

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

5 C.F.R. Part 2634  
U.S. Office of Government Ethics

Form Approved:  
OMB No. 3209-0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) <b>03/07/2014</b>	Reporting Status (Check Appropriate Boxes) <b>Incumbent</b> <input checked="" type="checkbox"/>	Calendar Year Covered by Report <b>2013</b>	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<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.
Reporting Individual's Name <b>KERLIKOWSKE</b>		First Name and Middle Initial <b>Richard</b>		<b>G</b>		
Position for Which Filing		Title of Position <b>Director, Office of National Drug Control Policy</b>		Department or Agency (If Applicable) <b>Executive Office of the President</b>		<b>Reporting Periods</b> 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.
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) <b>1300 Pennsylvania Ave NW, Washington, DC, 20229, USA</b>		Telephone No. (Include Area Code) <b>202-344-2001</b>		
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				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.
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		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.		eSigned in FDM by: <b>Richard G. KERLIKOWSKE</b> User ID: 8349EAEABAF6FB05		<input checked="" type="checkbox"/>		
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)		
		eSigned in FDM by: <b>Philip F. Carpio</b> User ID: 5722915A12F21593		<input type="checkbox"/>		
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).		eSigned in FDM by: <b>Mike A. Waters</b> User ID: 57E42C5F7A901B18		<input checked="" type="checkbox"/>		
Office of Government Ethics Use Only <b>11/13/14</b>		Signature <i>Barbara Kullen Rode</i>		Date (Month, Day, Year) <b>11-19-14</b>		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
Supervisor Certification. I have reviewed the interests reported on this form in light of the filer's duty position. I am satisfied that there is no actual or apparent conflict of interest. (Check box if filing extension granted & indicate number of days <u>15</u> ) <input checked="" type="checkbox"/>  Supervisor's Signature eSigned in FDM by: <b>HELGA TAYLOR</b> User ID: A9070F9903212BA8 Date: <b>07/01/2014</b>  (Check box if comments are continued on the reverse side) <input type="checkbox"/>  Initial Review Date: 07/15/2014						
Agency Use Only						
OGE Use Only						
<b>AUG 29 2014</b>						







Reporting Individual's Name <b>KERLIKOWSKE, Richard G.</b>	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number <b>5 of 18</b>
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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	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	
1													25 (f) Bank of America Checking Account													
2													26 (f) Bank of America CD													
3													27 (f) Wells Fargo													
4													28 (f) Veeco Industries													
5													29 (f) Western Digital Corp													
6													30 (f) Banco Bradesco SA													
7													31 SPDR S&P Mid-Cap 400 ETF													
8													32 (f) Vanguard Index Fnds													
9													33 (f) Cora Laboratories													

\* 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 <b>KERLIKOWSKE, Richard G.</b>	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number <b>7 of 18</b>
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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	
1												43	Nucor Corp														
2	X												44	IRA (managed by D.A. Davidson & Co.)													
3												45	Fundamental Investors Inc Cl A (ANCFX)														
4												46	Growth Fund of America Cl A (AGTHX)														
5												47	General Electric														
6	X												48	Wells Fargo													
7												49	Block Financial														
8												50	Dow Chemicals														
9												51	Bank of America Intermotes														

\* 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.

**SCHEDULE A continued**  
(Use only if needed)

Reporting Individual's Name KERLIKOWSKA, Richard G.		SCHEDULE A continued (Use only if needed)											Page Number 8 of 18																							
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	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	52 Expeditors Intl Wash Inc		X																		X															
2	53 General Electric		X														X					X														
3	54 American Funds Global Cl A					X								X								X														
4	55 American New Perspectives Fund			X										X								X														
5	56 American Mutual Fund			X										X								X														
6	57 AT&T			X													X					X														
7	58 International Paper		X														X					X														
8	59 Weyerhaeuser	X															X					X														
9	60 Intel		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  
**KERLIKOWSKE, Richard G.**

**SCHEDULE A continued**  
(Use only if needed)

Page Number  
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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.																					
	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.)						
															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)	Only if Honoraria		
1 61 Coming			X												X					X													
2 62 Paccar			X												X					X													
3 63 Pepaco			X												X					X													
4 64 Conocophillips		X													X					X													
5 65 Automatic Data Processing Inc		X																	X														
6 66 Chubb Inc		X																	X														
7 67 Emerson Electric		X																	X														
8 68 Exxon Mobile		X																	X														
9 69 Ford Motor Company		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.







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

Reporting Individual's Name <b>KERLIKOWSKE, Richard G.</b>	<b>SCHEDULE B</b>	Page Number <b>13 of 18</b>
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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	AT&T	X			05/16/2013	X											
2	Automatic Data Processing Inc	X			05/16/2013	X											
3	Banner Corporation		X		02/22/2013	X											
4	CH Robinson Worldwide	X			05/16/2013	X											
5	Chubb Corp	X			05/16/2013	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 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, (2) travel-related cash reimbursements received from one source totaling more 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 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)	
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	
1			
2			
3			
4			
5			

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

Reporting Individual's Name <b>KERLIKOWSKÉ, Richard G.</b>	<b>SCHEDULE B continued</b> (Use only if needed)	Page Number <b>14 of 18</b>
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**Part I: Transactions**

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
1 Conoco Phillips	X			05/16/2013	X											
2 Devon Energy Corp New	X			01/22/2013		X										
3 Emerson Electric	X			05/16/2013	X											
4 Exxon Mobil	X			05/16/2013	X											
5 Ford	X			05/16/2013	X											
6 Genuine Parts Co	X			05/16/2013	X											
7 Healthcare TR Amer Inc	X			06/19/2013		X										
8 Intel Corp	X			Multiple		X										
9 Ichora Global	X			05/16/2013	X											
10 Lexington Realty Trust	X			05/16/2013	X											
11 McDonalds Corp	X			05/16/2013	X											
12 Nextera Energy Inc	X			05/16/2013	X											
13 Proctor and Gamble Co	X			05/16/2013	X											
14 Realty Income Corp	X			06/07/2013	X											
15 Starwood	X			05/16/2013	X											
16 Thornburg	X			05/16/2013		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 the filer with the spouse or dependent children, use 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  
 KERLIKOWSKE, Richard G.

**SCHEDULE B continued**  
 (Use only if needed)

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**Part I: Transactions**

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
1 United Technologies Corp	X			05/16/2013	X											
2 Vanguard	X			05/16/2013		X										
3 Weyenhauer			X	Multiple	X											
4 Williams Co	X			Multiple		X										
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																

\*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.

Reporting Individual's Name <b>KERLIKOWSKE, Richard G.</b>	<b>SCHEDULE C</b>	Page Number <b>16 of 18</b>
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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

Creditor's (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		
<i>Examples</i> First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.													
	Promissory note	1999	10%	on demand													
1 Wells Fargo Home Mortgage, Washington, DC, USA	Mortgage. <b>Redacted City/State</b>	2013	3.375%	30 yrs Fixed													
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

Status and Terms of any Agreement or Arrangement	Parties	Date
<i>Example</i> 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 Continuing participation in Employee Benefit Plan: I continue to participate in this defined benefit plan. Neither I nor my former employer make contributions to the plan.	City of St. Petersburg (FL), St. Petersburg, FL, USA	02/1972
2 Continuing participation in Employee Benefit Plan: I continue to participate in this plan. Neither I nor my former employer make contributions to the plan.	State of Washington, Olympia, WA, USA	09/2000
3		
4		
5		
6		

Reporting Individual's Name <b>KERLIKOWSKE, Richard G.</b>	<b>SCHEDULE D</b>	Page Number <b>17 of 18</b>
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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		

Reporting Individual's Name KERLIKOWSKE, Richard G.		<b>OGE Form 278 of Record Comments</b>		Page Number 18 of 18
Annotation: # 1		Section: Liability	Date: 08/29/2014	Author: Mike A. Waters
C O M M E N T	I will redact the City and State on this liability for filer's personal mortgage, per OGE direction that it is unnecessary. This is a security risk. MAW for DAEO			
	Annotation:		Section: Report	Date: 08/29/2014
	Filer is currently the Commissioner of CBP, but his position, properly reported in FDM for 2013, was as Director of the Office of Ntl Drug Control Policy. As such the FDM system, not the filer, makes the First Page of the report inconsistent. The "date of appointment" is correct for Filer's Current Position at CBP. MAW For DAEO			
	Annotation:		Section: Report	Date: 08/29/2014
C O M M E N T	The Filer's 2012 CY 278 Incumbent report, 2013 278 Nominee report, CD, Ethics Agreement, and Associated 278Ts were all compared to verify this current report. While these overlapping reports do not always correspond with respect to reporting periods, the reviewer notes that all assets have been accounted for and no overt conflicts exist. MAW for DAEO			
	Annotation:		Section: Report	Date: 08/29/2014
	Report is timely filed. All DHS filers were granted an extra 30days for their report deadline due to the problems associated with the change of contractors supporting FDM. This 30 day period is not listed as an extension, but as a changed deadline (due to limitations in FDM to make this automatic). With the approved 15 Day extension, then, filer had until July 1, 2014 to file. MAW for DAEO			
	Annotation:		Section:	Date:
C O M M E N T				
	Annotation:		Section:	Date:
	Annotation:		Section:	Date: