

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) <b>7/28/2011</b>		Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report 2011	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name Last Name: <b>BURNS</b> First Name and Middle Initial: <b>William J.</b>		Title of Position <b>Deputy Secretary of State</b>		Department or Agency (If Applicable) <b>U.S. Department of State</b>		
Position for Which Filing		Address (Number, Street, City, State, and ZIP Code) <b>Department of State, 2201 c Street, NW, Rm. 7220; Washington, D.C. 20520</b>		Telephone No. (Include Area Code) <b>202-647-8636</b>		
Location of Present Office (or forwarding address)		Title of Position(s) and Date(s) Held				
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Presidential Nominees Subject to Senate Confirmation		Certification Signature of Reporting Individual: <i>[Signature]</i> Date (Month, Day, Year): <b>3/29/12</b>				
Other Review (If desired by agency)		Signature of Other Reviewer <b>Tulinabo S. Mushing</b> <i>for Cynthia J. Moxley</i> Deputy Executive Secretary, S/ES-EX			Date (Month, Day, Year) <b>04/01/2012</b>	
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official <i>Judy Orman</i>			Date (Month, Day, Year) <b>4/30/12</b>	
Office of Government Ethics Use Only <b>SC 5/17/12</b>		Signature <i>Jack Madala</i>			Date (Month, Day, Year) <b>5/30/2012</b>	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
Spouse withdrew full amount of UNAIDS Defined Benefit Pension Plan during 2011. <b>2011 Nov 2 AM 9:52</b>						
<i>Add by OGE reminder 5/17/12</i>						
<div style="text-align: right;"> <input type="checkbox"/> (Check box if filing extension granted &amp; indicate number of days)         </div> <div style="text-align: right;"> <input type="checkbox"/> (Check box if continuation of report continued on the reverse side)         </div>						

**Fee for Late Filing**  
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 Periods**  
**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.

**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.

Agency Use Only

OGE Use Only

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MAY 28 2012



Reporting Individual's Name  
 BURNS, William J.

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

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BLOCK A	Valuation of Assets at close of reporting period											BLOCK B											BLOCK C											Date (Mo., Day, Yr.) Only if Honoraria																																	
	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																																												
1	UNAIDS, Washington, DC, 1825 K St, N,W, (Spouse)																																												Salary																						
2	CSIS 401(k) Plan: TIAA-CREF (CAS) Retirement Class Money Market (Spouse)											X																																																							
3	Center for Strategic and Intl Studies (CSIS), Washington, DC (Spouse)																																																							Salary											
4																																																																			
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  
 BURNS, William J.

**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 - \$5,000	\$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																	
2																	
3																	
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.

**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*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000			
	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.														
	John Jones, Washington, DC	Promissory note	1999	10%	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: (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			
2			
3			
4			
5			
6			

Reporting Individual's Name BURNS, William J.	SCHEDULE D	Page Number 7 of 7
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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. 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	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		