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	Reporting Periods Thoumbents: The reporting period is
Location of Present Office			212-783-1178	the preceding calendar year except
(or forwarding address)	399 Park Avenue, New York, NY 10022			Part II of Schedule C and Part I of Schedule D where you must also
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held	.,		include the filing year up to the date
Government During the Preceding	Denti March of Computing for National and Commun	mity Convince / January	or Optobor 2008)	you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	Board Member, Corporation for National and Commun	nity Service (Januar	y -October 2008)	applicable.
			The state of the s	Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create	e a Qualified Diversified Trust?	period begins at the end of the period
Senate Confirmation	Senate Foreign Relations	Yes	X No	covered by your previous filing and ends at the date of termination. Part II
Certification	lo:		Date (Month, Day, Year)	of Schedule D is not applicable.
I CERTIFY that the statements I have	Signature of Reporting Individual		Jano (months, Day, Year)	Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Chan		1/11/09	Candidates for President and Vice President:
	Signature of Other Reviewer		Date (Month: Day, Year.)	income (BLOCK C) is the preceding
				calendar year and the current calendar
Other Review (If desired by				year up to the date of filing. Value assets as of any date you choose that is
agency)				within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official	l.,	Date (Month, Day, Year)	Schedule BNot applicable
On the basis of information contained in this report. I conclude that the filer is		14 5/07	/ /	
in compliance with applicable laws and	James H. Thesia		1/17/08	Schedule C. Part I (Liabilities) The reporting period is the preceding
regulations (subject to any comments in the box below).	James 14. Vices		11/2/01	calendar year and the current calendar
	Signature 2		Date (Month, Day, Year)	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Marit 1	F 3	1111/09	7
Use Onlv	10/ I lunch		1/12/01	Arrangements) Show any agreements
Comments of Reviewing Officials (If addit	ional space is required; use the reverse side of this sheet)			or arrangements as of the date of
	(Check box if fi	îling extension granted &	& indicate number of days	filing.
	(**************************************			Schedule D-The reporting period is
				the preceding two calendar years and the current calendar year up to the
				date of filing.
				Agency Use Only
				OGE Use Only
		(Check box if comme	ents are continued on the reverse side	JAN 1 2 2009
		1		7/11, 12

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Reporting Individual's Name																						Page Number	
Jacob Lew							SC	HE	DU	ΙE	A			;								2	
	·															- :							
Assets and Income			eportir	ose of 1g peri												C for	that			\$20)1)"	is checked. no	
BLOCK A		1000001	BLC	CK B	10000000	100000	_	81 B								BLOC							
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 repoing period, or which generated more than \$200 in income during the reporting period, together with such income.	ort-		00	000	10,000	00,000 PIU,6IH	eni Fund		100000000000000000000000000000000000000	T	ype		\$201)			Aı	nour			000		Other Income (Specify Type &	Date (Mo., Day, Yr.)
For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your sporeport the source but not the amount of earned income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse). None	ouse,	\$15,001\$50,000 \$50,001 - \$100,000	\$100,001 - \$250,000 \$250,001 - \$500,000	\$500,001 - \$1,000 to	Over 54,000.000 ° \$1.400.001 \$ 5,000,000	\$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Trust	Outliffed Trust	Dividends Rent and Royaltte	Interest		None (or less than	\$1,001 - \$2,500	\$2.501 - \$5,000	\$5,001 - \$15,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	81,000,001 \$5,000,000	Over \$5,000,000	Actual Amount)	Only if Honoraria
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund		×	**							<u>x</u> .				<u>x</u>		x -						·Law Partnership Income \$1.30,000	
Diamonds Trust Series 1	X						×						x										
Federal Home Loan Mtg Corp	×										x												
3 Citigroup		x								×					×								
Federal National Mortgage Assoc											x			x									
General Motors Acceptance Corporation Bond	×							,			×		,										
Ishare MSCI Austria	X												,										
* This category applies only if the asset/incormark the other higher categories of value, as a	-	hat of the	filer's s	ouse o	or depe	ndent chi	ldren.	If the	asse	t/inco	me is	eithe	r that	of the	filer	or join	tly he	ld by	the f	filer	with	the spouse or depen	dent children,

U.S. Office of Government Ethics													
Reporting Individual's Name	SCHEDULE A continued	Page Number 3											
Jacob Lew	(Use only if needed)												
Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or less than \$201)" other entry is needed in Block C for that item.	is checked. no											
BLOCK A	BLOCK C BLOCK C												
	Type Amount												
None	ST.001 - S15,000	Other Income (Mo., Day, Yr.) Type & Actual Amount) Other Date (Mo., Day, Yr.) Type & Yr.) Honoraria											
1 Ishares MSCI South Africa													
Ishares MSCI Belgium													
Ishares MSCI Brazil	x x												
Ishares MSCI South Korea													
Ishares Russel 2000 Index													
State of Israel Bonds (zero coupon bonds)													
Powershares QQQ Trust Series 1													
8 Midcap SPDR (MDY)													
US Treasury Notes Series B-2011													
* This category applies only if the asset/income mark the other higher categories of value, as appr	s 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 we priate.	ith the spouse or dependent child											

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Reporting Individual's Name							***********	~					486	.: Q	.37	Sin I					-		1					Page Number		
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Jacob Lew								:-		(U	se (only	y if	ne	ede	d) :		٠					; -							į
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				repo	rting	perio	d																							i
BLOCK A			***]	BLOC	KB	*****	·			000000	100									BL	OCK.	<u>C</u>							
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Legg Mason Western Asset Govt					х						×								x						0000					- 1
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9 DFA International Securities:										,.								x 💮											!	1
DFA International Value Portfolio IV (90%) The Emerging Markets Portfolio II (10%)											*	. 8																		
* This category applies only if the asset/income is	solely	y that	of th	e file	r's sp	ouse o	or de	pende	ent c	hild	ren.	If th	ie as	set/i	ncor	me is	eith	ier th	at of	the f	iler o	r joir	tly h	eld b	y th	e fil	er wi	th the spouse or de	pendent c	hildre
mark the other higher categories of value, as appro-																														

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	Assets and Income BLOCK A					a repo	t clo	of A se of peri		ts						Inc oth	er e	ntry	vpe is n	and eed	am ed i	ount n Blo	ck	C for BLO	tha CK C	t iter	s thi	an \$.	201)" is	s checked, no	
	None	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 .51,000,000	KI had mit & flore not	\$5,000,001 - \$25,000,000	\$25,000,001,550,000,000	Over \$50,000,000	Excepted investment band	Excepted Trust	Outlified Ituat	Dividends		Interest d	Capital Gams	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	CONTRACTOR TO THE STATE OF THE	V 25,001 - 315,000	000 0013 100 053	UH U	3000 00 F	\$1.00(4) 041 \$5.000 000	V V V V V V V V V V V V V V V V V V V	Over \$5,000,000	Other Income (Specify Type& Actual Amount	Date (Mo:: Day Yr.) Only if Honoraria
1	Dodge and Cox International Stock			х	. **:							-	×			4					X										Handairis - Billion E.	
2	Unvested restricted Citigroup stock						х									×								,								
3	CVCI Growth Partnership (Employee) II, L.C. Employee Investment Fund				×							العود	×			ij.					X											
4	Kaiser Family Foundaton Palo Alto, CA													145 177 113																	\$22,000 Board Fees	
	New York University Spouse													1		••~: ·															Salary	
6	Citi compensation											. 2		-															5		\$1,099,999.99 ary and discretion cash comp	nary
7	Citi checking and saving accounts			×														×			×											
8	Family apartment (Rego Park, NY) (Not rented)					×														×												
9	Federal Home Loan Mortgage Corp This category applies only if the asset/income	х				41.									Ţ,	41		X			Х	41		the of					1			

children, mark the other higher categories of value, as appropriate.

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Reporting Individual's Name Jacob Lew											S	SC.						co)			ed												Page Numb	oer 6		
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Assets and Income				,		a epo	t clc	se o	erio		3							icon her e							k C		that			an \$	201	1)" i	is checke	d. no		
		T		***		***	0,00						8				T	T	ype								10U1	ıt							T	THE STATE OF THE S
None	1 171	TOTAL CONTROL STATE	\$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 (HH) (H) = \$50,000 (H)	Over \$50,000,000	Excepted investment Fund	Excepted Trust	Qualified Trust	Dividends	koj alites		atns	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,503 \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1.000.000*	er Andana es mas con	STANFORM OF MANAGEMENT	Over \$5,000,000	Oth Inco (Spec Type Act Amo	ome cify e & ual		Date do., Day, Yr.) Only if Ionoraria
Federal National Mortgage Assoc							,						7						х			×														
Legg Mason Western Asset Money Market			×										,	×	- 2						x															
Smith Barney Bank Deposit Program Invested in Citi CDs (interest by CD itemized below)																																				
4 Citibank NA S. Dakota (CDACDS)						X													x					х												
5 Citicorp Trust Bank FSB (CDATBT)					x														x				x													
6 Citibank NA CDACYC							×												x				x											,		
7 Citi Pension Account - Cash			X																		·X															
8																			-																	
9																																				
* This category applies only if the asset/inco mark the other higher categories of value, as a				at o	f the	file	er's s	pou	se oi	der	peno	lent	chil	drer	. If	the	asse	et/inc	ome	is e	ither	that	oft	he f	iler (or jo	intly	held	d by	the	file	r wi	th the spo	use or de	pend	dent childr

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5 C.F.R Part 2634 U.S. Office of Government Ethics Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate

Reporting Individual's Name Jacob Lew		CI ACIDICÁTICA DO DE												Page N					
		SCHEDU	ILE B	,												7	•		
Part I: Transactions								None	;						-				
Report any purchase, sale, or exchange by you, your spouse,	report a transaction involving prope				nsacti						Am	ount o	f Trans	action	(x)				
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	personal residence, or a transaction your spouse, or dependent child. C divestiture" block to indicate sales r certificate of divestiture from OGE	heck the "Certifica made pursuant to a	te of	Purchase	Sale (x	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	5,001 - ,	0,000,00	20,000 - 50,000	50,001 -	000,000 000,000	Over \$1,000,000*	000,001 -	000,000,	,000,000,000,000,000,000,000	Over \$50,000,000	Certificate of divestiture
	cation of Assets		15 (\$		S.	டு		2 5	\$16		\$7(\$25	\$56	δω	\$5,	\$5,	\$26	\$50,	Q -
Example: Central Airlines Common 1				X'			2/1/99	 		X									
2				`															
3												[
4																			
5	ategory applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held																		
* This category applies only if the underlying asset is solely	that of the filer's spouse or dependent	t children. If the u	nderlying	g asset	is eit	her h	eld		·										
by the filer or jointly held by the filer with the spouse or dep	endent children, use the other higher	categories of value	, as appr	opriat	e.														
Part II: Gifts, Reimbursements, and 7. For you, your spouse and dependent children, report the tion, and the value of: (1) gifts (such as tangible items, t food, or entertainment) received from one source totalin (2) travel-related cash reimbursements received from on than \$260. For conflicts analysis, it is helpful to indicate as personal friend, agency approval under 5 U.S.C. § 41	source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more e a basis for receipt, such 11 or other statutory			recei inder the d total	ved fi cende onor' value	rom rent of s resi	nment; girelatives; i their rela idence. Al n one sour sions.	eceive ionshi so, for	d by y ip to y purpe	your s ou; or oses o	pouse r prov f aggr	or de ided a egatir	pende s per ng gif	ent ch sonal ts to d	ild to hospi eterm	tally tality line th truction	at e ons	-	Я
authority, etc. For travel-related gifts and reimbursemen		>														10	one [i
Source (Name and Address)	T			Bri	ef Des	criptio	on.		-									Value	
Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incid Leather briefcase (personal friend)	dent to national confe	rence 6/15	/99 (p	ersonal	l activi	ity unrelated	to duty)									\$500 \$300	
1																			
2										***************************************								<u> </u>	
3																			
4																			
Prior Editions Cannot Be Used.							7.05.1		_									·	

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C 8 Jacob Lew Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None Category of Amount or Value (x) by automobiles, household furniture or appliances; and any time during the reporting period by you, your spouse. liabilities owed to certain relatives listed in instructions. or dependent children. Check the highest amount owed Over \$1,000,000* \$25,000,000 \$50,001 -\$100,001 -\$250,000 \$250,001 -\$500,001 -\$500,001 -\$500,001 -Date during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Interest Term if \$15,000 Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. X Examples: John Jones, 123 J St., Washington, DC Promissory note 1999 10 % on demand Leverage for employee investments in CVCI 2007 Variable Citigroup Х International Private Equity Fund - interest set at variable rate of LIBOR plus 150 bp; fifty percent 2 recourse and fifty percent non-recourse 3 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 of absence; and (4) future employment. See instructions regarding the reporting Report your agreements or arrangements for: continuing participation in an of negotiations for any of these arrangements or benefits employee benefit plan (e.g. 401k, deferred compensation; (2) continuation payment by a former employer (including severance payments); (3) leaves None Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share 7/85 Doe Jones & Smith, Hometown, State Example: calculated on service performed through 1/00. 1 My Citi restricted stock will accelerate upon separation from Citigroup. I am also eligible to receive discretionary 06/06 Citigroup compensation for 2008 which I will receive prior to assuming the duties of Deputy Secretary, Department of State. I will retain 2 my 401(k) account and cash balance pension plan with Citigroup. 3 Continued participation in the New York University TIAA-CREF retirement plan; no further contributions by former employer. New York University 2001 5

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Reporting Individual's Name			Page Number	
Jacob Lew	SCHEDULED		9)
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Part I: Positions Held Outside U.S. Government				
Report any positions held during the applicable reporting period, whether	consultant of any corporation, firm, partne			
compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or	non-profit organization or educational ins social, fraternal, or political entities and the	titution. Exclude positions with religious	\$	
director, trustee, general partiter, proprietor, representative, employee, or	social, traternal, or portion entities and tr	lose solely of all honoral y hature.	None	
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Not'l Asen of Rock Collectors NV NV	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, State	Law firm .	Partner	7/85	1/00.
Kaiser Family Foundation	Not for profit	Board Member	2007	present
Citigroup	Financial institution	Managing Director	2006	present
2 City Year New York	Not for profit	Chair Advisory Board	2003	present
		Uncompensated		
3 Tobin Project	Not for profit	Board Member	2006	present
		Uncompensated		
4 Hamilton Project Brookings Institution	Not for profit	Advisory Board	2006	present
		Uncompensated		
5 Institute for Policy Integrity, NYU Law School	Non partisan advocacy organization	Advisory Board	2008	present
		Uncompensated		
6 Center on Budget & Policy Priorities Board	Non partisan think tank	Board Member	2008	present
		Uncompensated		
Part II: Compensation In Excess Of \$5,000 Paid by One So	ource		Do not com	olete this part
Report sources of more than \$5,000 compensation received by you or your	corporation, firm, partnership, or other bu	siness enterprise, or any other non-profit		Incumbent,
business affiliation for services provided directly by you during any one year of	organization when you directly provided to		Termination	
the reporting period. This includes the names of clients and customers of any	of more than \$5,000. You need not repor	t the U.S. Government as a source.	Vice Preside	
				tial Candidate
			None	
Source (Name and Address) Doe Jones & Smith, Hometown, State	Legal services	Brief Description of Duties		
Examples: Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university	construction		
1 Citigroup	Employment compensation	- Condition of the Cond		
, Joseph				
2 Kaiser Family Foundation	Board fees			
3				
4				
5				
6				
Prior Editions Cannot Be Used.				