

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 03/14/2013	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report 2014	Termination Filer <input type="checkbox"/> Termination Date (If Applicable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 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 \$200 fee.
Reporting Individual's Name Aniskoff	First Name and Middle Initial Paulette			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 for income (BLOCK C) 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 (Liabilities) —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 (Agreements 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.
Position for Which Filing Director of the White House Office of Public Engagement	Department or Agency (If Applicable) WHO			
Location of Present Office (or Forwarding Address) 1600 Pennsylvania Avenue NW, Washington, DC 20502	Telephone No. (include Area Code) 202-458-1414			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 for income (BLOCK C) 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 (Liabilities) —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 (Agreements 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.
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 Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification 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.	Signature of Reporting Individual Date (Month, Day, Year) 04/08/15			
Other Review (if desired by agency)	Signature of Other Reviewer Date (Month, Day, Year)			
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year) 6/8/2015			
Office of Government Ethics Use Only	Signature Date (Month, Day, Year)			
Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet) <div style="text-align: right;">(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/></div> <div style="text-align: right;">(Check box if comments are continued on the reverse side.) <input type="checkbox"/></div>				
Agency Use Only				
OGE Use Only				

SCHEDULE A

Page Number

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Reporting individual's Name
 Aniskoff, Paulette L

Assets and Income			Valuation of Assets at close of reporting period										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria													
			BLOCK B					BLOCK C					Type	Amount																							
BLOCK A	None (or less than \$1,001)	None (or less than \$1,001)	BLOCK B					BLOCK C					Amount					Dividends	Rent and Royalties	Interest	Capital Gains																
			\$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	None (or less than \$201)					\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000						
<input type="checkbox"/> None																																					
<input type="checkbox"/> Examples	Central Airlines Common																																				
	Doe Jones & Smith, Hometown, State																																				
	Kempstone Equity Fund																																				
	IRA: Heartland 500 Index Fund																																				
1	Vanguard STAR Fund																																				
2	Bank of America Savings																																				
3	Environmental Defense Fund																																				
4	401(A) DC TIAA_CREF (spouse retirement); TIAA CREF Real Estate																																				
5	403(B) Lincoln Financial (spouse retirement); Vanguard 500 Index Admiral Shares																																				
6	403(B) Lincoln Financial (spouse retirement); Vanguard Total International Stock Index																																				

* 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.

Reporting Individual's Name
 Aniskoff, Paulette L

SCHEDULE A continued
 (Use only if needed)

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Assets and Income

Valuation of Assets
 at close of reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.

	BLOCK A										BLOCK B										BLOCK C									
	Valuation of Assets at close of reporting period										Valuation of Assets at close of reporting period										Income: type and amount									
	None (or less than \$1,001)	\$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	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria					
1	X												X																	
2	X												X																	
3																														
4																														
5																														
6																														
7																														
8																														
9																														

* 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, or Vice Presidential or Presidential Candidate

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SCHEDULE B

Reporting Individual's Name
Aniskoff, Paulette L.

Part I: Transactions

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.

None

Identification of Assets	Transaction Type (X)		Date (Mo., Day, Yr.)	Amount of Transaction (X)										Certificate of Divestiture			
	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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$10,000,000	\$10,000,001 - \$50,000,000		Over \$50,000,000		
Example Central Airlines Common	X		2/1/99														
1																	
2																	
3																	
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 \$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

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

Source (Name and Address)	Brief Description	Value
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$385
1		
2		
3		
4		
5		

Reporting Individual's Name
 Aniskoff, Paulette L.

SCHEDULE C

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Part I: Liabilities

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude accounts.

None

a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)														
						\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000	Over \$100,000,000					
1	Bank of America Credit Card	Credit Line	2014	14%	Revolving	X														
2	Citibank Credit Card	Credit Line	2014	15%	Revolving	X														
3																				
4																				
5																				

*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 filer or a joint liability of the filer with the spouse or dependent children, mark the other higher categories, as appropriate.

Part II: Agreements 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 of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
2			
3			
4			
5			
6			

Reporting Individual's Name
 Aniskoff, Paulette L

SCHEDULE D

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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.

organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

Examples	Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	
	Examples	Examples			From (Mo., Yr.)	To (Mo., Yr.)
1	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00	
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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

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.

None

Examples	Source (Name and Address)		Brief Description of Duties
	Examples	Examples	
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Monteytown, State	Legal services Legal services in connection with university construction	
2			
3			
4			
5			
6			