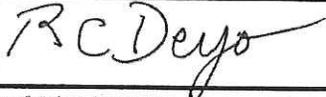
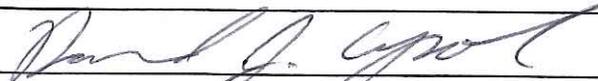


# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<b>Date of Appointment, Candidacy, Election, or Nomination</b> (Month, Day, Year)	<b>Reporting Status</b> (Check Appropriate Boxes)	<b>Incumbent</b> <input type="checkbox"/>	<b>Calendar Year Covered by Report</b>	<b>New Entrant, Nominee, or Candidate</b> <input checked="" type="checkbox"/>	<b>Termination Filer</b> <input type="checkbox"/>	<b>Termination Date</b> (If Applicable) (Month, Day, Year)	<p style="text-align: center;"><b>Fee for Late Filing</b></p> <p>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 style="text-align: center;"><b>Reporting Periods</b></p> <p><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.</p> <p><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.</p> <p><b>Nominees, New Entrants and Candidates for President and Vice President:</b></p> <p><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.</p> <p><b>Schedule B</b>--Not applicable.</p> <p><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.</p> <p><b>Schedule C, Part II (Agreements or Arrangements)</b>--Show any agreements or arrangements as of the date of filing.</p> <p><b>Schedule D</b>--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
<b>Reporting Individual's Name</b>	<b>Last Name</b> DEYO		<b>First Name and Middle Initial</b> RUSSELL C				
<b>Position for Which Filing</b>	<b>Title of Position</b> Under Secretary for Management		<b>Department or Agency (If Applicable)</b> Homeland Security				
<b>Location of Present Office</b> (or forwarding address)	<b>Address</b> (Number, Street, City, State, and ZIP Code) 245 Murray Lane SW, Washington D.C., MS 0485 20528-0485			<b>Telephone No.</b> (Include Area Code) 2024473515			
<b>Position(s) Held with the Federal Government During the Preceding 12 Months</b> (If Not Same as Above)	<b>Title of Position(s) and Date(s) Held</b>						
<b>Presidential Nominees Subject to Senate Confirmation</b>	<b>Name of Congressional Committee Considering Nomination</b> Committee on Homeland Security and Governmental Affairs		<b>Do You Intend to Create a Qualified Diversified Trust?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Certification</b>	<b>Signature of Reporting Individual</b> 				<b>Date</b> (Month, Day, Year) 9/9/14		
<b>Other Review</b> (If desired by agency)	<b>Signature of Other Reviewer</b> 				<b>Date</b> (Month, Day, Year) 9/9/14		
<b>Agency Ethics Official's Opinion</b>	<b>Signature of Designated Agency Ethics Official/Reviewing Official</b> 				<b>Date</b> (Month, Day, Year) 9/9/14		
<b>Office of Government Ethics Use Only</b>	<b>Signature</b> 				<b>Date</b> (Month, Day, Year) 9/10/14		
<b>Comments of Reviewing Officials</b> (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"/>							
<b>Agency Use Only</b>							
<b>OGE Use Only</b>							













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

Reporting Individual's Name		SCHEDULE A continued (Use only if needed)												Page Number																								
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																								
		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)						
1	J	DOUBLELINE TOTAL RET BD-I				X							X																									
2	J	EATON VANCE FLOATING RATE-I				X							X												X													
3	J	JPM STRAT INC OPP FD - SEL FUND					X						X											X														
4	J	JPM MANAGED INC FD - INSTL FUND				X							X								X																	
5	J	JPM TAX AWARE R/R FD - INSTL FUND			X								X									X																
6	J	JPM SH INT MUNI BD FD - INSTL FUND							X				X											X														
7	S	Trust # 1, consisting of: 1.1 JOHN HANCOCK L/C EQUITY-I				X							X										X															
8	S	1.2 JPM LARGE CAP GRWTH FD - SEL FUND				X							X								X																	
9	S	1.3 NEUBERGER BER MU/C OPP-INS					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.

















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

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																								
		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							
1 S	1.44 - STARBUCKS CORP	X															X																				
2 S	1.45 - TJX COMPANIES INC NEW	X																X																			
3 S	1.46 - TARGET CORP	X																X																			
4 S	1.47 - TESLA MOTORS INC	X																X																			
5 S	1.48 - TIFFANY & CO NEW	X																X																			
6 S	1.49 - TIME WARNER INC	X																	X																		
7 S	1.50 - TWENTY-FIRST CENTURY CL A WI	X																	X																		
8 S	1.51 - UNDER ARMOUR INC CLASS A	X																	X																		
9 S	1.52 - WYNDHAM WORLDWIDE CORP	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.

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

Reporting Individual's Name		SCHEDULE A continued (Use only if needed)												Page Number																					
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	S		X													X				X															
2	S		X													X					X														
3	S			X												X					X														
4	S		X													X					X														
5	S		X													X					X														
6	S		X													X					X														
7	S		X													X					X														
8	S		X													X					X														
9	S		X													X					X														

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**SCHEDULE A continued**  
 (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																									
		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)					
1	S	1.71 - WHOLE FOODS MKT INC	X														X																					
2	S	1.72 - CHEVRON CORPORATION		X														X																				
3	S	1.73 - CONCHO RESOURCES INC	X															X																				
4	S	1.74 - CONOCO PHILIPS	X															X																				
5	S	1.75 - EOG RES INC	X															X																				
6	S	1.76 - EXXON MOBIL CORP		X														X																				
7	S	1.77 - HELMERICH & PAYNE INC		X														X																				
8	S	1.78 - OCCIDENTAL PETROLEUM CORP	X															X																				
9	S	1.79 - OCEANEERING INTERNATIONAL INC	X															X																				

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

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																							
		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						
1 S	1.107 - JAZZ PHARMACEUTICALS PLC	X															X				X															
2 S	1.108 - PERRIGO CO LTD	X															X				X															
3 S	1.109 - ABBOTT LABORATORIES INC			X													X					X														
4 S	1.110 - AETNA INC NEW	X															X				X															
5 S	1.111 - ALEXION PHARMACEUTICALS INC	X															X				X															
6 S	1.112 - ALLERGAN INC	X															X				X															
7 S	1.113 - AMGEN INC	X															X					X														
8 S	1.114 - BECTON DICKINSON & CO	X															X				X															
9 S	1.115 - BIOMARIN PHARMACEUTICAL INC	X															X				X															

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

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																							
		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)					
1 S	1.143 - ILLINOIS TOOL WORKS INC	X															X																			
2 S	1.144 - L3 COMMUNICATIONS HLDGS INC	X															X																			
3 S	1.145 - LOCKHEED MARTIN CORP		X														X																			
4 S	1.146 - MANPOWERGROUP INC	X															X																			
5 S	1.147 - PRECISION CASTPARTS CORP	X															X																			
6 S	1.148 - QUANTA SVCS INC	X															X																			
7 S	1.149 - SNAP ON INC	X															X																			
8 S	1.150 - SOUTHWEST AIRLINES CO	X															X																			
9 S	1.151 - 3M COMPANY	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.







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

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																							
		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)					
1 S	1.179 - SANDISK CORP	X														X					X															
2 S	1.180 - SKYWORKS SOLUTIONS INC	X														X					X															
3 S	1.181 - SPLUNK INC	X														X					X															
4 S	1.182 - TRIPADVISOR INC CLASS I	X														X					X															
5 S	1.183 - TWITTER INC	X														X					X															
6 S	1.184 - VMWARE INC	X														X					X															
7 S	1.185 - WESTERN DIGITAL CORP	X														X					X															
8 S	1.186 - WORKDAY INC CL A	X														X					X															
9 S	1.187 - YAHOO INC	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.











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

Reporting Individual's Name <b>DEYO, RUSSELL C</b>	<b>SCHEDULE B</b>	Page Number 38 of 42
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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 Common	x			2/1/99			x										
1																			
2																			
3																			
4																			
5																			

\*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
	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)	\$385
1				
2				
3				
4				
5				

Reporting Individual's Name DEYO, RUSSELL C	<b>SCHEDULE C</b>	Page Number 39 of 42
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<b>Part I: Liabilities</b>			Category of Amount or Value (x)													
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. <b>Exclude</b>		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 <input type="checkbox"/>													
	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	\$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, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x		x						
1	JP Morgan Chase, New York, NY	Line of credit	2014	1.25	open-ended							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.

<b>Part II: Agreements or Arrangements</b>		
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 <input type="checkbox"/>

	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	I will continue to participate in the Consolidated Retirement Plan of Johnson & Johnson, a defined benefit pension plan from which I receive payments	Johnson & Johnson, New Brunswick, NJ	09/85
2	Johnson & Johnson Health Plan: I receive post-retirement medical coverage for life through the J&J Health Plan administered through Aetna.	Johnson & Johnson, New Brunswick, NJ	9/85
3	Johnson & Johnson Savings Plan with a defined contribution 401(k) feature and an ESOP feature	Johnson & Johnson, New Brunswick, NJ	9/85
4	Johnson & Johnson incentive stock option plan, vested stock options. No future option grants will accrue.	Johnson & Johnson, New Brunswick, NJ	12/85
5	Johnson & Johnson Executive Life Insurance Plan	Johnson & Johnson, New Brunswick, NJ	1/92
6	* Johnson & Johnson: Pursuant to established practice for retired executives, I am entitled to receive discounts on company products, access to company gym facilities, and use of the company's clinical/medical team.	Johnson & Johnson, New Brunswick, NJ	3/12

**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				x							
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

	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	* Johnson & Johnson: Pursuant to Johnson & Johnson established practice for retired Executive Committee members, I am entitled to shared office space, shared professional assistant support, and parking.	Johnson & Johnson, New Brunswick, NJ	03/12
2			
3			
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Reporting Individual's Name DEYO, RUSSELL C	<b>SCHEDULE D</b>	Page Number 41 of 42
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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	Johnson & Johnson, New Brunswick, NJ	Health Care and Consumer Products	General Counsel and Member of the Executive Committee	09/1985	03/2012
2	Council for Aid to Education, NY, NY	Education non-profit	Board of Trustees	01/2000	Present
3	National Council of LaRaza, Washington, DC	Non-profit	Board of Directors previously Chair of Corporate Advisors	10/2013	Present
4	National Center for State Courts, Williamsburg, VA	Non-Profit to Improve Justice	Board of Directors	11/2012	Present
5	Eli Lilly and Company, Indianapolis, IN	Business	Panel Member	02/2013	Present
6	Civil Justice Reform Group, McLean, VA	Advocacy for Civil Justice Reform	Steering Committee	01/2004	03/2012

**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	Eli Lilly and Company, Indianapolis, IN	Standing member of panel for potential product liability arbitration
2	Johnson & Johnson, New Brunswick, NJ	General Counsel and Member of the Executive Committee
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Reporting Individual's Name DEYO, RUSSELL C	<b>SCHEDULE D</b>	Page Number 42 of 42
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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	US Chamber of Commerce, Institute for Legal Reform, Washington, DC	Non-profit	Member, Board of Directors	02/2007	02/2012
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. 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		
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