Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved. OMB No. 3209 - 0001

SF 278 (Rec 01/2000) S CER Part 2634 U.S. Office of Government Ethics Day of Appointment, Combilety

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Daw of Appellatment, Conductory, Elsetion or Numbration (Month, Edg. Year)	SCATUS (Cock Appropriate River) Care	Referent Termination Termination Date (MA) ppt- mines, or	Fee for Late Filing Any including who is required to file this report and does so more than 30 days after the dair the report is required in be
_	Last Name	First Name and Middle Instra!	filed, or, if an extension is granted, more
Reporting Individual's Name	Slutz	Pamela J.H. Department or Agency (if Applicables	than 50 days after the last day of the filing extension period, shall be subject to a \$200 fee.
m \+ 1465-1-5	Title of Position	Schuresters of Afferta See Shipsen	
Position for Which Filing	Ambassador to Burundi	Department of State	Reporting Periods Incumbents: The reposing period is the preceding calendar year except Part
Foretion of	Address (Number, Street, City, State, and ZIF Code)	Telephone No. (Include Area Code)	It of Schedule C and Part 1 of Schedule 19
Location of Present Office (or forwarding address)	American Embassy, Nairobi, Kenya	254-20-363-6057	where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.
matponts: field with the Federal	Title of Pasitionss) and thate(st Held		Termination Fliers: The reporting
Severament During the Preceding 12 Months : If New Same 24 Above)	Deputy Chief of Mission, Nairobi (October 06 - Present)		period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of
	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust?	Schedule D is not applicable.
Presidential Nominces Subject to Sensite Confirmation	Senate Foreign Relations Committ		Nominees, New Entrants and Candidates for Fresident and
	<u> </u>	The objects Day Vent	Vice President:
Certification	Signature of Reporting Individual	Date thionth, Day: Year)	Cata dada à Tha manatina maria
ICERTIFY that the statements I have made on this form and all attached selectes are true, complete and correct to the best of my knowledge.	Famela J. Alust	April 24, 2009	Schedule A-The reporting period for income INDUK I) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
	Significate of Other Reviewer	Date chlouds, thay, tear)	as of any date you choose that is within 31 days of the date of filling.
Other Riview (If desired by 2gency)			Schedule H Net applicable.
			Schedule C. Part I (Lizbilities)-The
Agency Ethics Official's Opinion	Signifure of Designated Agency Ethics Official/Reviewing	Official Date (Month, Day, Yest)	reporting period is the preceding calendar
			year and the current calendar year up to
On the basis of information continued in this repert, it conclude that the filer is in complicate, with applicable laws and regulation is subject to	and heri	5/27/09	any date you choose that is within 51 days of the date of filing.
unt comments in the box belevis	Signature	Date (Munh, Day Year)	Schedule C. Part II (Agreements or
Office of Government Ethic Use Only	The last	6/17/09	ArrangementsShow any agreements of an angenuents as of the date of filing. Schedule DThe reporting period is.
		James 1	the preceding two calendar years and
Comments of Reviewing Officials	th additional space is required, use the reverse side of this s	arry	the current calendar year up to the date
	(Check box if filing ex	tension granted & uidicate number of days	of filing.
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P.Ø3		amela J. H.										·	ļ	SC	HI	ED	UL	E	A											······	P	age	Number 2 /	11	
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254 20 3	each asse income w \$1,000 at generated reporting For yours of earned the U.S. (source buttern \$1,0	your spouse, and dependent children, report theld for investment or the production of thich had a fair market value exceeding the close of the reporting period, or which more than \$200 in income during the period, together with such income. Left, also report the source and actual amount income exceeding \$200 (other than from Government). For your spouse, report the at not the amount of carned income of more 00 (except report the actual amount of any over \$200 of your spouse).	None (or Less than \$1,001)	1 \$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 *	\$1,000,0001 - \$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	Dividende	ovalties	Interest	Sains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000		\$50,001 - \$100,000	0000	Over \$1,000,000*	51,000,001 - \$5,000,000	1	Other Income (Specify Type & Actual Amount)	Date (Mo., Da Yr.) Only if Honorwis	
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89-DEC-2888	* Thi	Vanguard Target Retirement 2015 Punds s category applies only if the asset/incon the filer with the spouse or dependent chit	e is s	olel ma	X y th rk th	at of	f the	file high	r's s	pour	se oi	dep	pend valu	lent	X child s ap	iren prop	. If the	ine :	asse	t/inc	ome	ise	X	r t i ta	t oî	the	filer	orje	ointi	y he	ld				

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7.S. Office of Government Ethics

Reporting	Individual's	Nar

SIntz, Pamela J. H.

SCHEDULE A continued (Use only if needed)

Page Number

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	Assets and Income		8	ıt c	/alus	atio of 18	n o	f Ar	sset: g pe	rioc	l.			~~*****		II cl	nco nec	me ked	ty , no	pe a	and her	am ent	iou Ty	nt. is r	If '	'No ded	ne in	(or Blo	les ock	s tha	an \$201)" i or that item	\$ -
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_	American Electric Power (AEP) Common Stock		X	16.	11 11 11 11 11 11 11 11 11 11 11 11 11			1		,	, ;							1		X .												<u> </u>
-	General Electric (GE) Common Stock		x		1		20775-0									1.		-	2	Z.		ŀ		1								
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* 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.

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U.S. Office of Government Ethics	

Reporting Individual's Name

Slutz, Paniela J. H.

SCHEDULE A continued (Use only if needed)

Page Number

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DEC-201	Seligman Communications & Information Class A Fund		X			1.				12.				X				7. P.			x								-		-		

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Reporting Individual's Name

😃 Slutz, Pamela J. H.

SCHEDULE A continued (Use only if needed)

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254		None (or Less than \$1,001)	1.\$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 *	\$1,000,0001 - \$5,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	Nonc (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 Honoraria
j	American Insurance Group (AIG) Common Stock	X		17.					1	:	143		777		·		* - * * * * * * * * * * * * * * * * * *			X			ř.,		- 97 - •		: : :		<u> </u>	\sqcap		
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^{*} 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.

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U.S. Office of Government Ethics

Reporting Individual's Name

Slutz, Pamela J. H.

SCHEDULE A continued (Use only if needed)

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20 3		[i.				-							-	,		Ту	ЭE								Λn	oun	ŧ				
254 2		None (or Less than \$1,001)	\$1,0001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,401 = \$500,000 \$500 001 = \$1 000 000	0.00,001 * 31,000,000	\$1,000,0001 - \$5,000,000	\$5,000,000] - \$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 Honoraria
3	iShares Trust MSCI EAFE Index Fund (EFA)	7.11	X	12. T.	4	1		: -	1.0		11 / A		X		18;5 11:1			·	165 V	X	3#5·								· 5° -			
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89-DEC-2888	Sun Microsystems (SUNW) Common Stock	X							. IX		 		2 I		7	x				x							71.					

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J.S. Office of Government Ethics	:

Slutz, Pamela J. H.

Reporting In	idividual'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										s .																
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202							ł										*	Гура	2								Åπ	она	t				
. 254 2		None (or Less than \$1,001)	\$1,0001 - \$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 *	\$1,000,0001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Quantied 1 rust	Dividends Rept and Develtion	Nein and Noyalors	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*	\$1,000,0001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
š	Blackrock Muni Income Trust (BFK) Fund	21. 23.	X			<i>f</i> . · }		. :-	•	. II 	ļ.			X	1,1	77	V		a de		K	1				;;;				수도 보			
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Reporting Individual's Name	SCHEDULE A continued	Page Number
Slutz, Pamela J. H.	(Use only if needed)	8 / 1

363 6328 	Assets and Income Valuation of Assets at close of reporting period. BLOCK A BLOCK B												C	hec	kec	i ty	/pe o oi	and	d ar	nov try	int,	100	ded	ne (in)	Blo	less ck	s tha	in \$201)" i ir that item	S ,			
254 20 3		None (or Less than \$1,001)	\$1,0001 - \$15,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,0001 - \$5,000,000	55,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	,	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	55,001 - \$15,000	5,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$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 Honoraria
		Z	€ 60 	ļ.,	∴:	8	**	Ó	2	38		0	(a)	£	Õ	-	2	ri T	ů	ž		31		\$5	IS SI	\$\$	13	Ó	1.5	б		
ROBI			-						-					<u> </u>							- "; 		 				· '					
ĭAN ‱	Pentagon Federal Credit Union Checking/Savings Accounts	/ 2-1 3-1	3	ġ			: .											\mathbf{x}			X						;;					
AMEMBASSY NAIROBI	State Department Federal Credit Union Checking Account	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ž		· · · · · · · · · · · · · · · · · · ·				* <u>;</u> * ; , .		. 3				*!			x			X											
ξ.	COMPASS Bank Checking Account		N.												\$ 1 1 1 1 1 1			х			X						(3 r (3 r (3 r		×			·
	Adjuster Windling Conditions	1 (1) 1 (1)	1. 1. 2.			11	7 1 1 2 2 3 3 4				S						- (-) - (-) - (-)								2010 1010 1010							
Ø6:34	Arlington, Virginia (condo/rental property)	113 213 223	1 1		1.45 13.0	X					,						X								X				111			
2008 (Arlington, Virginia (house/rental property)	127					X				- () - () - ()						X		S				, 11 r 12 r 13 r 14 r	·	X			1			~	
-DEC28	Kerrville, Texas (undeveloped land)		;. ;,				X							١,	187 21				***	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:

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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	SCHED	SCHEDULE B Page Number													
Slutz, Pamela J. H.												. 9	of		
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Report any purchase, sale, or exchange Do not report a transaction involving by you, your spouse, or dependent property used solely as your personal														
children during the reporting period of any	residence, or a transaction solely between you, your spouse, or dependent child.	Tran	nsact /pe (>	ion k)				Å	moun	t of Ti	ansac		· · · · · · · · · · · · · · · · · · ·		
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.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	5,001 -	00,000	\$250,000 \$250,001 \$500,000	\$500,001 -	,000,000*	1,000,001 -	\$5,000,001 - \$25,000,000 \$25,000,001 -	0,000,000	Certificate of divestiture	
Identification	of Assets		Ö			22			\$ 63.69	69.69	Ó.	60 64	\$ 69.69	ଓ ୦୬	ਹੋਰ
Example Central Airlines Common		×			2/1/99	AÇ.		X.	1	ļ			200		
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5							ŀ			1					
*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 None													- 1		
Source (Name and Address)		Br	ief D	escrip	ption				•					Valu	e
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	nal confe	renc	e 6/15	799 (persona	l activ	ity un	related	to duty	/}				\$500	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													\$300	
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7	eporting Individual's Name Stutz, Pamela J. H. SCHEDULE C																	
<u></u>	Shitz, Pamela J. H.	SCH	EDULE	C										10 1	1			
	Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence None numbers it is rented out; loans secured by							Cotoo	Category of Amount or Value (x)								
328	to any one creditor at any firme during the reporting period by you,	automobiles, household furniture or appliances; and liabilities owed to		<u> </u>	T		T	Т	Careg	ory or	Amgu	H OF V	ance (x	-				
. 63	your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions. See instructions for revolving charge accounts.	Date:	Interest	Term if	.001 .000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 -	\$250,001 - \$500,000	3500,001 - \$1,000,000*	ر اوق وون•	\$1,000,001 - \$5,000,000	- 100,000	\$25,000,001 - \$50,000,000	949		
₹ •	Creditors (Name and Address)	Type of Liability	incurred	Rate	applicable	\$10 \$15	55.55	88 88	\$25	88.8	550 51,0	\$1,0	5,50	\$25,	\$25	ð		
Ŋ.	Examples First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			<u>X</u>		x		4.2° 2. NGQ	-	1 5 3 5				
-	Wells Fargo Home Mortgage, Des Moines, IA	Mortgage on rental property, Arlington, Virginia	2001	6.0	30			33.	X									
		Mortgage on rental property, Arlington, Virginia	1984	various	30		X	;; ·										
3		Loan to purchase undeveloped land, Kerrville, Texas	2008	6.0	2			:: ;:		X		idaile Minn						
4	Pentagon Federal Credit Union Equity Line of Credit	Loan to renovate rental properties	2008	4.5	open	77.7	X									:- :- :- ::::::		
2	5													7 1. V 1.		1 3 8 3 1 4 1 3 1 4 1		
Z .>S(S	*This category applies only if the underlying 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 None X																	
£.		rms of any Agreement or Arrangement					·		Parti	es			-		D	aie		
	Example Pursuant to partnership agreement, wi calculated on service performed throu	ill receive hump sum payment of capital account & par gh 1/00.	tnership share		Doc Jon	es & S1	nillı, H	ometo	wn, Sta	te					7/	85		
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12	Reporting Individual's Name Slutz, Pamela J. H.		SCHEDULE D		Page Number	-/1		
363 6328 P.	Part I: Positions Held Outsid Report any positions held during the applical sated or not. Positions include but are not lim trustee, general partner, proprietor, represent any corporation, firm, partnership, or other b	ole reporting period, whether compen- isted to those of an officer, director, ative, employee, or consultant of	organization or educat social, fraternal, or pol nature.	ional institution. Exclude positions wit litical entities and those solely of an hono	h religious,	me [X]		
	Organization(Name an		Type of Organization	Position Field	From Mo., Fr.)	To Afo. Yr.J		
254 20	Examples Nat'l Assu. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State		Non-profit education Law firm	President Partner	6/9 <u>2</u> 7/85	Present 1/00		
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AMEMBASSY NAIROBI	Part II: Compensation in Example 12 Part II: Compensation in Example 12 Part II: Compensation for services provided directive reporting period. This includes the names corporation, firm, partnership, or other busing	ation received by you or your ctly by you during any one year of of clients and customers of any	ne Source non-profit organization whe you directly provided the services generating a fee or need not report the U.S. Government	lete this part if you are an Fermination Filer, or Vice or Presidential Candidate. None X				
	Source (Name and	l Address)		Brief Description of Duties	· · · · · · · · · · · · · · · · · · ·			
푼	Examples Doe Jones & Smith, Hometown, State Metro University (Client of Doe Jones o	& Smith), Moneytown, State	Legal services in connection with univer	rsity construction		·		
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36								
06:36	Z Carrier Carr							
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