SF 176 (Rec. 4.3.1000) 5 C.F.R. Pen 1514 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Paint Approved. OMB No. 3259 - 365 ;

Date of Appointment, Candidacy, Election,	Reporting Incuminant Calendar Year No.		
or Nomination (Honth, Day, Year)	Cirtus Commist by Water	Termination Termination Date If Appli- inities, or Pre- cable, Month, Day, Years	Fee for Late Filing
	(Check Appropriate Ca	infinee, or rididate X	Any individual who is required to file this report and does so more than 30 days
	Boxes)		after the date the report is required to be
Reporting	Last Name	First Name and Middle Initial	filed, or, if an extension is granted, more
Individual's Name	ROWE	Leslie V	than 30 days after the last day of the
Position for Which	Title of Position	Department or Agency(If Applicable)	filing extension period, shall be subject to a \$200 fee.
Filing			Reporting Periods
	Ambassador to Mozambique	Department of State	Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)	Telephone No. (Include Area Code)	the preceding calendar year except Part
Present Office		A deplace (vo. (antitute rects contex	Il of Schedule C and Part I of Schedule D
(or forwarding address)	1010 To 1010 T		where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	4240 Port Moresby Place, Dulies, VA 20 Title of Position(s) and Date(s) Held	189 675-321-1455	Schedule D is not applicable.
Government During the Preceding		1. Litt	Termination Filers: The reporting
12 Months (If Not Same as Above)	Ambassador to Papua New Guinea, Solomon Islan	ds, and Vanuaru (Oct 2007 - Jul 2009)	period begins at the end of the period
			covered by your previous filing and ends
Presidential Nominees Subject	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust?	at the date of termination. Parl II of
to Senate Confirmation		Yes X No	Schedule D is not applicable.
	Committee on Foreign Relations	I Is X	Nominees, New Entrants and Candidates for President and
Centification	Signature of Reporting Individual		Vice President:
I CERTIFY that the statements I have	Signature of Reporting individual	Date (Mouth, Day, Year)	
made on this form and all attached	P1. VD	· m/a /	Schedule A The reporting period
schedules are true, complete and correct to the best of my knowledge;	Lislie V. Lowe	1 48/09	for income (BLOCK C) is the preceding
to acoest of my knowledge.		3 4	calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer	Date (Month, Day, Year)	as of any date you choose that is within
(If desired by			31 days of date of filing.
agency)			Schedule B- Not applicable.
Agency Ethics Official's Opinion	Signature of Designated Agency Bihics Official/ Reviewing Offic	cîal Date (Month, Day, Year)	Schedule C, Part I (Liabilities)-The
On the bests of information contained in this			reporting period is the preceding calendar
report, I conclude that the filter is in compliance with applicable laws and regulations (subject to-	Jame Inlan	9/8/09	year and the current calendar year up to
any comments in the box below),		100	any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature	Date (Month, Day, Year)	of the dete-of fitting.
Use Only		0/15/09	Schedule C, Part II (Agreements or
	Jan Jane	9//8709	Arrangements)—Show any agreements or arrangements as of the date of filing.
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		
			Schedule D — The reporting period is the preceding two calendar years and
	Without Lanceman		the current calendar year up to the date
	(C.nuck dox.4f Juing extension	n granted & tadicate number of days)	of filing.
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			OGE 1/sc Only
	(Check box if a	comments are continued on the reverse side)	
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9 J	State Department Federal Credit Union															7		X												
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Prior Editions Cannot be Used.

mark the other higher categories of value, as appropriate.

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		ŀ	×			\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	Blackrock Global Allocation Fund Inc, Class (×											x							X												
2	Metropolitan Series Fund, Moderate to Aggressive Allocation, Class Br (See 1	oag	е	7	×	ſо	r	as	se	ts												X												
3 J	BNY Mellon NTL Inter Mun Bond Fund MPNIX			-			×								X											×								
4 J	Dreyřus/Newton International Equity - I			×											X								×											
5	BNY Mellon Cash			×																X		X												
б	BNY Mellon Large Cap Stock Fund MPLCX	*****************		-		×									X									×		*****								
7	BNY Mellon Mid Cap Stock MPMCX	NAME OF TAXABLE PARTY.		×											X							×												
8	BNY Mellon Small Cap MPSSX	- Angelon Control		×											Х							×											•	
G.	Land, Hayden Lake, Idaho. (Half owner with sister.)	99000				×																×												
	* This category applies only if the asset/incc by the filer with the spouse or dependent	ome is childr	sole en,	ely t mai	that rk th	of the o	the t	iler hig	s sp her	ous cate	e or gor	depi ies o	ende f va	ent (lue,	child as a	dren	ı. If opri	the ate.	asse	t/in	icom	e is	eitř	er t	hat (of th	ne fil	er c	or jo	intij	/ hel	d		

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 Portfo	lio 4.3
Lord Abbett Bond Debenture Portfolio	1.1

^{*} All underlying assets are EIFs.

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Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate 5 C.F.R Part 2634

	. Office of Government Ethics																		
Rep	porting Individual's Name													Page 1	lumbe	7			
Le	Leslie V. Rowe SCHEDULE B 9																		
P	art I: Transactions							None	:		1								
	port any purchase, sale, or exchang		report a transaction involving property used solely as your		ansacti			T			Ar	nount o	of Trans	saction	(x)				
	dependent children during the repo operty, stocks, bonds, commodity f		personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of		Гуре (х	()	Date (Mo.,	<u> </u>	1		 	<u> </u>	T	Γ	Γ.	l			
sec	curities when the amount of the tra- ,000. Include transactions that resu	Purchase	F1	Exchange		\$1,001 -	900 900	.,000	\$100,001 - \$250,000	0,001	3,001 -	Over \$1,000,000*	\$1,000,001 \$5,000,000	\$5,000,001 - \$25,000,000	000,000	Over \$50,000,000	Certificate of divestiture		
Г		P. P.	Salc	EXC		\$15,	\$15,	\$50,	\$100	\$25(\$500	9.1.0 8.1.0	\$1,0	\$5,0 \$25,	\$25,	Over \$50,0	Certi		
L	Example: Central Airlines Commor		x			2/1/99			x										
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* 7	This category applies only if the u	nderlying asset is solely t	hat of the filer's spouse or dependent children. If the underly	ng asse	t is ei	ther h	neld	1	•		•			<u> </u>	1	······	<u></u>	***********	
bу	the filer or jointly held by the file	er with the spouse or depe	endent children, use the other higher categories of value, as ap	propria	te.														
P	art II: Gifts, Reimbu	rsements, and I	Travel Expenses													,			
Fo	or you, your spouse and depend	lent children, report the	source, a brief descrip-				rnment; gi										al;		
	on, and the value of: (1) gifts (so od, or entertainment) received to			received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at															
(2) travel-related cash reimburser	ments received from one	e source totaling more	the o	ionor	's res	idence, Al	so, for	purp	oses c	of agg	regati	ng gi	fts to (deterr	nine t	he		
th	an \$260. For conflicts analysis, personal friend, agency approv	it is helpful to indicate	a basis for receipt, such	total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.															
au	thority, etc. For travel-related a	var under 3 0.3.C. § 41 gifts and reimbursement	s, include travel itinerary,	TOL) HIGE :	excit	1510115.									1	None		ł
da	ites, and the nature of expenses	provided Exclude and	othing given to you hy																•
Γ	Source (Name an				ief Des													Value	-
	Examples: Nat'l Assn. of Rock Coll Frank Jones, San Francis		Airline ticket, hotel room & meals incident to national conference 6 [Leather briefcase (personal friend)	/15/99 (1	ersona	l activ	vity unrelated	to duty	<u>) </u>								╁	\$500 \$300	
1	Train sones, pair runos	300, 031	Estation of resource (personal friend)														-		
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Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C Leslie V. Rowe 10 Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at None x personal residence unless it is rented out; loans secured Category of Amount or Value (x) any time during the reporting period by you, your spouse. by automobiles, household furniture or appliances; and or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. \$500,001 -\$1,000,000 Date Interest Term if \$15,000 \$15,001 -\$50,000 \$100,001 -\$100,001 -\$250,000 \$250,001 Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: John Jones, 123 J St., Washington, DC Promissory note 1999 10% on demand х 2 * 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 of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves 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 Doe Jones & Smith, Hometown, State 7/85 calculated on service performed through 1/00. 5

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Reporting Individual's Name				Page Number					
Leslie V. Rowe		. 11							
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, proper	pplicable reporting period, whether	consultant of any corporation, firm, pa non-profit organization or educational social, fraternal, or political entities ar	artnership, or other business enterprise or an institution. Exclude nositions with religion and those solely of an honorary nature.	ny nis None	· · · ·				
Organ	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)				
Examples: Nat'l Assn. of Rock Collectors Doe Jones & Smith, Hometow		Non-profit education Law firm	President Partner	6/92	Present				
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Report sources of more than \$5,000 co business affiliation for services provide	Excess Of \$5,000 Paid by One Sompensation received by you or your ed directly by you during any one year of an ames of clients and customers of any	corporation, firm, partnership, or other	r business enterprise, or any other non-profi ed the services generating a fee or payment sport 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					
Source (Name and Address)			Brief Description of Duties	rono					
Examples: Doe Jones & Smith, Hometow Metro University (client of Do	n, State e Jones & Smith), Moneytown, State	Legal services Legal services in connection with univer	sity construction						
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