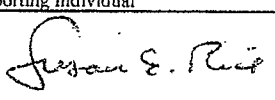
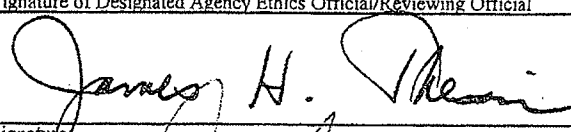
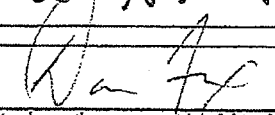


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Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent	Calendar Year Covered by Report	<input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	Termination <input type="checkbox"/> Filer	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 Rice		First Name and Middle Initial Susan E.		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 the 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.	
Position for Which Filing		Title of Position US Permanent Representative to the United Nations		Department or Agency (If Applicable) U.S. Department of State			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 451 6th Street NW, Washington, DC 20001		Telephone No. (Include Area Code) 202-540-3069			
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 Not applicable					
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Senate Foreign Relations Committee		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification 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.		Signature of Reporting Individual 		Date (Month, Day, Year) 12/24/08			
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)			
Agency Ethics Official's Opinion 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).		Signature of Designated Agency Ethics Official/Reviewing Official 		Date (Month, Day, Year) 12/29/08			
Office of Government Ethics Use Only		Signature 		Date (Month, Day, Year) 12/31/08			
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"/>							
Agency Use Only							
OGE Use Only							

Reporting Individual's Name Rice, Susan E.	SCHEDULE A	Page Number 2
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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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the report- ing period, or which generated more than \$200 in income during the reporting period, together with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None <input type="checkbox"/>		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							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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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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.

Reporting Individual's Name

Rice, Susan E.

SCHEDULE A continued

(Use only if needed)

Page Number

3

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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
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															
																	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	BCE INC	BCE	X														X																
	NOVA CHEMICALS CORP	NCX	X														X																
	WESFARMERS	WES	X														X						X										
2	CME GROUP INC	CME	X														X																
	L-1 IDENTITY SOLNS	ID	X														X																
	UPM-KYMMENE OY		X														X						X										
3	LIMITED BRANDS INC	LTD	X														X						X										
	MACYS INC	M	X														X						X										
	MYLAN INC	MYL	X														X						X										
4	WYNN RESORTS LTD	WYNN	X														X						X										
	CIE DE ST-GOBAIN		X														X						X										
	AES CORP	AES	X														X						X										
5	REED ELSEVIER NV		X														X						X										
	MONSANTO CO	MON	X														X						X										
	PETRO-CANADA	PCA		X													X						X										
6	CDN NATURAL RES	CNQ		X													X						X										
	FLUOR CORPORATION	FLR		X													X						X										
	NORDSTROM INC	JWN		X													X						X										
7	PERINI CORP	PCR		X													X					X											
	VALERO ENERGY CORP	VLO		X													X					X											
	SUNCOR ENERGY INC	SU		X													X					X											
8	ALNYLAM PHARMACUETCL	ALNY		X													X					X											
	CHESAPEAKE ENERGY	CHK		X													X					X											
	TOKIO MARINE HLDG			X													X					X											
9	NASDAQ OMX GROUP	NDAQ		X													X					X											
	DELL INC	DELL		X													X					X											
	HONG KONG ELECTRIC			X													X					X											

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Prior Editions Cannot be Used.

SCHEDULE A continued

Page Number

4

Rice, Susan E.

(Use only if needed)

None ☐

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Reporting Individual's Name

Rice, Susan E.

SCHEDULE A continued

(Use only if needed)

Page Number

5

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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
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															
																	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	NOVARTIS AG TAKEDA PHARMACEUTI GLAXOSMITHKLINE	GSK															X						X										
2	KAO CORP TELUS CORP UNITED TECHNOLOGIES	TU UTX			X												X						X										
3	ROGERS COMMUNICATION CDN TIRE CORP WAL MART STORES INC	RCIB CTC.A WMT			X												X						X										
4	COCA-COLA CO MURPHY OIL CORP INTL BUSINESS MCHN	KO MUR IBM			X												X							X									
5	NEWMONT MINING CORP ROYAL TRUST CORP OF CDA - CASH A/C - US BOEING CO	NEM BA			X												X		X				X										
6	TRANSCANADA CORP BANK OF MONTREAL BROOKFIELD ASSET MGT	TRP BMO BAM.A			X												X								X								
7	CDN IMP BANK COMMERC BANK OF NOVA SCOTIA JOHNSON & JOHNSON	CM BNS JNJ				X											X									X							
8	SPDR GOLD TR GOLD GREAT-WEST LIFECO IMPERIAL OIL LTD	GLD GWO IMO				X											X				X						X						
9	ENBRIDGE INC TRANSALTA CORP CDN PACIFIC RAILWAY	ENB TAC CP															X									X							

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Rice, Susan E.

SCHEDULE A continued

Page Number

6

(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.										Date (Mo., Day, Yr.) Only if Honoraria													
BLOCK A		BLOCK B										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																	
																	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	ROYAL BANK CDA	RY															X																		
	ENCANA CORPORATION	ECA															X																		
	TORONTO DOMINION BK	TD															X																		
2	ROYAL TRUST CORP OF CDA - CASH A/C - CA	CA								X									X																
3	ENCANA CORPORATION	ECA		X													X						X												
	ROYAL TRUST CORP OF CDA - CASH A/C - US				X														X				X												
	ROYAL TRUST CORP OF CDA - CASH A/C - CA								X										X						X										
4																																			
5	CHESAPEAKE ENERGY	CHK		X													X				X														
	GENERAL ELECTRIC CO	GE		X													X					X													
	PEPSICO INC	PEP		X													X					X													
6	EMERSON ELEC CO	EMR		X													X					X													
	CATERPILLAR INC	CAT		X													X					X													
	WAL MART STORES INC	WMT		X													X					X													
7	BCE INC	BCE		X													X								X										
	UNITED TECHNOLOGIES	UTX		X													X					X													
	CDN TIRE CORP	CTC			X												X					X													
8	MURPHY OIL CORP	MUR			X												X					X													
	SPDR GOLD TR GOLD	GLD			X												X																		
	BOEING CO	BA			X												X																		
9	TRANSCANADA CORP	TRP				X											X							X											
	BANK OF MONTREAL	BMO				X											X							X											
	ROYAL TRUST CORP OF CDA - CASH A/C - US					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.

Prior Editions Cannot be Used.

SCHEDULE A continued

Page Number

7

Reporting Individual's Name

Rice, Susan E.

(Use only if needed)

Assets and Income		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.										Date (Mo., Day, Yr.) Only if Honoraria													
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)									
																	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	BROOKFIELD ASSET MGT CDN IMP BANK COMMERC BANK OF NOVA SCOTIA	BAM CM BNS			X												X																		
2	JOHNSON & JOHNSON GREAT-WEST LIFECO IMPERIAL OIL LTD	JNJ GWO IMO			X												X																		
3	ENBRIDGE INC TRANSALTA CORP CDN PACIFIC RAILWAY	ENB TAC CP															X																		
4	ROYAL BANK CDA ENCANA CORPORATION TORONTO DOMINION BK	RY ECA TD															X																		
5	ROYAL TRUST CORP OF CDA - CASH - CA																	X																	
6	ROYAL TRUST CORP OF CDA - Cash A		X															X				X													
7	ROYAL TRUST CORP OF CDA - Cash A		X															X				X													
8	RBC Private CDN Mid Cap Eq Pool			X													X																		
9	RBC Private Income Pool			X													X																		
	RBC Private US Mid Cap Eq Pool				X												X																		
	RBC Private US Eq Pool				X												X																		
	S&P 500 Deposit Receipts				X												X																		
	iShares S&P/TSX 60 Index Fund				X												X																		
	RBC Private Intl Eq Pool				X												X																		

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C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name
Rice, Susan E.

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

SCHEDULE B

Page Number
9

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		Pu	Sal	Ex		\$1	\$15	\$50	\$55	\$10	\$20	\$22	\$50	\$55	\$1	Over	\$1	\$5	\$5	\$20	\$50	Over	\$5	Cer	div
	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		

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

SCHEDULE B continued

(Use only if needed)

Page Number

10

Part I: Transactions

	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																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	

* 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.

Prior Editions Cannot Be Used.



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Reporting Individual's Name
Rice, Susan E.

SCHEDULE C

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 ☒

Category of Amount or Value (x)

	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	Mortgage on rental property, Delaware	1991	8%	25 yrs.			x											
	John Jones, 123 J St., Washington, DC	Promissory note	1999	10 %	on demand					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: 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 ☐

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	TIAA CREF Account -- upon termination of employment, no further contributions by employer or employee	Brookings Institution	2003
2	I will receive additional standard director compensation pursuant to an established calculation method for calendar year 2008.	Bureau of National Affairs	2008
3			
4			
5			
6			

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Reporting Individual's Name Rice, Susan E.	SCHEDULE D	Page Number 12
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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	Bureau of National Affairs	private company	member, Board of Directors	4/03	present
2	The Beauvoir School	non-profit school	member, Board of Directors	9/05	6/08
3	US Fund for UNICEF	non-profit	member, Board of Directors	6/01	6/08
4	American Security Project	non-profit	member, Board of Directors	6/05	present
5	National Democratic Institute	non-profit	member, Board of Directors	6/01	present
6	The Trilateral Commission	non-profit	member, North American Executive	6/06	present
7	Partnership for Public Service	non-profit	member, Board of Directors	12/03	present
8	Brookings Institution	non-profit	Senior Fellow	9/02	ent (on leave)
9	The Atlantic Council	non-profit	member, Board of Directors	4 /05	present
10	MacArthur Foundation	non-profit Foundation	consultant	9/06	5/08
11	Stanford University's Freeman-Spogli Institute for International Studies.	Non-profit	member, Advisory Board	11/03	present
12	Rice Cameron Family Foundation	Charitable Foundation	trustee	12/06	present

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	The Brookings Institution	Salary as Senior Fellow
2	MacArthur Foundation	Consultant
3	Bureau of National Affairs	Director
4	Obama-Biden Presidential Transition	Salary as Member of Advisory Board and Leader of National Security Policy Team
5		
6		

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Reporting Individual's Name Rice, Susan E.	SCHEDULE D	Page Number 13
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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
Truman National Security Project Washington, DC	National Security Leadership Institute	Senior Fellow	2005	Present
America Abroad Media Washington, DC	Non-profit organization	Member, Advisory Board	2002	Present

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.

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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	
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