

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved
OMB No. 3239-0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" 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	Last Name ROWE		First Name and Middle Initial Leslie		V		
Position for Which Filing	Title of Position Ambassador to Mozambique		Department or Agency (If Applicable) Department of State				
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 4240 Port Moresby Place, Dulles, VA 20189				Telephone No. (Include Area Code) 675-321-1455		
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 Ambassador to Papua New Guinea, Solomon Islands, and Vanuatu (Oct 2007 - Jul 2009)						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Committee on Foreign Relations			Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification	Signature of Reporting Individual Leslie V. Rowe						
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.	Date (Month, Day, Year) 7/8/09						
Other Review (If desired by agency)	Signature of Other Reviewer						
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/ Reviewing Official James Chesin						
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).	Date (Month, Day, Year) 9/8/09						
Office of Government Ethics Use Only	Signature Kurt D. Canale						
Date (Month, Day, Year) 9/18/09							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 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.
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"/>							
SEP 14 2009							

SCHEDULE A

[illegible]

* 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 Leslie V. Rowe	SCHEDULE A continued (Use only if needed)	Page Number 3
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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 C																				
BLOCK A		BLOCK B										BLOCK C																				
None <input type="checkbox"/>		Type										Amount										Date (Mo., Day, Yr.) Only if Honoraria										
												Other Income (Specify Type & Actual Amount)																				
1	Dreyfus Global Stock Fund J DGLRX	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	
J			X											X							X											
2	BNY Mellon Emerging Markets Fund J MEMKX			X										X								X										
3	Ishares S&P GSCI Commodity Indexed J Trust ETF GSG		X											X							X											
4	Cash BNY Mellon		X															X			X											
5	BNY Mellon Bond Fund MPBFX			X										X								X										
6	BNY Mellon Large Cap Stock Fund MPLCX				X									X								X										
7	BNY Mellon Mid Cap Stock Fund MPMCX		X											X							X											
8	BNY Mellon Small Cap Stock Fund MPSSX		X											X							X											
9	BNY Mellon International Fund MPITX			X										X							X											

SCHEDULE A continued

Leslie V. Rowe

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(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								Other Income (Specify Type & Actual 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	BNY Mellon Emerging Markets Fund MEMKX		X											X							X														
2	BNY Mellon Cash Account		X															X			X														
S																																			
3	BNY Mellon Large Cap Stock Fund MPLCX			X										X							X														
S																																			
4	BNY Mellon Mid Cap Stock Fund MPMCX		X											X							X														
S																																			
5	BNY Mellon Small Cap Stock Fund MPSSX		X											X							X														
S																																			
6	BNY Mellon International Fund MPITX		X											X							X														
S																																			
7	BNY Mellon Emerging Markets Fund MEMKX		X											X							X														
S																																			
8	University of Papua New Guinea																																	Salary	
S																																			
9	State Department Federal Credit Union			X														X			X														
J																																			

* 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 Leslie V. Rowe	SCHEDULE A continued (Use only if needed)	Page Number 5
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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									

(Use only if needed)

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Reporting Individual's Name		SCHEDULE A continued (Use only if needed)												Page Number 7 of																				
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	Blackrock Global Allocation Fund Inc, Class C MCLOX	X												X							X													
2	Metropolitan Series Fund, Moderate to Aggressive Allocation, Class Br (See page 7a for assets)		X																		X													
3	BNY Mellon NTL Inter Mun Bond Fund MPNIX				X									X										X										
4	Dreyfus/Newton International Equity - I	X												X							X													
5	BNY Mellon Cash	X																X			X													
6	BNY Mellon Large Cap Stock Fund MPLCX			X										X								X												
7	BNY Mellon Mid Cap Stock MPMCX	X												X							X													
8	BNY Mellon Small Cap MPSSX	X												X							X													
9	Land, Hayden Lake, Idaho. (Half owner with sister.)			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.

Leslie Lowe
Schedule A, Page 7a

* Metropolitan Series Fund, Moderate to Aggressive Allocation:

	Allocation Percent
BlackRock Large Cap Value Portfolio	6.6
MFS Value Portfolio	3.9
BlackRock Large Cap Core Portfolio	4.9
Davis Venture Value Portfolio	9.6
LeggMason Value Equity Portfolio	4.8
Metlife Stock Index Portfolio	4.9
Jennison Growth Portfolio	5.3
T Rowe Price Large Cap Growth Portfolio	6.3
Neuberger Berman Mid Cap Value Portfolio	2.8
FI Mid Cap Opportunities Portfolio	3.1
Lazard Mid Cap Portfolio	3.0
Dreman Small Cap Value Portfolio	2.9
Russell 2000 Index Portfolio	1.9
Met/AIM Small Cap Growth Portfolio	3.0
Julius Baer International Stock Portfolio	4.0
MFS Research International Portfolio	4.9
Harris Oakmark International Portfolio	3.9
Dimensional International Small Company Portfolio	2.0
Clarion Global Real Estate Portfolio	1.8
Van Eck Global Natural Resources Portfolio	2.0
Pimco Total Return Portfolio	13.0
Western Asset Management Strategic Bond Opportunities Portfolio	4.3
Lord Abbett Bond Debenture Portfolio	1.1

* All underlying assets are EIFs.

Reporting Individual's Name		SCHEDULE A continued (Use only if needed)												Page Number 8 of																			
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 \$1,000)	\$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	Land, Eupora, Miss. (Half-owner with sister.)			X																	X												
2	U.S. Savings Bonds (E and EE)		X																		X												
3	Metlife Policy Holder Trust Whole life			X																	X												
4	Metlife Policy Holder Trust Whole life			X																	X												
5																																	
6																																	
7																																	
8																																	
9																																	

* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

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

Reporting Individual's Name Leslie V. Rowe	SCHEDULE B	Page Number 9
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Part I: TransactionsNone ☐

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.

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												Over	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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000	\$100,000,001 - \$500,000,000	\$500,000,001 - \$1,000,000,000		
	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 \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. 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 \$104 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)	\$300
1			
2			
3			
4			
5			

Reporting Individual's Name Leslie V. Rowe	SCHEDULE C	Page Number 10
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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 ☒ 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. 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

☒

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

Creditors (Name and Address)

Type of Liability

Examples:

First District Bank, Washington, DC

John Jones, 123 J St., Washington, DC

Mortgage on rental property, Delaware

Promissory note

1991

1999

8%

10 %

25 yrs.

on demand

* 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: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation); (2) continuation 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 ☒ x

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			
2			
3			
4			
5			
6			

Reporting Individual's Name Leslie V. Rowe	SCHEDULE D	Page Number 11
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Part I: Positions Held Outside U.S. Government

Report any positions held during the applicable reporting period, whether compensated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or

consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None ☒

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1					
2					
3					
4					
5					
6					

Part II: Compensation In Excess Of \$5,000 Paid by One Source

Report sources of more than \$5,000 compensation received by you or your business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any

corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

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

None ☒

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