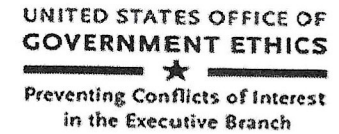


OGE Form 278e (Updated Nov. 2021) (Expires 11/30/24)

U.S. Office of Government Ethics; 5 C.F.R. part 2634 | Form Approved: OMB No. (3209-0001)

Report Type:	Annual
Year (Annual Report only):	2021
Date of Appointment/Termination:	1/20/2021



### Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Wagenseller	Shelby	E	Deputy Communications Director	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
OPM Press Secretary				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature:		Date:		
SHELBY WAGENSELLER <small>Digitally signed by SHELBY WAGENSELLER Date: 2022.03.24 10:54:33 -04'00'</small>				
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 below)				
Signature:		Date:		
		5-24-22		
Other Review Conducted By:				
Signature:		Date:		
U.S. Office of Government Ethics Certification (if required):				
Signature:		Date:		
Comments of Reviewing Officials:				

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number	
<b>Part 1: Filer's Positions Held Outside United States Government</b>						
#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	Signal Group DC	Washington, DC	Consulting Firm	Vice President	9/20	1/21
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number	
<b>Part 2: Filer's Employment Assets &amp; Income and Retirement Accounts</b>					
#	Description	EIF	Value	Income Type	Income Amount
1.	Signal Group DC			Salary	\$6899.84
2.	Rollover IRA:				
3.	Fidelity government cash reserved (FDRXX)	Yes	\$1,001 - \$15,000		
4.	Signal Group Consulting, LLC 401K Plan:				
5.	FID FMD Index 2055 INV Fund (FDEWX)		\$1,001 - \$15,000		
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
<b>Part 3: Filer's Employment Agreements and Arrangements</b>				
#	Employer or Party	City/State	Status and Terms	Date
1.	Signal Consulting LLC	Washington, DC	I will continue to participate in this 401K plan, but the plan's sponsor no longer makes contributions	1/2017
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number
<b>Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year</b>			
#	Source Name	City/State	Brief Description of Duties
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name				Page Number	
<b>Part 5: Spouse's Employment Assets &amp; Income and Retirement Accounts</b>					
#	Description	EIF	Value	Income Type	Income Amount
1.	Castle Point Technologies			Salary	
2.	HudsonAlpha Institute for Biotechnology			Salary	
3.	League of Conservation Voters			Salary	
4.					
5.	Roth IRA:				
6.	Vanguard Federal Money Market Fund (VMFXX)	Yes	\$1,001 - \$15,000		
7.	Chesapeake Bay Foundation 403 B Plan				
8.	TIAA-CREF Lifecycle 2055 Fund- Institutional Class	Yes	\$15,001 - \$50,000		
9.	(TTIIX)				
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number
<b>Part 6: Other Assets and Income</b>					
#	Description	EIF	Value	Income Type	Income Amount
1.	PNC Bank (Cash)	No	\$1,001 - \$15,000	Interest	None (or less than \$201)
2.	BB&T Bank (Cash)	No	\$1,001 - \$15,000	Interest	None (or less than \$201)
3.	Brokerage account				
4.	T. Rowe Science and Technology Fund (PRSCX)	Yes	\$1,001 - \$15,000	Dividends	\$1,001 - \$2,500
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Shelby Wagenseller				
<b>Part 7: Transactions</b>				
#	Description	Type	Date	Amount
1.	None			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				



Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name Shelby Wagenseller	Page Number
------------------------------------	-------------

**Part 8: Liabilities**

#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name		Page Number
Shelby Wagenseller		

**Part 9: Gifts and Travel Reimbursements**

#	Source Name	City/State	Brief Description	Value
1.	None			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				