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:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	10/09/2022



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

Filer's Information								
Last Name	First Name	MI	Position	Agency				
Patterson	Sara	S	COVID Implementation and Ev	CDC/ATSDR				
Other Federal Government Positions Held	During the Preceding 1	12 Months:	•	•				
GS-15, Series 685 (10/09/2021 - 10/08)	/2022)							
Name of Congressional Committee Consideration	ering Nomination (No	minees only):						
Not Applicable								
Filer's Certification - I certify that the states	ments I have made in t	his report are true, o	complete and correct to the best of my knowledge	e: (eSigned in EPATS)				
Signature:			Date:					
Sara S. Patterson			10/20/2022					
Agency Ethics Official's Opinion – On the (subject to any comments below) (eSigned in		ontained in this repo	ort, I conclude that the filer is in compliance with	h applicable laws and regulations				
Signature:			Date:					
Sylana Tramble			11/3/2022					
Other Review Conducted By: (eSigned in EPA	ATS)							
Signature:			Date:					
Dorretha B. Turner			10/21/2022					
U.S. Office of Government Ethics Certifica	tion (if required):							
Signature:			Date:					
Comments of Reviewing Officials:								
	: Employee has an o	vutside position on	file: UUSS21 on file: Compared to pre cler	arance OGE 278/450; Annual Ethics Training				
completed: 12/29/21; Statement of world				arance OGE 270/400, Annual Ethics Halling				

	er's Name		-	nember names. See instructions for	Page Number	
	tterson, Sara S					
	rt 1: Filer's Positions Held	Outside United Sta	tes Government		<u> </u>	
#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	Day League	Decatur/GA	Non-profit	Secretary	02/09/2022	Present
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.	1					
18.						
19.						
20.						

Not	te: This is a public form. Do not include account numbers	s, stree	et addresses, or family membe	er names. See instruct	ions for required information	on.
	er's Name					Page Number
Pat	terson, Sara S					
Pa	rt 2: Filer's Employment Assets and Income	_				
#	Description	EIF	Value	Income Type	Income Amount	
1.	None					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

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

	<u> </u>		•		
File	er's Name			Page Nun	nber
	tterson, Sara S				
Pa	rt 3: Filer's Employme	ent Agreements a	nd Arrangements		
#	Employer or Party		Status and Terms		Date
	None				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

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

INO	ote. This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.							
	er's Name			Page Number				
Pat	tterson, Sara S							
Pa	rt 4: Filer's Sources of Compensa	ation Exceeding	\$5,000 in a Year					
#	Source Name	City/State	Brief Description of Duties					
	None							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

INO	te: This is a public form. Do not include account numbers	s, stree	et addresses, or family membe	er names. See instruct	ions for required informati	on.
File	er's Name					Page Number
Pat	tterson, Sara S					
Pa	rt 5: Spouse's Employment Assets and Income					
#	Description	EIF	Value	Income Type	Income Amount	
1.	None					
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

15.

16.

17.

18.

19.

20.

Filer's Name				F	Page Number
Patterson, Sara S					
Part 6: Other Assets and Income					
# Description	EIF	Value	Income Type	Income Amount	
U.S. money market account (cash)	N/A	\$100,001 - \$250,000	Interest	\$1,001 - \$2,500	
GA (Path2College 529) 2032/2033 Enrollment Portfolio	Y	\$15,001 - \$50,000		\$2,501 - \$5,000	
j.					
4.					
5.					
5.					
7.					
3.					
).					
10.					
1.					
12.					
3.					
14.					

	te: This is a public form. Do not include account numbers, street address	es, or family member na	mes. See instructions for	
	r's Name			Page Number
	terson, Sara S rt 7: Transactions			
#	Description	Туре	Date	Amount
1.		V.F.		
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

iler's Name	t include account numbers, street addre				Page Number
atterson, Sara S					
Part 8: Liabilities					
Creditor Name	Туре	Amount	Year Incurred	Rate	Term
. FedLoan Servicing	student loan	\$15,001 - \$50,000	2003	0	120 months
0.					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
0.					

No	te: This is a public form. Do not includ	le account numbers	s, street addresses, or family member names. See instructions for required infor	mation.	
	er's Name			Page Number	
Pat	tterson, Sara S				
Pa	rt 9: Gifts and Travel Reimburs	ements			
#	Source Name	City/State	Brief Description		Value
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.				-	
10.					
11.					
12.					
13.					
14.				-	
15.					
16.				-	
17.					
18.					
19.					
20.					