OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	k bóx if comments ar	(Chec		урдын от
Agency Use Only					1900 (1942-1942) (1942-1943) (1942-1943) (1942-1943) (1942-1943) (1942-1943) (1942-1943) (1942-1943) (1942-194
of filing.	licate number of days	ension granted & inc	(Check box)f filing extension granted & indicate number of days		а ведаментального
Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date		heer)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	f additional space i	Comments of Reviewing Officials (
arrangements as of the date of filing.					Use Only
Schedule C. Part II (Agreements or Arrangements)-Show any agreements or	Date (Month, Day, Year)			Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	10-4-15				On the basis of information considered in this report. I conclude that the filer is in compliance with applicable laws, and regulations (subject to any communis in the box below).
reporting period is the preceding calendar	Date (Month, Day, Year)	Official .	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Design	Agency Ethics Official's Opinion
Schedule B-Not applicable.	6/3/2015		is hold India	M	agency)
as of any date you choose that is within 31 days of the date of fling.	Date (Month, Day, Year)		Reviewer	Signature of Other Reviewer	Other Review
Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets	4/15/15				I CERTIFY that the statements I have made on this formand all attriched schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month, Day, Year)		ting Individual	Signature of Reporting Individual	Certification
Candidates for President and	N 10	1.00	and by construction with the state of the st	Statement of the statem	
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?		Name of Congressional Committee Considering Nomination	Name of Congressi	Presidential Nominees Subject
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				derdels manuschere furere anderdelste debette in de beste	Government During the Preceding 12 Months (If Not Same as Above)
scaequie District applicable.			and Date(s) Held	Title of Position(s) and Date(s) Held	Position(x) Held with the Federal
where you must also include the filing year up to the date you file. Part II of	202-456-1444		1600 Pennsylvania Ave NW, Washington DC 20502	1600 Pennsylvania	Present Office (or forwarding address)
the preceding calendar year except Part	Telephone Not (Include Area Code)	THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	Address (Number, Street, City, State,, and ZIP Code)	Address (Number:	Location of
Reporting Periods Incumbents: The reporting period is		OHM	Special Assistant to the President for Legislative Affairs	Special Assistant to	Filing
to a \$200 fee.	Agency (If Applicable)	Department or A		Title of Position	
than 30 days after the last day of the filing extension period, shall be subject		Amanda		Anderson	Individual's Name
filed, or, if an extension is granted more	fiddle Initial	First Name and Middle Initial		Last Name	Z Proprieta
this report and does so more than 30 days		Candidate	awardida di	(Check Appropriate Boxes)	06/12/2012
Fee for Late Filing	Termination Termination Date (IIAppil- File: ["] cable) (Month, Day, Year)	New Entrant, Nominee, or	Incumbent Calendar Your Ne	Reporting Status	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)

OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics

*	6	Si .	4	3 (	2 (8				Exa		report production with serious with serious amount for your amount actual your	For				And	Re	Ç
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate				(S) Bank of America Savings	(S) Income - Shorr, Johnson, Magnus	ING/Capitol One 360 Savings	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Examples Doe Jones & Smith, Hometown, State	Central Airlines Common	report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.  For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).	ou, your spouse, and dependent childre	BLOCK A	Assets and Income		Anderson, Amanda D	Reporting Individual's Name	Office of Advertinging Paties
me is hildr	The state of the	80.40 J. 275	10 41 3432		and officers.	1 2000	N. 14 1 1.			<u> </u>		, <del>)</del>						
sole en,				:	\$100 1000			Ш			None (or less than \$1,001)	*, *						
ly ti mari	\$100 L			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.1925	×	_	Щ		<u> </u>	\$1,001 - \$15,000	$\dashv$		Valuation of Assets at close of reporting period	İ			
nat o	3445			×		117			×	   ×	\$15,001 - \$50,000 \$50,001 - \$100,000	$\dashv$		Valuation of Assets close of reporting peri				l
of the	114. 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			12,71			   ×		^  -	\$100,001 - \$250,000	$\dashv$		ua:				
e fil ier l										<u>'</u>	\$250,001 - \$500,000	-	BLOCK B	tio f re				
er's tigh	1. 1.					77.5	×		7.75		\$500,001 - \$1,000,000	$\dashv$	유	pod o u				
spor er c		1.5		£			<u> </u>				Over \$1,000,000*	$\dashv$		rtin	-			
use ateg		184.75	**. •			Taging and					\$1,000,001 - \$5,000,000	-		SS.				
or d orie	\$3.80 A				144				13/42		\$5,000,001 - \$25,000,000	$\dashv$		ets				
eper s of	40.5	1. (A.) (A.) (A.) (A.) (A.)	4300							ļ	\$25,000,001 - \$50,000,000			od			_	
nder valu	1,100	ACT STATE OF	S254 1 11			4/1 - 11 V		Щ			Over \$50,000,000	_			1	~	3	
nt ch ie, a	1.00	10.000			5035 Y :		×	×	1: 3	l	Excepted Investment Fund	, **:				SCHEDULE	1	
illdr s ap		1.1.10594.2	andari i	1446,410		1,000		<u> </u>			Excepted Trust					[]	]	
en. proj						84.7		!	<u> </u>		Qualified Trust			İ		$\sim$	<u> </u>	
If th					33.4.38		_	<del> </del>		×	Dividends Dividends		••••		1	Ļ	- -	ĺ
If the asset/inco priate.		3	1		750	1.5%						⊣│		Income: checked,		) }		
sset		1 12 14	43.			Act:					Interest	Type		Cke		تعلما	•	
/inc					<u> </u>			<del></del>	-	<u> </u>	Capital Gains	e		ne:				
ome is								<del>                                     </del>	-					E G				
is e	ļ	134.		×		×		<del> </del>	<u> </u>	<b>—</b>	None (or less than \$201) \$201 - \$1,000			pe a				
ithe	ļ		· .				├—	⊢	<u> </u>	<u> </u>	\$1,001 - \$2,500	i		and ter	١			ĺ
r th:	igi a sa			1,140	\$75 x 100	1 1,514		L   ×		×	\$2,501 - \$5,000	Ì	-	type and amount. If "None to other entry is needed in	-		j	ĺ
at of							×	<u>  ^</u>	<u> </u>	<u> </u>	\$5,001 - \$15,000		BLOCK C	ry i	-			ĺ
the	147		-4-4					├	<u>'</u>	-	\$15,001 - \$50,000	ĺ	₩ C	nt. Is n				ĺ
file			-						! 	ı İ		≥		eec eec	1			ĺ
or	1 N 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7 7 1A 49			i	<u>.</u>		\$100,001 - \$1,000,000	р 		No				ĺ
join		** ***		<u> </u>	2.34595			1		-	Over \$1,000,000*	Amount		ne in				ĺ
either that of the filer or jointly held	388		1000		17.57		-		NAV.	14 1	\$1,000,001 - \$5,000,000	~		(or less Block C				ĺ
ıeld				<u> </u>				<del>                                     </del>	<del>-</del>		Over \$5,000,000			les Ck	ŀ			
					<u>s</u>	<del>                                     </del>	ļ <u>.</u>	├	12	├				C fo			Page	ĺ
					Spouse's salary			   	Law Partnership Income \$130,000	   	Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.		2 of	Page Number	
								       	     		Date (Mo., Day, Yr.) Only if Honoraria			)" is em.		ហ		

								l		l								Name of the last
₽≈	eporti	Reporting Individual's Name Anderson, Amanda D	SCHEDULE	In	ΕB	~							Ра	Page Number 3		of 5	•	
<del> </del>	ar	Part I: Transactions			]	_												
プガ	epor v voi	Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None	l e													
# O.	hildr	children during the reporting period of any real property, stocks, bonds, commodity	residence, or a transaction solely between you, your spouse, or dependent child.	T.	Transaction Type (x)	ion x)			_	_	Amount of Transaction (x)	nt of	Trans	actio	т (х)	-		F
на п	nclud	futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	ırchase	ile	change	Date (Mo., Day, Yr.)	,001 - 5,000	5,001 - 60,000	0,001 - 00,000 00,001 -	50,000 50,001 - 00,000	500,001 -	er ,000,000*	,000,000 ,000,001 -	5,000,001 - 25,000,000	5,000,001 0,000,000	/er 50,000,000	ertificate of vestiture
Î		Identification of Assets	n of Assets	Pι	Sa	E)			\$1 \$5	\$1	\$2	S	1	\$1		\$2	Ov \$5	
	Exam	Example Central Airlines Common		×			2/1/99		-	×	1	H	-	T		T		
⊢	Nev	New Alternatives FD			X	7.7	8/1/14	X			<u> </u>		<del> </del>					
2	Puti	Putnam International Equity CI A			X		8/1/14	×			· · · · · ·							
ω	Ame	American Balanced Class A			X		8/1/14	×										
4	Am	American Growth Fund of America			X	137	8/1/14	×			. 13 - A.							
۷ı	(S)	(S) Transamerica Asset Allocation Growth			X		8/8/14	X	13		***							
	ar	Part II: Gifts, Reimbursements,	l Expe	S	Verm	ment	given to vo	90	Ance.	5	mert	ion w	ith (	ff.	al fra	we].		
	For y tion, food, (2) tr. than (3 autho autho dates	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 \$350 and (2) travel-related cash reimbursements received from one source totaling more than \$350. 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	<b>y</b> ,	d frod frondent from the front front from the front from the front from the front front from the front front from the front front from the front front from the front	vernum re m re t of the reside rom clusion	ment lative heir r ence, one s ons.	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 \$140 or less. See instructions for other exclusions.  None	our ag by yo o you inposs ide ite	ency ency or p	in corons on cor	nnect or de led a gatin \$140	ion v pende pers pers g gift or le	with cent cent conal is to is so. S	offici hild 1 hosj deter ee in	al tra		$\boxtimes$	
		Source (Name and Address)		В	Brief Description	)escri	ption										Value	
	Examples	$\blacksquare$	Airline ticket, hotel room & meals incident to national conference 6/15/	l conf	erenc	e 6/1.	5/99 (personal activity unrelated to duty)	activi	y unre	elated	to dut	(X)				<del>ا</del>	\$500	
- н		Frank Jones, San Francisco, CA	Leather briefcase (personal friend)														\$385	
N				:														
w																		
4																		
Ĺń																		

OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

U.S. Office of Government Ethics														
Reporting Individual's Name		יוובייווי	i )						۳	Page Number	umber			· # · · · ·
Anderson, Amanda D	3(	SCHEDULE C	) I.								4	of 5		
Part I: Liabilities	a mortgage on your personal residence	None X		:										
to any one creditor at any time	antomobiles, household furniture						ategory	of Am	ount o	Category of Amount or Value (x)	(x)			
during the reporting period by you,	or appliances; and liabilities owed to	-			••••							) 1 -	············	)
your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions. See instructions for revolving charge accounts.			),001 -	5,000 5,001 - 0,000	0,001 - 00,000	00,001- 50,000	50,001 - 00,000 00,001 -	000,000	000,000°	000,000	5,000,000 5,000,00	er	0,000,000
Creditors (Name and Address)	Type of Liability	Incurred R	Rate applica	ble \$10		\$50	\$2.	\$5		\$1	\$5	\$2 \$2	Οv	\$5 Ov
	Mortgage on rental property, Delaware	1991	8% 25 yrs.	rs.	H	×	 	<u> </u>	L		<u>L</u>	<u> </u>  -		
Lexamples  John Jones, Washington, DC	Promissory note	Hi	0	mand		ļ		×				Λ.		
1			-					1 (4) X.: X:-		•				
2							1857							
3						S.	6.5 lb	***						***
4								1.	i e e e e e					
5.													<u> </u>	
*This category applies only if the liability is so with the spouse or dependent children, mark	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	en. If the liabi	lity is that of	filer	or a joint liability of the filer	: liabili	y of th	le filer						
Part II: Agreements or	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	for: (1) continuing participation in an capacity, deferred compensation); (2) continuachluding severance payments); (3) leaves	of absence ing of nego	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  Non	ture emp any of t	loymer hese ar	at. See range	instrı ments	iction or be	s rega nefits	ardinş ì.	g the	report No:	ne 🗙	None X
Status and Ter	Status and Terms of any Agreement or Arrangement						Parties						Date	Date
Example Pursuant to partnership agreement, w	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	rtnership share	Doe	Doe Jones & Sn	& Smith, Hor	Hometown, State	State -						7/85	7/85
1														
2														
3			-											
4														
5							,							
6														

U.S. Office of Government Ethics				
Reporting Individual's Name Anderson, Amanda D		SCHEDULE D		Page Number 5 of 5
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	Outside U.S. Gover plicable reporting period, whether ot limited to those of an officer, or resentative, employee, or consult	nt T	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.	with religious, honorary
MIL) COLPORATIONA, ANAMY PARTIES OF MARKET DESIGNATION CONTRACTOR PRINCE OF SIZE AND SIZE PRINCES OF SIZE PRIN	TABLE DISCONDING CONTRACTOR PROPERTY PROPERTY CONTRACTOR PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY P		Position Held	
Nat'l Assa of Rock Collectors NY NY	na Aaaress)	DE OI OIBAINZAUOII		6/92 Present
Examples Doe Jones & Smith, Hometown, State		Law firm	Partner	- -
The state of the s				
2				
3				
4			·	
5				
6				
Part II: Compensation in Excess of \$5,000 Paid by One Sourc. 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	in Excess of \$5,00 npensation received by you or you directly by you during any one difference of clients and customers consistences enterprise, or any other	ıid	by One Source 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.	part if you are an ion Filer, or Vice lential Candidate. You None
Source (Name and Address)	1 Address)	Brief	Brief Description of Duties	
Examples Doe Jones & Smith, Hometown, State	mith), Moneytown, State	Legal services  Legal services in connection with university construction	ction	
2				-
3				
4				
5				
6				