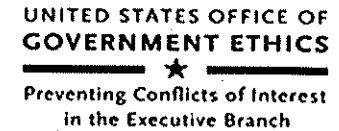


OGE Form 278e (Updated Nov. 2021) (Expires 11/30/24)

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):	2022
Date of Appointment/Termination:	05/03/21



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

Filer's Information				
Last Name	First Name	MI	Position	Agency
Carlson	Teika	M	Special Assistant to the Director	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Executive Assistant to the Director, U.S. Office of Personnel Management				
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:		
TEIKA CARLSON		Digitally signed by TEIKA CARLSON Date: 2023.05.09 11:12:51 -04'00'		05/09/2023

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:
WADE PLUNKETT	Digitally signed by WADE PLUNKETT Date: 2023.05.11 11:17:11 -04'00'
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	
Carlson						
Part 1: Filer's Positions Held Outside United States Government						
#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	None.					
2.						
3.						
4.						
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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
Carlson	

Part 2: Filer's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	Roth IRA #1: Vanguard Total Stock Market Index Fund, Ad	Yes	\$15,001 - \$50,000		
2.	Roth IRA #2: Fidelity Advisor Freedom 2055 FHFAX	Yes	\$1,001 - \$15,000		
3.					
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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
Carlson				
Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	None.			
2.				
3.				
4.				
5.				
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7.				
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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
Carlson			
Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year			
#	Source Name	City/State	Brief Description of Duties
1.	None.		
2.			
3.			
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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
Carlson	

Part 5: Spouse's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	None.				
2.					
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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
Carlson	

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	U.S. Bank #1 (checking)	N/A	\$1,001 - \$15,000	Interest	None (or less than \$201)
2.	U.S. Bank #1 (savings)	N/A	\$15,001 - \$50,000	Interest	None (or less than \$201)
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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
Carlson				
Part 7: Transactions				
#	Description	Type	Date	Amount
1.	None.			
2.				
3.				
4.				
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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						Page Number
Carlson						
Part 8: Liabilities						
#	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	None.					
2.						
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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
Carlson				
Part 9: Gifts and Travel Reimbursements				
#	Source Name	City/State	Brief Description	Value
1.	None.			
2.				
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