

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<b>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</b>	<b>Reporting Status</b> (Check Appropriate Boxes)	<b>Incumbent</b> <input type="checkbox"/>	<b>Calendar Year Covered by Report</b>	<b>New Entrant, Nominee, or Candidate</b> <input checked="" type="checkbox"/>	<b>Termination Filer</b> <input type="checkbox"/>	<b>Termination Date (If Applicable) (Month, Day, Year)</b>	<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.
<b>Reporting Individual's Name</b>	Last Name Raskin		First Name and Middle Initial Sarah B				
<b>Position for Which Filing</b>	Title of Position Deputy Secretary		Department or Agency (If Applicable) Department of the Treasury				
<b>Location of Present Office (or forwarding address)</b>	Address (Number, Street, City, State, and ZIP Code) 20th and C Streets NW, Washington D.C., 20551				Telephone No. (Include Area Code) 202-452-3000		
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b>	Title of Position(s) and Date(s) Held Governor, Board of Governors of the Federal Reserve System (10/4/10- Present)						
<b>Presidential Nominees Subject to Senate Confirmation</b>	Name of Congressional Committee Considering Nomination Committee on Finance			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 <i>Sarah Bloom Raskin</i>				Date (Month, Day, Year) 8/1/13		
<b>Other Review (if desired by agency)</b>	Signature of Other Reviewer <i>Christina Young</i>				Date (Month, Day, Year) 8/2/13		
<b>Agency Ethics Official's Opinion</b>	Signature of Designated Agency Ethics Official/Reviewing Official <i>Rockelle F. Grant</i>				Date (Month, Day, Year) 8/2/13		
<b>Office of Government Ethics Use Only</b>	Signature <i>[Signature]</i>				Date (Month, Day, Year) 8/8/13		
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							
OGE Use Only							



Reporting Individual's Name Raskin, Sarah B		SCHEDULE A continued (Use only if needed)												Page Number 3 of 14																		
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*	\$1,000,001 - \$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										Date (Mo., Day, Yr.) Only if Honoraria				
																	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)				
1	Bank of America, NA (CD's)			X													X															
2																																
3	Harvard University Federal Credit Union (Savings)		X														X															
4	OneWest Bank, FSB (CD's)		X														X															
5	Bank of America, NA (Savings), UTMA		X														X															
6	AT&T Corporation (Common Stock)		X														X															
7	J CGM Mutual Fund (Mutual Fund)	X												X			X															
8	Columbia Acorn Fund (Mutual Fund)				X									X							X											
9	Columbia Small Cap Growth Fund (Mutual Fund)				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 Raskin, Sarah B	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 4 of 14																																		
<b>Assets and Income</b>	<b>Valuation of Assets at close of reporting period</b>	<b>Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.</b>																																		
BLOCK A	BLOCK B	BLOCK C																																		
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Type</th> <th colspan="11" style="text-align: center;">Amount</th> <th rowspan="2" style="text-align: center;">Date (Mo., Day, Yr.)  Only if Honoraria</th> </tr> <tr> <td></td> <td style="text-align: center;">None (or less than \$201)</td> <td style="text-align: center;">\$201 - \$1,000</td> <td style="text-align: center;">\$1,001 - \$2,500</td> <td style="text-align: center;">\$2,501 - \$5,000</td> <td style="text-align: center;">\$5,001 - \$15,000</td> <td style="text-align: center;">\$15,001 - \$50,000</td> <td style="text-align: center;">\$50,001 - \$100,000</td> <td style="text-align: center;">\$100,001 - \$1,000,000</td> <td style="text-align: center;">Over \$1,000,000*</td> <td style="text-align: center;">Over \$1,000,000</td> <td style="text-align: center;">Over \$5,000,000</td> <td style="text-align: center;">Other Income (Specify Type &amp; Actual Amount)</td> </tr> </table>	Type	Amount											Date (Mo., Day, Yr.)  Only if Honoraria		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 \$1,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)								
Type	Amount											Date (Mo., Day, Yr.)  Only if Honoraria																								
	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 \$1,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount)																							
1	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 - \$1,000,000	Over \$1,000,000*	Over \$1,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria				
1		X											X							X																
2		X											X							X																
3 J		X											X							X																
4 J		X											X							X																
5 J			X										X							X																
6 J				X									X							X																
7 J				X									X							X																
8 J			X										X							X																
9 J				X									X							X																
<p>* 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.</p>																																				









Reporting Individual's Name Raskin, Sarah B		SCHEDULE A continued (Use only if needed)												Page Number 9 of 14																						
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																						
		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 - \$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	Maryland State Retirement and Pension System, S T. Rowe Price Mid Cap Value Fund			X									X								X															
2	Maryland State Retirement and Pension System, S Vanguard Institutional Index Fund			X									X								X															
3	AU Retirement Plan S TIAA Traditional				X													X					X													
4	TIAA Real Estate			X									X										X													
5	CREF Stock					X							X												X											
6	CREF Equity Index			X									X									X														
7	CREF Global Equities				X								X										X													
8	CREF Bond Market					X							X											X												
9	CREF Social Choice				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 Raskin, Sarah B	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 10 of 14
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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*	\$1,000,001 - \$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										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	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)														
1																																												
	NISource Plan																																											
2		X											X							X																								
	NISource Stock Fund																																											
3			X										X																															
	Fidelity Magellan																																											
4		X											X																															
	Fidelity Money Mkt Fund																																											
5		X																		X																								
	Wells Fargo Sweep Account (Cash)																																											
6																																				Salary								
	People for the American Way, Advocacy Group, Washington DC																																											
7		X																		X																								
	IBM common																																											
8					X																	X																						
	GE Capital Retail bank (CDs, money mkt) (formerly MetLife Bank)																																											
9			X										X																															
	Touchstone International Small Cap Fund																																											

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Reporting Individual's Name Raskin, Sarah B	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 11 of 14
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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																																				
	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	Qualified Trust	Type					Amount						Date (Mo., Day, Yr.)  Only if Honoraria																						
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1	Maryland 529 Plan (Portfolio for College)												X																																			
2	Maryland 529 Plan (Portfolio for College)													X																																		
3	Maryland 529 Plan (Portfolio for College)														X																																	
4	HGTT LLC (house, Westport, Ct.)																X																															
5																																																
6																																																
7																																																
8																																																
9																																																

\* 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, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Raskin, Sarah B	<b>SCHEDULE B</b>	Page Number 12 of 14
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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)														
		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 \$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. § 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
1			
2			
3			
4			
5			

Reporting Individual's Name Raskin, Sarah B	<b>SCHEDULE C</b>	Page Number 13 of 14
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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

Examples	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*	\$1,000,000 - \$5,000,000	\$5,000,000 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000					
	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.																
	John Jones, Washington, DC	Promissory note	1999	10%	on demand				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: (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

Examples	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	Continued participation in defined contribution plan No further contributions by employer or filer.	Ambrose Multiple Employer Retirement	08/03
2	Continued participation in defined contribution plan - 401k plan. No further contributions by employer or filer.	Agentrics, LLC	2/01
3	Continued participation in defined contribution plan - 401k plan. No further contributions by employer or filer.	Arnold & Porter	1/89
4	Continued participation in defined contribution plan - 401k plan. No further contributions by employer or filer.	Nisource	5/98
5			
6			

Reporting Individual's Name Raskin, Sarah B	SCHEDULE D	Page Number 14 of 14
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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					
2					
3					
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. 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		
2		
3		
4		
5		
6		