

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|---|--|--|--|
| Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 08/31/2012 | | Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate | | Calendar Year Covered by Report 2013 | | 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 RAYNOR | | Last Name RAYNOR | | | First Name and Middle Initial MICHAEL A | | | | | | |
| Position for Which Filing | | Title of Position Ambassador, U.S. Embassy Cotonou, Benin | | | Department or Agency (If Applicable) Department of State | | | | | | |
| Location of Present Office (or forwarding address) | | Address (Number, Street, City, State, and ZIP Code) U S Embassy, Cotonou, BEN | | | | Telephone No. (Include Area Code) 229-21-300-650 | | | | | |
| 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 | | | | | | | | | |
| Presidential Nominees Subject to Senate Confirmation | | Name of Congressional Committee Considering Nomination | | | | Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Certification | | Signature of Reporting Individual eSigned in FDM by: MICHAEL A. RAYNOR User ID: 20278B3571E58D24 | | | | Date (Month, Day, Year) 05/07/2014 | | | | | |
| Other Review (If desired by agency) | | Signature of Other Reviewer | | | | Date (Month, Day, Year) | | | | | |
| Agency Ethics Official's Opinion | | Signature of Designated Agency Ethics Official/Reviewing Official eSigned in FDM by: Amanda J. Wall User ID: C76928AA85AB2022 | | | | Date (Month, Day, Year) 05/22/2014 | | | | | |
| Office of Government Ethics Use Only | | Signature Barbara Mullen-Ross | | | | Date (Month, Day, Year) 12-5-14 | | | | | |
| Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) | | | | | | | | | | | |
| Supervisor Certification. I have reviewed the interests reported on this form in light of the filer's duty position. I am satisfied that there is no actual or apparent conflict of interest. (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/> | | | | | | | | | | | |
| Supervisor's Signature eSigned in FDM by: Gregory B. Keller User ID: B9FA6E98357E98FF | | | | | | | | | | | |
| Initial Review Date: 05/22/2014 | | | | | | | | | | | |
| Agency Use Only | | | | | | | | | | | |
| OGE Use Only | | | | | | | | | | | |
| NOV 05 2014 | | | | | | | | | | | |

Reporting Individual's Name
RAYNOR, MICHAEL A.

SCHEDULE A continued
 (Use only if needed)

Page Number
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| BLOCK A | BLOCK B | | | | | | | | | | | BLOCK C | | | | | | | | | | | | |
|---------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|---|
| | 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. | | | | | | | | | | | | |
| | 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 | | | | | | | | | | | Type 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 | 7 (f) UBS Bank USA Deposit Account | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 8 Wells Fargo Checking Account | | | | | | | | | | | | | | | | | | | | | | | |
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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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|--|-------------------|-----------------------|
| Reporting Individual's Name RAYNOR, MICHAEL A. | SCHEDULE B | Page Number 4 of 7 |
|--|-------------------|-----------------------|

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

| | Transaction Type (x) | | | Date (Mo., Day, Yr.) | Amount of Transaction (x) | | | | | | | | | | | | |
|---------|----------------------|------|----------|----------------------|---------------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-----------------------------|-------------------|----------------------------|--|
| | | | | | \$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 | Purchase | Sale | Exchange | 2/1/99 | | | x | | | | | | | | | | |
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*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 \$350, and (2) travel-related cash reimbursements received from one source totaling more than \$350. 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 \$140 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) | \$385 |
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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

| | 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 John Jones, Washington, DC | Mortgage on rental property, Delaware Promissory note | 1991 1999 | 8% 10% | 25 yrs. on demand | | | x | | | x | | | | | | | | | | |
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*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: (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

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 |
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| Reporting Individual's Name RAYNOR, MICHAEL A. | SCHEDULE D | Page Number 6 of 7 |
|--|-------------------|------------------------------|

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 ----- Doe Jones & Smith, Hometown, State | Non-profit education ----- Law firm | President ----- Partner | 6/92 ----- 7/85 | Present ----- 1/00 |
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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 ----- Metro University (client of Doe Jones & Smith), Moneytown, State | Legal services ----- Legal services in connection with university construction |
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| Reporting Individual's Name RAYNOR, MICHAEL A. | | OGE Form 278 of Record Comments | | Page Number 7 of 7 |
| Annotation: # 1 | Section: Asset | Date: 05/07/2014 | Author: MICHAEL A. RAYNOR | |
| C O M M E N T | Thornburg Limited Term U.S. Government Fund (LTUSX) | | | |
| Annotation: # 2 | Section: Asset | Date: 05/07/2014 | Author: MICHAEL A. RAYNOR | |
| C O M M E N T | Legg Mason Investment Counsel MD Tax Free Income Trust | | | |
| Annotation: # 3 | Section: Asset | Date: 05/07/2014 | Author: MICHAEL A. RAYNOR | |
| C O M M E N T | Maryland College Investment Plan Portfolio 2012 For DC1 | | | |
| Annotation: # 4 | Section: Asset | Date: 05/07/2014 | Author: MICHAEL A. RAYNOR | |
| C O M M E N T | Maryland College Investment Plan Portfolio 2015 For DC2 | | | |
| Annotation: | Section: | Date: | Author: | |
| C O M M E N T | | | | |