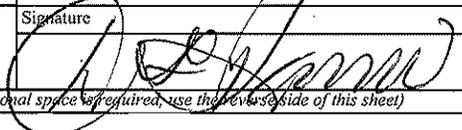


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report 2011	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination date (If Applicable)(Month,Day,Year)	<p style="text-align: center;">Fee for Late Filing</p> 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 BOLDEN		First Name and Middle Initial CHARLES F			
Position for Which Filing		Title of Position Administrator		Department or Agency (If Applicable) NASA			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 300 E. St. SW Washington, DC 20546			Telephone No. (Include Area Code) 202.358.2450		
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 Nominee Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust <input type="checkbox"/> Yes <input 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		 CHARLES F BOLDEN, Jr.			06/11/2012		
Other Review (If desired by agency)		Signature of Other Reviewer			Date (Month, Day, Year)		
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)		 MICHAEL WHOLLEY			08/14/2012		
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) <div style="text-align: center; margin-top: 10px;"> (Check box if filing extension granted & indicate number of days) <u>30</u> <input checked="" type="checkbox"/> </div>							
See additional page.		(Check box if comments are continued on the reverse side) <input checked="" type="checkbox"/>					
		Agency Use Only					
		06/11/2012					
		OGE Use Only					
		OCT 11 2012					

Reporting Individual's Name CHARLES F BOLDEN, Jr.	SCHEDULE A continued (Use only if needed)	Page Number 6 of 10
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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																		
	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*	\$1,000,000 - \$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	
																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
²⁵ This line intentionally left blank	x																										This line intentionally left blank		
²⁶ This line intentionally left blank	x																			x									
²⁷ CollegeAccess529, Age-Based 0-6		x											x							x									
²⁸ CollegeAccess529, Age-Based 7-10		x											x							x									
²⁹ CollegeAccess529, Age-Based 7-10 <small>A.G. 08/10/2012</small>		x											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 CHARLES F BOLDEN, Jr.	SCHEDULE B	Page Number 7 of 10
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Part I: Transactions

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.

None

	Identification of Assets		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											
	Example	Central Airlines Common	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
			x			2/1/99			x									
1		Marathon Oil (reinvestment of dividends)	x			quarterly	x											
2		Marathon Oil		x		01/21/11		x										
3		Marathon Oil		x		03/25/11		x										
4		Marathon Oil		x		06/17/11		x										
5		Marathon Oil		x		10/21/11	x											

* 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 either 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 \$350, and (2) travel-related cash reimbursements received from one source totaling more than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. Â§ 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 \$140 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)	\$385

Reporting Individual's Name CHARLES F BOLDEN, Jr.	SCHEDULE B continued (Use only if needed)	Page Number 8 of 10
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Part I: Transactions

		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											
						\$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
Identification of Assets		Purchase	Sale	Exchange													
Example	Central Airlines Common	x			2/1/99			x									
6	Marathon Petroleum		x		01/19/11		x										

* 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 either the filer with the spouse or dependent children, use the other higher categories of value as appropriate.

Reporting Individual's Name CHARLES F BOLDEN, Jr.	SCHEDULE C	Page Number 9 of 10
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Part I: Liabilities

None

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 amounts.

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 USAA Bank, San Antonio, TX	American Express Card	2007	11.9	revolving		x													
² Navy Federal Credit Union	VISA Card	1964	9.9	revolving		x													
³ NASA Federal Credit Union (no longer held -- paid off in 2011)	Mortgage on residence	2011	4.5	30 years					x										

* 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: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of 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
Examples	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 have a long-term care policy for which Blue Cross Blue Shield of SC paid premiums during my board service. I assumed responsibility for remaining payments in 2009 when I resigned from the board.	Blue Cross Blue Shield of South Carolina	04/01/07

