

# 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)
02/06/2013			2014			
Reporting Individual's Name	Last Name		First Name and Middle Initial			
	Jewell		Sarah M			
Position for Which Filing	Title of Position		Department or Agency (If Applicable)			
	Secretary of the U.S. Department of the Interior		U.S. Department of the Interior			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)		
	1849 C Street, NW Washington DC 20240			202-208-6087		
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?		
	Committee on Energy and Natural Resources			<input type="checkbox"/> Yes <input checked="" 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.	Sarah Jewell			2015-05-26 10:24:02		
Other Review (If desired by agency)	Signature of Other Reviewer Ethics Advisor			Date (Month, Day, Year)		
	Patricia Zemple			2015-05-28 15:52:18		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics 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 that may be noted.	Melinda Keph			June 3, 2015		
Office of Government Ethics Use Only	Signature			Date (Month, Day, Year)		
	Barbara Mullen-Ross			7-15-15		
Comments of filer or filer's officials (If additional space is required, use the reverse side of this sheet)						
<input type="checkbox"/> I request a filing extension granted & indicate number of days ____						
<input type="checkbox"/> I request box if comments are continued on the reverse side						
Agency Use Only						
04/18/2015						
OGE Use Only						
JUL 7 2015						

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Confirmation, Election or Nomination (Month, Day, Year) <b>02/06/2013</b>	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report <b>2014</b>	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name <b>Jewell</b>	Last Name <b>Jewell</b>		First Name and Middle Initial <b>Sarah M</b>		
Position for Which Filing	Title of Position <b>Secretary of the U.S. Department of the Interior</b>		Department or Agency (If Applicable) <b>U.S. Department of the Interior</b>		
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) <b>1849 C Street, NW Washington DC 20240</b>		Telephone No. (Include Area Code) <b>202-208-6087</b>		
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 <b>Committee on Energy and Natural Resources</b>		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Certification	Signature of Reporting Individual <b>Sarah Jewell</b>		Date (Month, Day, Year) <b>2015-05-26 10:24:02</b>		
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 <b>Melinda Loftin</b>		Date (Month, Day, Year) <b>2015-06-24 16:02:13</b>		
Office of Government Ethics Use Only	Signature		Date (Month, Day, Year)		
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 _____) <input type="checkbox"/>					
(Check box if comments are continued on the reverse side) <input type="checkbox"/>					
Agency Use Only					
04/18/2015					
OGE Use Only					

**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.

Reporting Individual's Name		SCHEDULE A												Page Number 1									
Jewell Sarah M																							
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											
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.  or 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"/>		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										Date (Mo., Day, Yr.)  Only if Honoraria
												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 Other Income (Specify Type & Actual Amount)											
Examples																							
Central Airlines Common																							
Doe Jones & Smith, Homestead, State																							
Scamptone Equity Fund																							
RBA: Heartland 500 Index Fund																							
1	(S) (Stock) ADRE Emrg Mkts 50 ADR Index Bldrs																						
2	(S) (Stock) EFA EAFE Index MSCI Ishares																						
3	(J) (Stock) IJH S&P Midcap 400 Index Ishares																						
4	(J) (Stock) IWM Russell 2000 ETF																						
5	(Pension) US Bank (Defined Benefit Plan) US Bank																						Final payout \$550.00
6	(Pension) Bank of America (Defined Benefit Plan) Bank of America	value not readily ascertainable																					Final payout \$882.00

\* 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		SCHEDULE A continued (Use only if needed)															Page Number 2															
Jewell Sarah M																																
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																				
												Type		Amount								Date (Mo., Day, Yr.)  Only if Honoraria										
		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	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	(J) (Cash Deposit/Savings) BECU Seattle, WA, US Cash Accounts		X																X	X												
2	(J) (Cash Deposit/Savings) BMO Harris Bank Seattle, WA, US Cash Accounts		X																X	X												
3	(J) (Cash Deposit/Savings) Wells Fargo Bank Seattle, WA, US Cash Accounts			X															X	X												
4	(J) (Cash Deposit/Savings) First Sound Bank Seattle, WA, US Checking		X																X	X												
5	(J) (Trade or Business) First Sound Bank (Investors) Bank	X																		X												
6	(S) (Trade or Business) Seattle Flyers, LLC (20% owner) Maintains one small aircraft	X																		X												
7	(J) (Mutual Fund) VWIUX Vanguard Intermediate Term Td Exempt Fd Admiral								X				X												X							
8	(J) (Mutual Fund) FFRIX Fidelity Advisor Floating Rate High Income CII					X							X										X									
9	(J) (Mutual Fund) FDAAX Franklin Floating Rate Daily Assess Fd Advisor C	X											X							X												

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[illegible]

Reporting Individual's Name		SCHEDULE A continued (Use only if needed)												Page Number 4																			
Jewell	Sarah M																																
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																					
												Type	Amount										Date (Mo., Day, Yr.) Only if Honoraria										
		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	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	Other Income (Specify Type & Actual Amount)	
1	(WLI) Northwestern Mutual Life Insurance (whole life policy)				X											X					X												
2	(S) (WLI) Northwestern Mutual Life Insurance (spouse whole life policy)				X											X					X												
3	(IRA) BMO Harris Bank																																
4	+--- (Mutual Fund) ABEMX-Aberdeen Emerging Markets Fund Instl Class			X									X								X												
5	+--- (Other) PCOXX - Federated Prime Cash Obligation		X										X								X												
6	+--- (Stock) VCSH-Short-Term Corp Bd Idx ETF Vanguard				X								X										X										
7	+--- (Mutual Fund) FDAAX-Franklin Floating Rate Daily Assess Fd Advisor C	X											X								X												
8	+--- (Stock) IJH-S&P Midcap 400 Index Ishares		X										X								X												
9	+--- (Stock) IWM-Russell 2000 ETF		X										X								X												

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## Page Number 5

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Reporting Individual's Name		<b>SCHEDULE A continued</b>												Page Number <b>6</b>																			
Jewell Sarah M		(Use only if needed)																															
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																			
														Type	Amount												Date (Mo., Day, Yr.) Only if Honorary						
		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	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary
1	(S) (IRA) Northwestern Mutual SEP IRA (variable annuity)																																
2	+--- (Other) Mason Street Advisors (MSA) Balanced Fund			X										X							X												
3	(Other Defined Contributions) REI Deferred Compensation Plan																																
4	+--- (Mutual Fund) VINIX-Tracks Vanguard Institutional Index								X					X											X								
5	+--- (Mutual Fund) VSISX-Tracks Vanguard Small Cap Index Signal					X								X									X										
6	+--- (Mutual Fund) RERFX-Tracks American Funds EuroPacific GR R5				X									X								X											
7	+--- (Mutual Fund) MWISX-Tracks Metropolitan West Total Return Bond Fd Plan CLS							X						X													X						
8	+--- (Mutual Fund) SNAXX-Tracks Schwab Value Advantage Money Instl		X											X							X												
9	(J) (Other Defined Contributions) Utah Ed 529 Savings Plan - S																																

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Reporting Individual's Name		SCHEDULE A continued (Use only if needed)												Page Number 7																			
Jewell	Sarah M																																
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																					
												Type	Amount							Date (Mo., Day, Yr.) Only if Honoraria													
		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	Exempt 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	Other Income (Specify Type & Actual Amount)	
1	+--- (ETF) VDMPX-Vanguard Developed Markets Index	X												X							X												
2	+--- (ETF) VEMRX-Vanguard Emerging Mkt Stock Index	X												X							X												
3	+--- (ETF) VBIPX-Vanguard Short Term Bond Index		X											X							X												
4	+--- (ETF) VFSIX-Vanguard Short Term Invest-Grade		X											X							X												
5	+--- (ETF) VBMPX-Vanguard Total Bond Market Index		X											X							X												
6	+--- (ETF) VITPX-Vanguard Total Stock Market Index		X											X							X												
7	(J) (Other Defined Contributions) Utah Ed 529 Savings Plan - G																																
8	+--- (ETF) VDMPX-Vanguard Developed Markets Index		X											X							X												
9	+--- (ETF) VEMRX-Vanguard Emerging Mkt Stock Index		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.

Reporting Individual's Name		SCHEDULE A continued (Use only if needed)										Page Number 8																					
Jewell	Sarah	M																															
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																					
												Type	Amount																				
		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	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary
1	+--- (ETF) VBIPX-Vanguard Short Term Bond Index	X												X							X												
2	+--- (ETF) VFSIX-Vanguard Short Term Invest-Grade	X												X							X												
3	+--- (ETF) VBMPX-Vanguard Total Bond Market Index	X												X							X												
4	+--- (ETF) VIPPX-Vanguard Total Stock Market Index	X												X							X												
5	(J) (Other Defined Contributions) Utah Ed 529 Savings Plan - E																																
6	+--- (ETF) VDMPPX-Vanguard Developed Markets Index	X												X							X												
7	+--- (ETF) VEMRX-Vanguard Emerging Mkt Stock Index	X												X							X												
8	+--- (ETF) VBIPX-Vanguard Short Term Bond Index	X												X							X												
9	+--- (ETF) VFSIX-Vanguard Short Term Invest-Grade	X												X							X												

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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																					
												Type		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*	Over \$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)					
1	+--- (ETF) VBMPX-Vanguard Total Bond Market Index	X											X																				
2	+--- (ETF) VITPX-Vanguard Total Stock Market Index	X											X																				
3	(Trust) Sally Jewell Exempt Trust																																
4	+--- (Other) Undeveloped land Lopez Island, WA																																
5	+--- (Other) BMO Harris Bank Account	X											X																				
6	(J) (Partnership) OV Apartments, LLC Seattle, WA, US Apartment Rentals, non-managing partner				X																												\$0.00
7	+--- (Other) Passive interest in apartment complex				X																												
8	(Self EI) REI Deferred Compensation Seattle, WA, US																																Salary \$220,314.48
9																																	

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

Reporting Individual's Name <b>Jewell Sarah M</b>	<b>SCHEDULE B</b>	Page Number <b>10</b>
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**Part II: 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	Over \$25,000,000	
	Example: Central Airlines Corporation	X			2/1/99			X								
1	CRSOX - Credit Suisse Commodity Return Strategy Fund Com (self)	X			08/28/2014			X								
2	FDAAX - Franklin Floating Rate Daily Access Fund Advisor (joint)		X		08/28/2014		X									
3	FDAAX - Franklin Floating Rate Daily Access Fund Advisor (self)		X		08/28/2014		X									
4	FFRIX - Fidelity Advisor Floating Rate High Income CII (joint)		X		08/28/2014			X								
5	FULIX - Federated Ultra Short Bond Fund Insti Shs (joint)	X			08/28/2014			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 III: 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
	Example: Nat'l Assn. of Book Collectors, NY, NY	Airline ticket, hotel room, & meals incident to national conference 8/13/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$385
1			
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 Jewell Sarah M		SCHEDULE B (continued) (Use only if needed)				Page Number 11											
Part I: Transactions																	
Identification of Assets	Transaction Type (s)			Date (Mo., Day, Yr.)	Amount of Transaction (s)												
	Purchase	Sale	Exchange		\$1,001 - \$5,000	\$5,001 - \$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
1 PCRIX - Pimco Commodity Real Return Strategy Fund Institut (self)		X		08/28/2014	X												
VCSH - Short-Term Corp Bd Idx ETF Vanguard (self)		X		08/28/2014	X												
VIFSX - Vanguard 500 Index Fund Signal Shares (self)	X			08/28/2014	X												
1 VIFSX - Vanguard 500 Index Fund Signal Shares (joint)		X		08/25/2014	X												
5 CRSOX - Credit Suisse Commodity Return Strategy Fund Com ( )		X		12/15/2014	X												
6 VIFSX - Vanguard 500 Index Fund Signal Shares ( )		X		10/27/2014								X					
7 VFIAX - Vanguard 500 Index Fd Admiral Shs ( )	X			10/27/2014								X					
8 VDMPX - Vanguard Developed Market Index ( )	X			12/09/2014	X												
9 VEMRX - Vanguard Emerging Mkt Stock Index ( )	X			12/09/2014	X												
10 VBIPX - Vanguard Short Term Bond Index ( )	X			12/09/2014	X												
11 VFSIX - Vanguard Short Term Invest-Grade ( )	X			12/09/2014	X												
12 VBMPX - Vanguard Total Bond Mkt Index ( )	X			12/09/2014	X												
13 VITPX - Vanguard Total Stock Mkt Index ( )	X			12/09/2014		X											
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 Jewell Sarah M	<b>SCHEDULE C</b>	Page Number 12
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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 (\$)									
						\$10,001 to \$15,000	\$15,001 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$250,000	\$250,001 to \$500,000	\$500,001 to \$1,000,000	Over \$1,000,000*	\$1,000,001 to \$5,000,000	\$5,000,001 to \$25,000,000	\$25,000,001 to \$50,000,000
Examples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1994	8%	25 yrs										
	John Jones, Washington, DC	Promissory note	1999	10%	on demand			X							
1	BMO Harris Bank Chicago, IL, US	Line of Credit	2013	2.75%	Annual					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: (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		Entity	Date
Examples	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00	Doc Jones & Smith, Hometown, State	7/88
1	REI Deferred Compensation Account - Pursuant to the existing plan, I will receive ongoing payment through 2030 of my deferred compensation. Amount is based on compensation I previously earned, and the performance of the mutual funds that it tracks	Recreational Equipment Inc. (REI) Kent, WA, US	04/2000
	Defined Benefit Plan from former employer	Bank of America Seattle, WA, US	06/1981
1	Defined Benefit Plan from former employer - Received lump sum payment in 2014. Account closed.	US Bank Seattle, WA, US	06/1992
2			
3			
4			

Reporting Individual's Name	<b>SCHEDULE D</b>	Page Number <b>13</b>
Jewell Sarah M		

**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 ☐

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Not Listed at Risk Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doc Jones & Smith, Hometown, State	Law firm	Partner	7/88	1/00
1	Residence Trust -, WA, US	Qualified Personal Residence Trust	Trustee	06/01/1999	Present
2	Sally Jewell Exempt Trust -, WA, US	Trust	Trustee	12/31/2013	present
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. None ☐

Examples	Source (Name and Address)	Brief Description of Duties
	Doc Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doc Jones & Smith), Hometown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		

## **Reviewer Comments and Submission History for Sarah Jewell**

05/26/2015 10:24:02  
Filing submitted

04/18/2015 12:13:58  
Filing submitted

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## **Filer Comments for Sarah Jewell**

Asset: REI Deferred Compensation Plan

Invested: Mutual Fund Tracks Metropolitan West Total Return Bond Fd Plan Cl.  
S - MWTSX

Comment: Pimco Total Return (PTTRX) now known as Metropolitan West Total  
Return (MWTSX)

Asset: US Bank (Defined Benefit Plan)

Comment: Cashed out by US Bank.

Asset: Sally Jewell Exempt Trust

Invested: Undeveloped land Lopez Island, WA

Comment: 80% of the undeveloped land at Lopez Isl., WA is owned by the  
trust. The other 20% is owned jointly by my husband and me.