

# 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)	<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.	
				2011					
Reporting Individual's Name		Last Name			First Name and Middle Initial				<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.  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.
		Sebelius			Kathleen G.				
Position for Which Filing		Title of Position			Department or Agency (If Applicable)				
		Secretary			Department of Health and Human Services				
Location of Present Office (for forwarding address)		Address (Number, Street, City, State, and ZIP Code)				Telephone No. (Include Area Code)			
		200 Independence Avenue, SW, Washington, DC 20201				202-690-7000			
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							
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?				
		Not Applicable			<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.		Kathleen Gilligan Sebelius				05/15/2012			
Other Review (If desired by agency)		Signature of Other Reviewer				Date (Month, Day, Year)			
		R. J. Hall				6/14/12			
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).		[Signature]				7/11/12			
Office of Government Ethics Use Only		Signature				Date (Month, Day, Year)			
		[Signature]				9/28/12			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)									
Initial review 5/23/12. gjt <span style="float: right;">(Check box if filing extension granted &amp; indicate number of days _____) <input type="checkbox"/></span>									
(Check box if comments are continued on the reverse side) <input type="checkbox"/>									
Agency Use Only 15 May 2012 .yab OGE Use Only <b>SEP 13 2012</b>									



Reporting Individual's Name Sebelius, Kathleen G.	<b>SCHEDULE B</b>	Page Number 2 of 4
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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)										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	IRA: American EuroPacific Growth Fund A (AEPGX), mutual fund			X		1/11/11	X												
2	IRA: Security Mid Cap Value Fund C (SEVSX), mutual fund			X		7/27/11			X										
3	IRA: American EuroPacific Growth Fund C (AEPGX), mutual fund			X		1/11/11		X											
4	IRA: MFS International New Discovery Fund C (MIDCX), mutual fund			X		1/11/11	X												
5	IRA: MFS International New Discovery Fund C (MIDCX), mutual fund			X		7/27/11		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 \$335 and (2) travel-related cash reimbursements received from one source totaling more than \$335. 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 \$134 or less. See instructions 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)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$350
1	Kansas Democratic Party, Topeka, KS	Reimbursement for travel expenses related to political travel - 2/25/11, 48H	\$489
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3			
4			
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Reporting Individual's Name <b>Sebellus, Kathleen G.</b>	<b>SCHEDULE C</b>	Page Number <b>3 of 4</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

	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			
Examples	First District Bank, Washington, DC John Jones	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x											
1	Kaw Valley Bank, Topeka, KS	Promissory note	2011	6%	9/22					x									
2	Kaw Valley Bank, Topeka, KS	Promissory note	2011	6%	2/01/13		x												
3	Capitol Federal Savings, Topeka, KS	Mortgage on personal residence	2009	5%	30 yrs					x									
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
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	Defined benefit plan with the Kansas Public Employee Retirement System (KPERS). Under that plan, I receive a monthly pension of \$2,633.	State of Kansas, Kathleen G. Sebellus	05/09
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Reporting Individual's Name Sebellus, Kathleen G.	<b>SCHEDULE D</b>	Page Number 4 of 4
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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
1					
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**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 Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
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