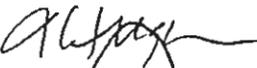
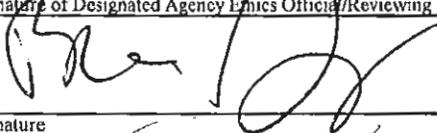
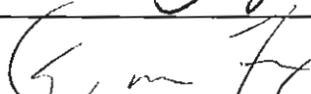
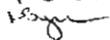


## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

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	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<p><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.</p> <p><b>Reporting Periods</b>  <b>Incumbents:</b> 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.</p> <p><b>Termination Filers:</b> 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.</p> <p><b>Nominees, New Entrants and Candidates for President and Vice President:</b>  <b>Schedule A--</b>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.  <b>Schedule B--</b>Not applicable.  <b>Schedule C, Part I (Liabilities)--</b>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.  <b>Schedule C, Part II (Agreements or Arrangements)--</b>Show any agreements or arrangements as of the date of filing.  <b>Schedule D--</b>The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
1/23/09 JF			2011				
Reporting Individual's Name	Last Name		First Name and Middle Initial				
	Jackson		Lisa P.				
Position for Which Filing	Title of Position		Department or Agency (If Applicable)				
	Administrator		EPA				
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)			
	1200 Pennsylvania Avenue, Washington, DC 20460			202-564-4700			
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						
	Administrator, U.S. Environmental Protection Agency						
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.				6/13/2011			
Other Review (If desired by agency)	Signature of Other Reviewer			Date (Month, Day, Year)			
				9/17/12			
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).				9/11/12			
Office of Government Ethics Use Only	Signature			Date (Month, Day, Year)			
				10/15/12			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
Replaced pages 4-6 and 8 with amended pages 4-6 and 8 per Justina Fugh, ethics official, EPA. (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/> 9/25/12 and 10/5/12. 							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>						<b>Agency Use Only</b> rec'd 6/15/12 <b>OGE Use Only</b> <b>SEP 19 2012</b>	









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

Reporting Individual's Name		SCCHEDULE A continued (Use only if needed)													Page Number 6																						
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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary																	
																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							
1	U.S. Savings Bonds			X																X																	
2	Bank of America (cash)				X												X						X														
JF	3 Bank of America vested stock options: 456 shares at \$53.74, expire 1/28/2012																			X																	
JF	4 Bank of America vested stock options: 244 shares at \$36.06, expire 1/27/2013																			X																	
JF	5 NJ State 401(k): Large Cap Growth/ Turner Investment Partners Fund		X											X						X																	
JF	6 Mid Cap Value/ CRM Fund		X											X						X																	
JF	7 Small Cap Value/ Munder Capital Fund		X											X						X																	
JF	8 Small Cap Growth/ Boston Co. Fund		X											X						X																	
JF	9 International Blend/ Ardo 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.

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

Reporting Individual's Name	SCHEDULE B	Page Number <div style="text-align: right;">7</div>
-----------------------------	------------	--

**Part I: Transactions**

None  JF

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 \$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	Natl 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 \$385
1	Time Warner, Inc - a media organization and owner of Time Magazine (New York, NY)	As a honoree, I received two complimentary tickets for myself and spouse to attend the Time 100 Gala on April 26, 2011 to celebrate Time Magazine's "2011 Time 100 - The 100 Most Influential People in the World."	\$1,200.00
2		The EPA Ethics Office reviewed this event in accordance with the President's Ethics Pledge and applicable gift regulations and approved this event pursuant to 5 CFR 2635.204 (g)(2)	
3			
4			
5			

**SCHEDULE C**

**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)

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$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	
						\$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	
	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. 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

Example	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	State of New Jersey 401 (k) Plan (no further contributions to the plan will be made upon my resignation)	State of New Jersey	3/2006
2	State of NJ defined benefit plan (no further contributions)	State of NJ	1/2006
3			
4			
5			
6			

Reporting Individual's Name	SCHEDULE D	Page Number  9
-----------------------------	------------	----------------------

**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
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.

**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		