- OGE Form 278 (Rev. 12-2011) 5 C.F.R. Part 2034 11 S. Office of Government Films

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

From Approved:
ONB No. 3209 0001

Date of Appointment, Candidacy, Election or Komm Alexe(Flowth, Ixiv, Year)	Reputting Status (Check Appropriate Boxes)	Incompent	Calendar Your Covered by Repor	No	w Fatrant, minee, or X adidate	Termination (Ser	Termination Date (RAppii Lable) Month Pag Year)	Any individual who is required to file this report and does so more than 3D days.
Reporting	Last Name				First Name and	Middle Initial		after the date the report is required to be filed, or, if an extension is granted, more
Individual's Name	McCARTHY				REGINA			than 30 days after the last day of the filing extension period, shall be subject
F. MISA	Title of Position				Department or /	Agency: (If App	licable!	to a \$200 ice.
Position for Which Filing	Administrator				us Enviror	imental 1	Protection Agency	Reporting Periods Incumbents: The reporting period is
Location of	Address (Number,	Street, City, St	ate , and ZIP Code)	-	Telephone N	o. (Include Area Code)	the preceding calendar year except Part It of Schedule C and Part Lot Schedule D
Present Office for forwarding address	1200 Pennsylvania	Avenue, NW 1	Washington, DC 20	0460		202 564 740	4	where you must also include the filing year up to the date you file. Part II of
Positions a Held with the Federal	Title of Position(s)	and Date(s) H	e}d			**************************************	, , , , , , , , , , , , , , , , , , , 	Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)	Assistant Administra	ator for Air and	Radiation, US EP	A (6/4/09				Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends
Name and the second sec	Name of Congressie	nal Committe	e Considering Non	ninatlon		Create a Quait	led Diversified Trust?	at the date of termination, Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	Conmittee on Environ	ment and Public	Works		Yes	×] No	Nominees, New Entrants and
Cectification	Signiture of Report	and the language		-		I Data (1610	th, Day, Year)	Candidates for President and Vice President:
1 CERTIFY that the statements I have	Signature or actions	2(4); [!!U]V!U(1)!		****		11/10: 10/001	un (sg. rear	Schedule A-The reporting period
madé on Historm and all attached schedules are, mue, complement currect arthe best of my knowledge.	Blot	111	$\frac{1}{2}$			1/2	3/13	for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets
Diber Review	Signature of Other	Beviewer	1,22			Date (Mon	th, Day, Yearf	as of any date you choose that is within 31 days of the date of filing.
(Haesired by agency)	a	Kyug	h			2/2	21/13	Schedule B-Not applicable,
Agency Ethics Official's Opinion	Signature of Design	ated Agency i	thics Official/Revi	ewing O	ficial .	Date (Mon	th, Day, Year)	Schedule C, Part I (Limbilities). The reporting period is the preceding calendar
On the basis of informations undirect in this tepart. I conclude that the file is in compliance with applicable has and regulations (whice is any comments may be below).	Kr	n	11			2	22/13	year and the current calendar year up to any date you choose that is within 3.1 days of the date of filing.
Office of Government Ethics	Signature	V	1	\		Date (Mont	h. Day, Years	Schedule C, Part II (Agreements or
Use Only	100	2//	Den 1	8		2/12	1,3	Arrangements)—Show any agreements or arrangements as of the date of filing.
	00	4//	ever	/		12/15		Schedule D-The reporting period is
Comments of Reviewing Officials (I.	f additional space is	required, use	the reverse side a	this sh	er)	/	/	the preceding two calendar years and the current calendar year up to the clate
						ď	رب. ، نص	of filing.
			(Check box ii iii	ung exter	sion granted & mo	исме витвег о	1 (33)3	:
				,				Agency Use Only
								OGE Use Only
				(Check l	os if comments ar	c continued on	the reverse side)	·

		g Individual's Name IY, REGINA											S	CF	ΙE	D	UI	LE	A													Pa	ge Number 2 of	7
		Assets and Income	T	a	V t cl	alu ose	of	ion rep	ort	As	set pe	s rio	1					In cl	nco	om :kec	e; t; l, n	ype o o	e ar	ıd a	ımo	oun y is	t. If	f "N ede	lon ed i	e (e n B	or 1 loc	ess k C	than \$201 for that ite)" is em.
		BLOCK A	2.00	1	7		B	LOC	K B				TT-3		V EST		25-30								BL	OCK	С							
For am that reprince act you	oduction in exception in come in from in from cort the	your spouse, and dependent childre ch asset held for investment or the on of income which had a fair mark seeding \$1,000 at the close of the report, or which generated more than \$20 eduring the reporting period, togeth income. The fearned income exceeding \$200 (oth the U.S. Government). For your spouse source but not the amount of earnef more than \$1,000 (except report thount of any honoraria over \$200 use).	less than \$1,001)	1 - \$15,000	1	x \$55,001 x \$50,001 \$100,00 \$250,000 \$250,000 \$1,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000,0 \$25,000 \$25,000 \$25,001								Date (Mo., Day, Yr.) Only if Honoraria																				
		Central Airlines Common		8		-		-				-				_					_		4.14				77.7		-	-		_		
	Ŧ	Doe Jones & Smith, Hometown, State	-	-	×	-	-	-			-			-	-	-		-		-	1		+	-		-	-	-	-				Law Partnership	
Exa	amples		-	-		 	×	-						-	<u>_</u>	-		┝		-			-	-	x	_	_		_				Income \$130,000	
		Kempstone Equity Fund IRA: Heartland 500 Index Fund	-	_		<u> </u> -	_	-	 x					-	× ×	-	7.3	-	118					-	<u>.</u>		-	-						
		shine Bouquet Inc, Dayton, NJ ale floral company)			3				14.																	^							spousal salary	
2	Bank of	America checking account			×														- 8			×												
3	Bank of	America savings account				×																×												
		te Employee Retirement System, define plan (value not readily ascertainable)	d										3																				\$3000/month at age 60	
	MA Defe Fund	erred Compensation SmartPlan Fidelity					×								×												×							
6	Loomis	Sayles Bond Fund (LSBRX)		×											×		1						×				E C							
,	This c	ategory applies only if the asset/incone filer with the spouse or dependent cl	e is so	olely	tha	t of	the :	filer r hig	's sp	ouse	or gori	depo	end f va	ent o	chile as a	dren	. If	the	asse	et/ir	con	e is	eith	er t	hat	of th	ie fil	ler o	or jo	intl	y he	ld	,	

Reporting Individual's Name	COMPANIE	
McCARTHY, REGINA	SCHEDULE A	A continue

Page Number

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	Assets and Income		at	V:	alu ose	at of	ior rep	n o i	f As	se g pe	ts erio	d					I i	nco	o m	e: t 1, n	уре 0 0	e ar	ıd a	mo	un is	t. If	f "N	loned i	e (d	or l	ess k C	than \$20 for that i	01)" is item.
	BLOCK A						BLO	CK I	3			_												BLO	OCK	С							
						14						1					L	Ту	pe	-	_				_	A	mo	ur	ıt	100			
		None (or less than \$1,001)	\$1,001 - \$15,000	1	\$50,001 - \$100,000	\$100,001 - \$250,000			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	1	\$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	Longleaf Partners Fund (LLPFX)		×											×				18			×						,						
2	Schwab Money Market Fund (SWMXX)	200	×											×		100					×												
3	PIMCO Total Return Fund (PTTRX)		×							7				×				.03				×											
4	Fairholme Fund (FAIRX)			×										×							×	STEP S						714					
5	Gabelli Asset Fund AAA (GABAX)		×											×								×											
6	Harbor International (HAINX)	7	×											×							×												
7	Prudential High Yield Fund (PBHAX)		×									120		×								×											
8	American Century LIVESTRONG 2015 Portfolio (ARFIX)		×			1				R				×							×											ak	
9	Goldman Sachs Balanced Strategy Portfolio (GIPRX)		×											×							×												

^{*} 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	SCHEDULE A continued (Use only if needed) Mee Valuation of Assets Income: type and amount. If "Nonething in the continued of																Pag	ge Number 4 of	7													
	Assets and Income		at	V:	alu ose	ati of	ion rep	o f	As	se pe	ts rio	d					I)	n c c hec	m :kea	e: t l, n	ype o o	ar the	id a	mo	oun / is	it. I ne	f "l ede	Non ed i	e (e n B	or l	ess k C	than \$20 for that	01)" is item.
	BLOCK A						BLO	CK B	-				- (BL	OCK	C							
										1 8						8.5		Ту	pe							A	mo	our	ıt		-		
		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)	Date (Mo., Day, Yr.) Only if Honoraria
1	MFS Value Fund (MEIAX)		×											×							×												
2	Lord Abbett Fundamental Equity Fund (LDFVX)		×					***						×							×							1 to					
3	Alger Capital Appreciation Institutional Fund (ALARX)		×							1				×							×												
4	Goldman Sachs Growth Opportunities Fund (GGOAX)		×			5.11.55								×							×								1				
5	Victory Small Company Oportunity Fund (GOGFX)		×											×						2 to 10	×												
6	Lord Abbett Developing Growth Fund (LAGWX)		×											×							×												
7	Invesco International Growth Fund (AlIEX)		×											×							×												
8	Oppenheimer International Growth Fund (OIGNX)		×							1				×							×												
9	Fidelity Retirement Money Market (FRTXX)		×											×							×			2017									
	* This category applies only if the asset/income by the filer with the spouse or dependent chil																		et/i	ncon	ie is	eitl	er t	hat	of ti	he fi	iler	or jo	intl	y he	ld		

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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 . McCARTHY, REGINA	SCHED	UL	E F	3							I	age N		of .	7	
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None	· [
children during the reporting period of	any residence, or a transaction solely between	Tra	insaci ype (ion		T			Amo	ount o	f Tra	nsacti	on (x	()		
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,0 Include transactions that resulted in a lo	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a	Purchase	Sale (Exchange	Date (Mo., Day, Yr.)	\$1,001-	\$15,001 -	00,001 -						\$25,000,000 \$25,000,001 - \$50,000,000	0,000,000	Certificate of divestiture
	ication of Assets	W. 77 - 7	Š	ŵ		2 5	\$53	$\overline{}$	\$23	858	5 S	\$12	\$ 8	\$22	98	gá
Example Central Airlines Common	- <u></u>	x			2/1/99	-		х	-	-	_	-	- 10	-	-	
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2		19.23				-10										
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5				200		S STATE OF THE PARTY OF THE PAR	\vdash	7.		200	-			100		-
5				1				3.4	9				F.6		100	
For you, your spouse and dependent child tion, and the value of: (1) gifts (such as ta food, or entertainment) received from one (2) travel-related cash reimbursements rethan \$350. For conflicts analysis, it is hel as personal friend, agency approval under authority, etc. For travel-related gifts and dates, and the nature of expenses provide	e source totaling more than \$350 and independent of the doctor of the do	S. Governdent	m rel of the eside om	lative neir re ence. one s	given to yours; received elationship Also, for prource, excl	by you	our sp u; or ses of	ouse prov	e or d vided regat	lepen as pe ing g	dent erson ifts to	child al hos	total spital ermin nstru	lly lity at ne the	_	
Source (Name and Address)		Br	ief D	escrip	ption										Value	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	al confe	rence	6/15	/99 (persona	l activi	ity unr	elate	d to d	uty)					\$500	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)			7											\$385	
1																
2			-					-	_							
3		-												+		
4						-										
5							_						_	+		
			-													

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Reporting Individual's Name McCARTHY, REGINA	S	CHED	ULE C	2							Page	Numb	er 6 of	7	
Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	None _]				(Categor	y of A	moun	t or Va	lue (x))		
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Data	Interest	Term if	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 -	\$100,001- \$250,000	\$250,001 -	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001- \$5,000,000	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000
Creditors (Name and Address)	Type of Liability	Date Incurred	Rate	applicable	\$1.	\$1 \$5	\$5	\$1 \$2	\$2	\$51	\$22	\$1	\$5	\$2	\$5
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_		- <u>-</u> -				N/N T		
Sallie Mae, Wilkes Barre, PA	Student Loan	2008	4.75%	10 years	3 .	X	2.7%								
Guaranteed Mortgage, Chicago, IL	mortgage on personal residence	2012	2.65%	15 years					X						
															100
														. "	
*This category applies only if the liability is with the spouse or dependent children, mar	I solely that of the filer's spouse or dependent child k the other higher categories, as appropriate.	ren. If the li	ability is t	hat of the fil	ler or	a joint	liabili	ity of t	he file	er					
	•			4) future ons for any								ing th	ie reț	oort- None	: 🔲
Status and Te	erms of any Agreement or Arrangement							Partie	S					I	Date
Example Pursuant to partnership agreement, calculated on service performed thr	will receive lump sum payment of capital account & pough 1/00.	artnership sh	are	Doe Jones	& Smit	h, Hon	netown	, State						7	/85
1 MA State Employee Retirement System (eligible fo	r monthly lump sum retirement benefits; defined benefit pla	n)	"	Commonwe	ealth of	Massa	chusett	s						07	7/81
² MA deferred compensation plan (no further contribu	utions by filer or former employer)			Commonwe	ealth of	Massa	chusett	s						1/	98
3															
4															
5								,							
6															

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Re	eporting Individual's Name					Page Number	
М	cCARTHY, REGINA		SC	HEDULE D		・フof	. 7
L						, 01	
F							
	art I: Positions Held						
Rε	eport any positions held during the ar	oplicable reporting period, whethe	er compen-	organization or educational	institution. Exclude position	s with religious	,
sa	ited or not. Positions include but are r	not limited to those of an officer, d	lirector,		entities and those solely of an	honorary	
ur	ustee, general partner, proprietor, rep ny corporation, firm, partnership, or c	oresentative, employee, or consult	ant of	nature.		N	one 💢
aı	Organization (Name		on-prom	Trunc of Opposituation	Position Held		
Н	Nat'l Assn. of Rock Collectors, NY, NY	and Address)	Non-profit educ	Type of Organization	President President	From (Mo., Yr.)	To (Mo.,Yr.) Present
Ex	amples Doe Jones & Smith, Hometown, State		Law firm		Partner	7/85	1/00
ī	1700 Johns & Billett, Hollietown, State		Last IIIII		Fatuer	1/85	1700
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ס	art II: Compensation	in Evenes of \$5 Of	O Daid	by One Source	Do not complete this	part if you	are an
		•		•	Incumbent. Terminat	tion Filer, or	r Vice
Re	eport sources of more than \$5,000 con	mpensation received by you or yo	ur	non-profit organization whe	en Presidential or Presi	dential Cand	lidate.
DI th	usiness affiliation for services provide he reporting period. This includes the	d directly by you during any one	year of	you directly provided the	payment of more than \$5,000.	Vou	
CC	orporation, firm, partnership, or other	business enterprise, or any other	ally	need not report the U.S. Gov	vernment as a source.		one 💢
_			<u> </u>	-			
	Source (Name and Doe Jones & Smith, Hometown, State	1 Address)	1		ef Description of Duties		
Ex	ainples — — — — — — — — —		Legal service				
1	Metro University (client of Doe Jones & St	nith), Moneytown, State	Legal servic	es in connection with university constr	uction		
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