

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

| | | | | | | | |
|--|--|--|------------------------------------|--------------------------------------|--|---|---|
| Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) | | Reporting Status (Check appropriate boxes) | Incumbent <input type="checkbox"/> | Calendar Year Covered by Report | New Entrant, Nominee or Candidate <input type="checkbox"/> | Termination Filer <input checked="" type="checkbox"/> | Termination Date (If Applicable) (Month, Day, Year) |
| May 6, 2009 | | | | 2010 | | | November 6, 2010 |
| Reporting Individual's Name | | Last Name | | First Name and Middle Initial | | | |
| | | Krueger | | Alan B. | | | |
| Position for Which Filing | | Title of Position | | Department or Agency (If Applicable) | | | |
| | | Assistant Secretary for Economic Policy | | Treasury | | | |
| Location of Present Office (or forwarding address) | | Address (Number, Street, City, State, and ZIP Code) | | | Telephone No. (Include Area Code) | | |
| | | 1500 Pennsylvania Ave., NW, Office 3445, Washington, D.C., 20220 <i>(forwarding address on file.) PDR</i> | | | 202-622-2200 | | |
| 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? | | |
| | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Certification | | Signature of Reporting Individual | | | Date (Month, Day, Year) | | |
| 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. | | <i>Alan Krueger</i> | | | December 1, 2010 | | |
| Other Review (If desired by agency) | | Signature of Other Reviewer | | | Date (Month, Day, Year) | | |
| | | <i>[Signature]</i> | | | 12/14/10 | | |
| Agency Ethics Official's Opinion | | Signature of Designated Agency Ethics Official/Reviewing Official | | | Date (Month, Day, Year) | | |
| 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) | | <i>Charlotte Bobb</i> | | | 12/20/10 | | |
| Office of Government Ethics Use Only | | Signature | | | Date (Month, Day, Year) | | |
| <i>12/21/10</i> | | <i>W. J. Lush</i> | | | 3/17/11 | | |
| Comments of Reviewing Officials (If additional space is required use the reverse side of this sheet) | | | | | | | |
| <p>Page 7 line 5: Should have been reported on previous report (not a new purchase). (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/></p> <p>Page 7, line 6: Not a new purchase, just exceeded reporting threshold. (Check box if comments are continued on the reverse side) <input type="checkbox"/></p> | | | | | | | |

Fee for Late Filing
Any individual who is required to file this report and does so more than 10 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 \$100 fee.

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 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 (Incumbents): 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 (Arrangements 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.

Agency Use Only
12/3/10
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Reporting Individual's Name

Alan B. Krueger

SCHEDULE A continued

(Use only if needed)

Page Number

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| Assets and Income BLOCK A | | 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. 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 | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honorary | |
| None <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| ✓ 1 | Vanguard Value Index Fund Admiral Shares (VVIAX) | | | x | | | | | | | | | x | | | | | | | | |
| ✓ 2 | PNC Bank Business Checking Account | | | x | | | | | | | | | | | | | | | | | |
| ✓ 3 | PNC Checking Account | x | | | | | | | | | | | | | | | | | | | |
| ✓ 4 | PNC Premium Money Market Account | x | | | | | | | | | | | | | | | | | | | |
| ✓ 5 | Merrill Lynch: PIMCO Real Return Fund (PRTNX) (Spouse's 403b) | | | x | | | | | | | | | x | | | | | | | | |
| ✓ 6 | Merrill Lynch Alliance Bernstein Value Fund (ABVCX) (Spouse and Alan Krueger) | | | | x | | | | | | | | | x | | | | | | | |
| ✓ 7 | ML Alliance Bernstein Growth Fund (CABDX) (Spouse and Alan Krueger) | | | | x | | | | | | | | | | x | | | | | | |
| ✓ 8 | ML Bank Deposit (Spouse and Alan Krueger) | | | x | | | | | | | | | | | | x | | | | | |
| ✓ 9 | ML Alliance Bernstein Value Fund (ABVCX) (Child) | 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.

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

U.S. Office of Government Ethics

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|-----------------------------|-------------------|-------------------------|
| Reporting Individual's Name | SCHEDULE B | Page Number 9 |
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Part I: Transactions

None

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.

| | 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 | |
| 1 | Example: Central Airlines Common SEP-IRA Vanguard Total Int'l Stock Index | X | | | 2/1/99 | | | | | | | | | | | | | |
| 2 | SEP-IRA Vanguard Inflation-Protected Securities Fund | X | | | 3/15/10 | | X | | | | | | | | | | | |
| 3 | SEP-IRA Vanguard Value Index Fund | X | | | 3/15/10 | | X | | | | | | | | | | | |
| 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 |
|---|--|--|----------------|
| 1 | Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA | Airline ticket, hotel room & meals incident to national conference @ 1300 (personal activity unrelated to duty) Leather briefcase (personal friend) | \$500 \$300 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

| | | |
|---|-------------------|--------------------------|
| Reporting Individual's Name Alan B. Krueger | SCHEDULE D | Page Number 11 |
|---|-------------------|--------------------------|

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: | Natl. 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 | Princeton University, Princeton, NJ | Higher Education | Professor | 7/87 | 5/09 (on leave) |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 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 | Legal services |
| | Metro University (client of Doe Jones & Smith), Hometown, State | Legal services in connection with university construction |
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |