

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) ☐ Incumbent ☒ New Entrant, Nominee, or Candidate ☐ 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 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. 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. 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. 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.
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? ☐ Yes ☒ 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 A. Merrigan</i>	Date (Month, Day, Year): 3/26/09		
Other Review (If desired by agency)	Signature of Other Reviewer	Date (Month, Day, Year)		
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>R. K...</i>	Date (Month, Day, Year): 3/24/09		
Office of Government Ethics Use Only	Signature: <i>Theresa J. ...</i>	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 _____) ☐				
(Check box if comments are continued on the reverse side) ☐				
Agency Use Only				
OGE Use Only				
MAR 26 2009				

Kathleen A. Mengani

SCHEDULE A

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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												
												Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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 ☐																								
Examples																								
Central Airlines Common																								
Doe Jones & Smith, Hometown, State																								
Kempstone Equity Fund																								
IRA: Heartland 500 Index Fund																								
1	Etrade Checking																							
2	Etrade Money Market Account																							
3	Vanguard Prime Money Market Fund																							
4	Vanguard Primecap Mutual Fund																							
5	Vanguard College Savings 529 Plan - Vanguard Mid-Cap Index Portfolio																							
6	Vanguard Aggressive Age-Based Option																							
	Dodge & Cox Stock Fund																							

* 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.

(Use only if needed).

None ☐

Prior Editions Cannot be Used.

Reporting Individual's Name Kathleen A. Merngan	SCHEDULE A continued (Use only if needed)	Page Number 4
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Assets and Income		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															
												Type	Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria					
												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 \$100,000*	Over \$1,000,000*	Over \$5,000,000
None ☐																											
1	Rimage Corp Stock																										
2	Whole Foods Market Stock																										
3	Organic Valley Stock																										
4	Iowa College Savings Account - Savings Track A: Aggressive Growth Portfolio																										
5	Citizens Bank Boston, MA Passbook Savings																										
6	Greenfield Cooperative Bank Greenfield, MA - Checking Account																										
7	Savings Bank Life Insurance Woburn, MA - Whole Life Insurance																										
8	US Series EE Savings Bonds																										
9	(S) Weil, Gotshal (Law Firm) Washington, DC																										

* 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.

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Kathleen A. Merrigan

SCHEDULE A continued

(Use only if needed)

Page Number

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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																				
												Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria								
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 - \$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 - \$250,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	
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	
5	(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.

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(Use only if needed)

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[illegible]

* 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

Kathleen A. Memgan

SCHEDULE A continued

(Use only if needed)

Page Number

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Assets and Income		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.										Date (Mo., Day, Yr.) Only if Honoraria
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 *	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	Other Income (Specify Type & Actual Amount)			
1	(S) TIAA CREF Cont -																					
	CREF Global Equities		x																			
2	TIAA CREF Mid-Cap Bl Index		x																			
3	TIAA CREF Small-Cap Gr Index		x																			
	TIAA CREF Small-Cap Val Index		x																			
4	TIAA CREF -																					
	TIAA Traditional			x																		
5	TIAA Real Estate			x																		
6	CREF Money Market				x																	
	CREF Stock			x																		
7	CREF Growth			x																		
8	CREF Equity Index			x																		
	CREF Global Equities		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.

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 Kathleen A. Merigan	SCHEDULE B	Page Number 8
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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, 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									
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. § 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	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$300
1			
2			
3			
4			
5			

None ☒None ☐

Prior Editions Cannot Be Used.

Reporting Individual's Name

Kathleen A. Merrigan

SCHEDULE D

Page Number

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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	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		

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