

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) <i>1/23/2009</i>		Reporting Status (Check appropriate boxes) <input checked="" type="checkbox"/> Incumbent		Calendar Year Covered by Report 2010		New Entrant, Nominee, or Candidate <input type="checkbox"/>		Termination <input type="checkbox"/> Filer		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.  <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.  <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.  <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.
Reporting Individual's Name Jackson		Last Name		First Name and Middle Initial Lisa P.		Title of Position Administrator		Department or Agency (If Applicable) EPA		Address (Number, Street, City, State, and ZIP Code) 1200 Pennsylvania Avenue, Washington, DC 20460		
Position for Which Filing		Telephone No. (Include Area Code) 202 564 4700		Location of Present Office (or forwarding address)		Title of Position(s) and Date(s) Held Administrator, U.S. Environmental Protection Agency		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Signature of Reporting Individual		Date (Month, Day, Year) 8/11/2011		Signature of Other Reviewer		Date (Month, Day, Year) 8/24/11		
Certification 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.		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year) 8/24/11		Agency Ethics Official's Opinion 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).		Signature		Date (Month, Day, Year) 1/11/12		
Office of Government Ethics Use Only		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 <i>90</i> <input checked="" type="checkbox"/>  (Check box if comments are continued on the reverse side <input type="checkbox"/>		Agency Use Only <i>Rec'd 8/9/11</i>		OGE Use Only				









Reporting Individual's Name  
 Lisa P. Jackson

**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													
												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 *	\$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	Rem. 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	Washington County MD Muni Bond <i>general obligation</i>			x																x																
2	New Jersey Economic Development Authority Bond			x																x																
3	Intentionally Left Blank																																			
4	BIF Tax Exempt Fund				X									x						x																
5	American Investment Company Fund		x										x							x																
6	Intentionally Left Blank																																			
7	Intentionally Left Blank																																			
8	Intentionally Left Blank																																			
9	Intentionally Left Blank																																			

\* 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	SCHEDULE B	Page Number	9
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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 \$1,000,000*	\$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									
Hotchkis & Wiley Large Cap Value Fund Class I		x		6/1/2010	x											
Hotchkis & Wiley Small Cap Value Fund Class I		x		6/1/2020	x											
Black Rock Focus Value Fund Class I		x		5/28/2010		x										
Black Rock Natural Resources Trust Class I		x		5/28/2010	x											
Black Rock Age 11 to 13 Years Education 529 Fund		x		9/3/2010		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, 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 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
	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
1	Huffington Post, NY, NY	2010 Game Changers reception and dinner (10/28/10) ; free attendance; approved by OAC in written for self WAG determination	\$800.00
2	The Century Foundation, NY, NY	Peter A. Berle Environment Integrity Award (12/16/10) ; free attendance; approved by OAC in written for self WAG determination	\$2,000.00
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>SCHEDULE B continued</b> (Use only if needed)	Page Number 10
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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	
	Example:	Central Airlines Common				2/1/99													
1		CMA Tax Exempt FUND	x	x		Unknown	x			x									
2		Franklin Templeton Age 13-16 Years Education 529 Fund	x			9/3/2010	x												
3		Black Rock Age 14 to 16 Years Education 529 Fund	x			9/3/2010			X										
4		Nuveen AZ DVD ADV Bond	x			10/13/2010		x											
5		Eaton Vance Coll Tier III	x			6/9/2010		x											
6		Black Rock Focus Value Class I		x		6/9/2010		x											
7		Eaton Vance Coll Tier III	X			5/28/2010	X												
8		Black Rock Global Allocation Fund Class I	x			5/28/2010	x												
9		Columbia Mid Cap Value Class Z	x			5/28/2010	x												
10		Black Rock Global Allocation Fund Class I	x			5/28/2010	x												
11		FFI Premier Institutional Fund		x		6/1/2010	x												
12		Black Rock Global Allocation Fund Class I	x			6/1/2010	x												
13		Columbia Small Cap Value Fund	x			6/1/2010	x												
14		Black Rock Global Small Cap Class I	x			6/1/2010	x												
15		Columbia Small Cap Value Fund	x			6/9/2010	x												
16	JF	Merrill Lynch Retirement Preservation Trust (renamed Stable Value Fund in 10/10)	X			1/1/10	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	<b>SCHEDULE B continued</b> (Use only if needed)	Page Number 11
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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	
JF <sup>1</sup>	NUVEERL MD PREMIUM INCENTIVE BOND	X			1/26/10			X										
JF <sup>2</sup>	BIF TAX EXEMPT FUND	X			6/1/10			X										
JF <sup>3</sup>	WASHINGTON COUNTY, MD G.O. MUNI BOND	X			6/10/10	X												
4																		
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>Lisa P. Jackson</b>	SCHEDULE C	Page Number <i>12 of 14</i>
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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 (\$)

examples:	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (\$)															
						\$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					
	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																
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: 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

Example:	Status and Terms of any Agreement or Arrangement	Parties	Date
2	<i>state of NJ defined benefits plan (no further contributions)</i>	<i>state of NJ</i>	<i>1/2006</i>
3			
4			
5			
6			

Reporting Individual's Name <b>Lisa P. Jackson</b>	<b>SCHEDULE D</b>	Page Number <b>12 13 JF</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:	Natl 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		