

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 02/06/2013	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report 2014	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	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 Individual's Name Jewell	Last Name		First Name and Middle Initial Sarah M		Department or Agency (If Applicable) U.S. Department of the Interior			
Position for Which Filing	Title of Position Secretary of the U.S. Department of the Interior		Department or Agency (If Applicable) U.S. Department of the Interior					
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 1849 C Street, NW Washington DC 20240				Telephone No. (Include Area Code) 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 Committee on Energy and Natural Resources			Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	Certification		Signature of Reporting Individual Sarah Jewell			Date (Month, Day, Year) 2015-05-26 10:24:02		
Other Review (If desired by agency)	Signature of Other Reviewer Patricia Zemple			Ethics Advisor		Date (Month, Day, Year) 2015-05-28 15:52:18		
	Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official <i>Melinda Kopta</i>			Date (Month, Day, Year) June 3, 2015		
Office of Government Ethics Use Only	Signature <i>Barbara Mullen-Ross</i>			Date (Month, Day, Year) 7-15-15				
Comments of filer (If additional space is required, use the reverse side of this sheet)								
I request a filing extension granted & indicate number of days <input type="checkbox"/>								
I request box B comments are continued on the reverse side <input type="checkbox"/>								
Agency Use Only								
04/18/2015								
OGE Use Only								
JUL 7 2015								

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.

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) 02/06/2013	Reporting Status (Check Appropriate Boxes) <input type="checkbox"/> New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report 2014	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<p>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.</p> <p>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.</p> <p>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.</p> <p>Nominees, New Entrants and Candidates for President and Vice President:</p> <p>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.</p> <p>Schedule B- Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)- Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D- The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
Reporting Individual's Name	Last Name Jewell		First Name and Middle Initial Sarah M		
	Title of Position Secretary of the U.S. Department of the Interior		Department or Agency (If Applicable) U.S. Department of the Interior		
Position for Which Filing	Address (Number, Street, City, State, and ZIP Code) 1849 C Street, NW Washington DC 20240		Telephone No. (Include Area Code) 202-208-6087		
Location of Present Office (or forwarding address)	Title of Position(s) and Date(s) Held -				
Positions Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	-				
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Committee on Energy and Natural Resources	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	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 Reporting Individual Sarah Jewell		
Other Review (If desired by agency)	Signature of Other Reviewer		Date (Month, Day, Year) 2015-05-26 10:24:02		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official Melinda Loftin		Date (Month, Day, Year) 2015-06-24 16:02:13		
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					

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*										Type										Date (Mo., Day, Yr.) Only if Honoraria																			
	\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000										Amount																													
												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)																		
												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																		
Examples	Central Airlines Common										X										X																			
	Doe Jones & Smith, Hometown, State										X										X										Law Partnership Income \$100,000									
	Simpson Equity Fund										X										X																			
	IIR: Heartland 500 Index Fund										X										X																			
1	(S) (Stock) ADRE Emrg Mkts 50 ADR Index Bldrs										X										X																			
2	(S) (Stock) EFA EAFE Index MSCI Ishares										X										X																			
3	(J) (Stock) IJH S&P Midcap 400 Index Ishares										X										X																			
4	(J) (Stock) IWM Russell 2000 ETF										X										X																			
5	(Pension) US Bank (Defined Benefit Plan) US Bank										X										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 Jewell Sarah M	SCHEDULE A continued (Use only if needed)	Page Number 3
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Assets and Income BLOCK A	Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item BLOCK C																
											Type		Amount								Date (Mo., Day, Yr.) Only if Honorary						
											Dividends	Rent and Royalties	Interest	Capital Gains													
	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	Exempted Investment Fund	Qualified Trust	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 (J) (Mutual Fund) VIFSX Vanguard 500 Idx Fd Signal Shs	X											X		X													
2 (J) (Mutual Fund) ABEMX Aberdeen Emerging Markets Fund Instl Class					X							X						X									
3 (J) (Mutual Fund) TBGVX Tweedy Browne Global Value Fund [The]			X									X				X											
4 (J) (Mutual Fund) GTEYX Gateway Fund Class Y				X								X				X											
5 (J) (Mutual Fund) PCOXX Federated Prime Cash Obligation Fund				X								X			X												
6 (J) (Mutual Fund) TFSCX Templeton Instl Foreign Smaller Companies Fd				X								X			X												
7 (J) (Mutual Fund) FULIX Federated Ultra Short Bond Fund Instl Shs				X								X			X												
8 (J) (Mutual Fund) VFIAX Vanguard 500 Index Fd Admiral Shs								X				X							X								
9 (J) (Mutual Fund) CRSOX Credit Suisse Commodity Return Strategy Fund Com	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 Jewell Sarah M	SCHEDULE(A continued) (Use only if needed)	Page Number 4
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Assets and Income BLOCK A	Valuation of Assets at close of reporting period BLOCK B											Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. 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)			
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														

* 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 Jewell Sarah M	SCHEDULE B	Page Number 10
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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)											
	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 Corporation	X			2/1/99												
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										
4 FDAAX - Franklin Floating Rate Daily Access Fund Advisor (self)		X		08/28/2014		X										
1 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 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
Example 1	Marlboro of Rock Collectors, NY, NY	Airline ticket, hotel room, & meals incident to national conference 8/13/99 (personal activity unrelated to duty)	\$500
Example 2	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		SCHEDULE B (continued)				Page Number 11											
Jewell Sarah M		(Use only if needed)															
Part I: Transactions																	
Identification of Assets	Transaction Type (s)			Date (Mo., Day, Yr.)	Amount of Transaction (s)												
	Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$18,000	\$18,001 - \$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 Commodityrealreturn Strategy Fund Institul (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												
VIFSX - Vanguard 500 Index Fund Signal Shares (joint)		X		08/25/2014	X												
3 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	SCHEDULE C	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

Creditor's 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						
<i>Example</i> First District Bank, Washington, DC	Mortgage on rental property, Delaware	1994	8%	25 yrs																	
<i>Example</i> 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
<i>Example</i> 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	SCHEDULE D	Page Number 13
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

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Not Assoc. of Book Collectors, NY, NY	Non-profit education	President	1/92	Present
	Doc Jones & Smith, Hometown, State	Law firm	Partner	1/88	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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

	Source (Name and Address)	Brief Description of Duties
Examples	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

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.