

55209

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes)		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate		Termination Date (If Applicable) (Month, Day, Year)		Fee for Late Filing	
01/21/2009		<input checked="" type="checkbox"/> Incumbent		2010		<input type="checkbox"/>				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				First Name and Middle Initial					
		Shinseki				Eric K.					
Position for Which Filing		Title of Position				Department or Agency (If Applicable)					
		Secretary				Veterans Affairs					
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)				Telephone No. (Include Area Code)					
		810 Vermont Avenue NW Washington, DC 20420				(202) 461-4809					
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									
		N/A									
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.						16 May 2011					
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 box below).						6/28/2011					
Office of Government Ethics Use Only		Signature				Date (Month, Day, Year)					
						8/1/11					
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)											
<p>Equity interest in Kasey LLC inadvertently omitted from nominee AND INCUMBENT REPORT FOR CALENDAR 2009 &amp; A. Inserted amended page 15 &amp; overreported entry deleted page 9. 7/27/11. Jm</p> <p>(Check box if filing extension granted &amp; indicate number of days <input type="checkbox"/></p> <p>(Check box if comments are continued on the reverse side <input type="checkbox"/></p>											
Agency Use Only											
MAY 16 2011											
OGE Use Only											
JUN 29 2011											

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.									
			Type		Amount					Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)	
			Dividends	Interest	None (or less than \$201)	\$1,001 - \$2,500	\$5,001 - \$15,000	\$50,001 - \$100,000	Over \$1,000,000*	Over \$5,000,000		
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 <input type="checkbox"/>	\$1,001 - \$15,000 \$50,001 - \$100,000 \$250,001 - \$500,000 Over \$1,000,000 * \$5,000,001 - \$25,000,000 Over \$50,000,000 Exempted Trust	Exempted Trust Dividends Interest None (or less than \$201) \$1,001 - \$2,500 \$5,001 - \$15,000 \$50,001 - \$100,000 Over \$1,000,000* Over \$5,000,000										
Examples Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund	x x x x		x x x x		x x x x		x x x x				Law Partnership Income \$130,000	
1 Andrews Federal Credit Union Clinton, MD (savings account)				x	x							
2 Pentagon Federal Credit Union Alexandria, VA (savings, checking, money market, IRA (cash acct, 7-yr cd)		x	x									
3 First Hawaiian Bank Honolulu, HI (savings, checking accts)				x	x							
4 Armed Forces Bank Ft. Leavenworth, KS (checking acct)	x			x	x							
5 Sandy Spring Bank Olney, MD (Pegasus business checking acct)					x						Account closed	11-25-2009
6 Burke & Herbert Bank and Trust Alexandria, VA (Personal Checking account)	x				x						Account converted to personal checking account	11-23-2010

\* 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>Eric K. Shinseki</b>	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number <b>3</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									
		\$1,001 - \$15,000	\$50,001 - \$100,000	\$250,001 - \$500,000	Over \$1,000,000 *	\$5,000,001 - \$25,000,000	Over \$50,000,000	Excepted Trust	Dividends	Interest	None (or less than \$201)	\$1,001 - \$2,500	\$5,001 - \$15,000	\$50,001 - \$100,000	Over \$1,000,000*	Over \$5,000,000	Other Income (Specify Type & Actual Amount)
None <input type="checkbox"/>																	
1/ Roth IRA Pegasus Mid Cap Fund Class I	x									x							
2/ Roth IRA Pegasus Small Cap Growth Fund Class I	x									x							
3/ Roth IRA Pegasus Fund Class I	x									x							
4/ Traditional IRA, Pegasus Mid Cap Fund Class I	x									x							
5/ Traditional IRA, Pegasus Fund Class I	x									x							
6/ Roth IRA (S) Pegasus Mid Cap Fund Class I	x									x							
7/ Roth IRA (S) Pegasus Small Cap Growth Fund	x									x							
8/ Roth IRA (S) Pegasus Fund Class I	x									x							
9/ Traditional IRA (S) Pegasus Mid Cap Fund Class I	x									x							

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Reporting Individual's Name  
 Eric K. Shinseki

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

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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.		Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria					
							Type	Amount							
None <input type="checkbox"/>	\$1,001 - \$15,000	\$50,001 - \$100,000	\$250,001 - \$500,000	Over \$1,000,000 *	\$5,000,001 - \$25,000,000	Over \$50,000,000	Excepted Trust	Dividends	Interest	None (or less than \$201)	\$1,001 - \$2,500	\$5,001 - \$15,000	\$50,001 - \$100,000	Over \$1,000,000*	Over \$5,000,000
1/ Traditional IRA (S) Pegasus Fund Class I	x									x					
2/ Traditional IRA JANUS Worldwide Fund	x									x					
3/ Traditional IRA (S) JANUS Worldwide Fund										x					
4/ Traditional IRA USAA S&P 500 Index Fund	x									x					
5/ Traditional IRA (S) USAA S&P 500 Index Fund	x									x					
6/ Traditional IRA (Cash Account) Pentagon Federal Credit Union									x	x					
7/ Traditional IRA (7-yr CD) Pentagon Federal Credit Union	x								x	x					
8/ Traditional IRA (S) (Cash Account) Pentagon Federal Credit Union									x	x					
9/ Traditional IRA (S) (7-yr CD) Pentagon Federal Credit Union	x								x	x					



Reporting individual's Name  
 Eric K. Shinseki

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

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period							BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.							Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	\$1,001 - \$15,000	\$50,001 - \$100,000	\$250,001 - \$500,000	Over \$1,000,000 *	\$5,000,001 - \$25,000,000	Over \$50,000,000	Exempted Trust	Dividends	Interest	\$1,001 - \$2,500	\$5,001 - \$15,000	\$50,001 - \$100,000	Over \$1,000,000*	Over \$5,000,000		
None <input type="checkbox"/>																
1 Pegasus Associates, Inc. Falls Church, VA Consulting Business																Business Dissolved 8-28-10
2 Fidelity Cash Reserves Individual 401K								X		X						
3 Vanguard Prime Money Market Fund SEP IRA								X								
4 Residential Rental Property Honolulu, HI																
5 Honeywell Deferred Compensation Account Tracks the Following:								X				X				2010 Deferred Compensation \$72,754
6 Honeywell Common Stock Fund													X			Deferred Compensation \$72,754
7 Short-Term Fixed Income fund										X						
8 Value Yield Equity Fund										X						
9 S&P 500 Equity Index Fund										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  
 Eric K Shinseki

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

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BLOCK A	BLOCK B								BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	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.											
									Type	Amount										
None <input type="checkbox"/>	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	\$100,001 - \$1,000,000	Over \$1,000,000*	Over \$5,000,000		
									Dividends	Rents and Royalties	Interest	Capital Gains								
1/ Life Insurance (Whole Life) Guardian Life Insurance Co of Am New York, NY	x								x											
2/ Life Insurance (Whole Life) Army Mutual Aid Assoc Fort Myer, VA 22211		x											x							
3/ Life Insurance (Whole Life) Army/AF Mutual Aid Assoc Fort Myer, VA 22211		x											x							
4/ Life Insurance (Whole Life) Mass Mutual Springfield, MA			x						x											
5/ Life Insurance (Whole Life) Mass Mutual Springfield, MA		x							x											
6/ Life Insurance (Whole Life) (S) Mass Mutual Springfield, MA			x						x											
7/ Life Insurance (Whole Life) John Hancock Life Insurance Boston, MA			x						x											
8/ VCSP/College America (Relative 1) Am Frnd The Grwth Frnd of Am 529		x																		
9/ VCSP/College America (Relative 1) Am Frnds Cap World Grwth & Inc 529		x																		

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Reporting Individual's Name  
 Eric K. Shinseki

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

BLOCK A	BLOCK B								BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria														
	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.																									
									Type																									
								Amount																										
								None (or less than \$100)	\$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	\$1,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	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
None <input type="checkbox"/>																																		
1	VCSP/College America (Relative 5) Amer Fnds: Wash Mut Inv Fnd 529 (S)								X													X												
2	VCSP/College America (Relative 6) Amer Fnds: The Growth Fnd of Am 529								X													X												
3	VCSP/College America (Relative 6) Amer Fnds: Cap World Grwth & Inc 529								X													X												
4	VCSP/College America (Relative 6) Amer Fnds: Wash Mut Inv Fnd 529								X													X												
5	VCSP/College America (Relative 6) Amer Fnds: The Growth Fnd of Am 529 (S)								X													X												
6	VCSP/College America (Relative 6) Amer Fnds: Cap World Grwth & Inc 529 (S)								X													X												
7	VCSP/College America (Relative 6) Amer Fnds: Wash Mut Inv Fnd 529 (S)								X													X												
8	VCSP/College America (Relative 7) Amer Fnds: The Growth Fnd of Am 529								X													X												
9	VCSP/College America (Relative 7) Amer Fnds: Cap World Grwth & Inc 529								X													X												

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**SCHEDULE A continued**

(Use only if needed)

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 *	None (or less than \$201)	Dividends	Interest	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)					
1	VCSP/College America (Relative 7) Amer Fnds: Wash Mut Inv Fnd 529	x							x										
2	VCSP/College America (Relative 7) Amer Fnds: The Growth Fnd of Am 529 (S)	x							x										
3	VCSP/College America (Relative 7) Amer Fnds: Cap World Growth & Inc 529 (S)	x							x										
4	VCSP/College America (Relative 7) Amer Fnds: Wash Mut Inv Fnd 529 (S)	x							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, Vice Presidential or Presidential Candidate**

Reporting Individual's Name <b>Eric K Shinseki</b>	<b>SCHEDULE B</b>	Page Number <b>13</b>
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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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over	Certificate of divestiture
1. Example: Central Airlines Common	x			2/1/99			x									
2. Example: National Interest Security Co. LLC Sale		x		1-20-10					x							
3. Vanguard 500 Index Fund (VFINX) Conversion to Vanguard 500 Index Admiral Fund (VFIAX)			x	11-23-10		x										
4. --- Continued on next page ---																
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 a 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
1	Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$300
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>Eric K Shinseki</b>	<b>SCHEDULE B-continued</b> (Use only if needed)	Page Number 14
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**Part I: Transactions**

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											Certificate of Divestiture	
		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		
	Example: Central Airlines Common	x			2/1/99			x										
1	Burke & Herbert Bank and Trust converted Pegasus Business Account to Personal Checking Account Alexandria, VA			x	11-23-10	x												
2	AFBA Tax Free Merger 5 Star Mid Cap Value Fund (Roth IRA) Converted to: Pegasus Mid Cap Fund Class I			x	3-12-10	x												
3	AFBA Tax Free Merger 5 Star Small Cap Value Fund (Roth IRA) Converted to: Pegasus Small Cap Growth Fund Class I			x	3-12-10	x												
4	AFBA Tax Free Merger 5 Star Large Cap Growth Fund (Roth IRA) Converted to Pegasus Fund Class I			x	3-12-10	x												
5	AFBA Tax Free Merger 5 Star Mid Cap Value Fund (Traditional IRA) Converted to Pegasus Mid Cap Fund Class I			x	3-12-10	x												
6	AFBA Tax Free Merger 5 Star Large Cap Growth Fund (Traditional IRA) Converted to Pegasus Fund Class I			x	3-12-10	x												
7	AFBA Tax Free Merger 5 Star Mid Cap Value Fund (Roth IRA) (S) Converted to: Pegasus Mid Cap Fund Class I			x	3-12-10	x												
8	AFBA Tax Free Merger 5 Star Small Cap Value Fund (Roth IRA) (S) Converted to: Pegasus Small Cap Growth Fund Class I			x	3-12-10	x												
9	AFBA Tax Free Merger 5 Star Large Cap Growth Fund (Roth IRA) (S) Converted to Pegasus Fund Class I			x	3-12-10	x												
10	AFBA Tax Free Merger 5 Star Mid Cap Value Fund (Traditional IRA) (S) Converted to Pegasus Mid Cap Fund Class I			x	3-12-10	x												
11	AFBA Tax Free Merger 5 Star Large Cap Growth Fund (Traditional IRA) Converted to Pegasus Fund Class I			x	3-12-10	x												
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>Eric K Shinseki</b>	<b>SCHEDULE C</b>	Page Number <b>16</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

Category of Amount or Value (x)

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	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					
Example: First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.																	
	Promissory note	1999	10%	on demand				x													
<input checked="" type="checkbox"/> First Hawaiian Bank Honolulu, HI	Mortgage on Residential Rental Property	2009	5.774%	30 yrs.					x												
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: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation); (2) continuation 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
	Example: 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	Deferred Compensation Account -- following resignation, deferred compensation will be paid in ten annual installments based on annual determinations of fair market value of tracked assets.	Honeywell, International Morristown, NJ	2003
2			
3	SEP IRA -- will continue to participate in SEP IRA but there will be no ongoing contributions following appointment	Eric K. Shinseki (originally with Pegasus Associates) Falls Church, VA	2004
4	Individual 401K -- will continue to participate in Individual 401K but there will be no ongoing contributions following appointment	Eric K. Shinseki (originally with Pegasus associates) Falls Church, VA	2004
5			
6			

Reporting Individual's Name Eric K Shinseki	SCHEDULE D
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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 Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
	Eric K. Shinseki Trust	Trust	Co-Trustee	11/07/05	Present
2	The Patricia K. Shinseki Trust	Trust	Co-Trustee	11/07/05	Present
3	The Eric K. Shinseki Insurance Trust	Trust	Co-Trustee	11/07/05	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 Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		