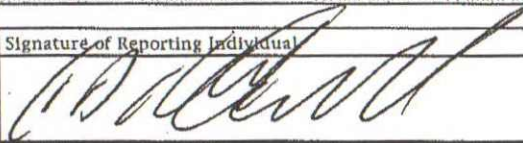
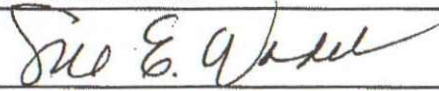

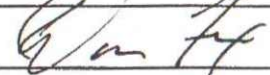


## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<b>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</b>	<b>Reporting Status</b> (Check Appropriate Boxes)	<b>Incumbent</b> <input type="checkbox"/>	<b>Calendar Year Covered by Report</b>	<b>New Entrant, Nominee, or Candidate</b> <input checked="" type="checkbox"/>	<b>Termination Filer</b> <input type="checkbox"/>	<b>Termination Date (If Applicable) (Month, Day, Year)</b>	<b>Fee for Late Filing</b> 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.
<b>Reporting Individual's Name</b>	Last Name McConnell		First Name and Middle Initial Charles D.				
<b>Position for Which Filing</b>	Title of Position Assistant Secretary for Fossil Energy		Department or Agency (If Applicable) Department of Energy				
<b>Location of Present Office (or forwarding address)</b>	Address (Number, Street, City, State, and ZIP Code) 1000 Independence Ave., SW, Washington, D.C. 20585				Telephone No. (Include Area Code) 202-586-6660		
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b>	Title of Position(s) and Date(s) Held Chief Operations Officer, Office of Fossil Energy, April 2011 to Present						
<b>Presidential Nominees Subject to Senate Confirmation</b>	Name of Congressional Committee Considering Nomination Committee on Energy and Natural Resources			Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Certification</b>	Signature of Reporting Individual 				Date (Month, Day, Year) 7/13/2011		
<b>Other Review (If desired by agency)</b>	Signature of Other Reviewer 				Date (Month, Day, Year) 7/13/2011		
<b>Agency Ethics Official's Opinion</b>	Signature of Designated Agency Ethics Official/Reviewing Official 				Date (Month, Day, Year) 7/13/2011		
<b>Office of Government Ethics Use Only</b>	Signature 				Date (Month, Day, Year) 7/18/11		
<b>Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)</b>							
(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"/>							
<b>Agency Use Only</b>							
<b>OGE Use Only</b>							







Reporting Individual's Name  
 McConnell, Charles D.

**SCHEDULE A continued**  
 (Use only if needed)

Page Number  
 5 of 8

BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																						
												Type										Amount												
		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	Pwf s/1/2-111-111*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	By future law with force of law	Excepted Trust	Rv and f/Us/vtu	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	Pwf s/1/2-111-111*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
1	Undeveloped Lot in Sanctuary Reserve, Franklin, NC			X																	X													
2	Amegy Bank- cash account The Woodlands, TX			X																	X													
3	BMI Credit Union Columbus, OH			X																	X													
4																																		
5																																		
6																																		
7																																		
8																																		
9																																		

\* 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 McConnell, Charles D.	<b>SCHEDULE B</b>	Page Number 6 of 8
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**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		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)								Certificate of divestiture			
			Overall	Tbif	Trust		92-112: \$15,000	926-112: \$50,000	96-112: \$109,000	9211-112: \$250,000	966-112: \$500,000	9611-112: \$1,000,000	Divest	92-111-112: \$5,000,000		96-111-112: \$25,000,000	966-111-112: \$50,000,000	Divest
Example	Central Airlines Common		x			2/1/99												
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
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3			
4			
5			

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

Reporting Individual's Name McConnell, Charles D.	<b>SCHEDULE B continued</b> (Use only if needed)	Page Number of 8
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**Part I: Transactions**

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)									
		Over \$1,000,000	\$500,000-\$1,000,000	\$100,000-\$500,000		\$25,000-\$100,000	\$5,000-\$25,000	\$1,000-\$5,000	Over \$50,000,000	\$10,000,000-\$50,000,000	\$1,000,000-\$10,000,000	Certificate of divestiture			
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2															
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4															
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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.

Reporting Individual's Name McConnell, Charles D.	SCHEDULE C	Page Number 7 of 8
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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)													
						\$2-11-121 \$15,000	\$26-1121 \$50,000	\$6-11-121 \$100,000	\$2-11-112 \$250,000	\$36-1-1121 \$500,000	\$6-11-1121 \$1,000,000	Over \$2-11-111*	\$2-11-112 \$5,000,000	\$6-11-1121 \$25,000,000	\$26-11-1121 \$50,000,000	Over \$50,000,000			
Examples	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			X											
1	Wells Fargo Bank, Boise, ID	Mortgage on Delaware, OH property	2009	4.25%	30 yrs.					X									
2	Amesey Bank of Texas, Tag Woodlands, TX	Collateral Loan on Securifies	2010	5.25%	1 yr.					X									
3	Wells Fargo Bank, Boise, ID	Secondary Mortgage on Delaware, OH property	2009	4.85%	rolling note			X											
4	United Bank of North Carolina, Franklin, NC	Notes on Franklin, NC lots	2005	6.25%	15 yrs.1				X										
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: (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
1	I will continue to receive a defined benefit plan through my former employer, Praxair.	Praxair, Danbury, CT	03/09
2	I will retain my interest in the Battelle Memorial Institute 401(k) but will receive no further employer contributions. The 401(k) program is independently managed by Vanguard.	Battelle Memorial Institute, Columbus, OH	04/11
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Reporting Individual's Name McConnell, Charles D.	SCHEDULE D	Page Number 8 of 8
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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 Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Battelle Memorial Institute, Columbus, OH	Non-profit Research & Science Institute	Vice President, Energy Global Business	03/2009	04/2011
2	Pittsburgh Coal Council, Pittsburgh, PA No compensation	Trade group	Advisory Committee	05/2007	05/2011
3	Woodlands Dog Park, Woodlands, TX No compensation	Non-profit community organization	Board Member	01/2001	05/2011
4	Praxair Danbury, CT	For profit corporation	Global Vice President Gasification and Hydrogen	07/1977	03/2009
5					
6					

### 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	Legalservices Legal services in connection with university construction
1	Battelle Memorial Institute, Columbus, OH	Vice President, Energy Global Business
2	Praxair, Danbury, CT	Global Vice President Gasification and Hydrogen
3		
4		
5		
6		