

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Name of Appointing Authority, Section or Organization (Month, Day, Year) 10/19/2014		Reporting Status (Check Appropriate boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant Nominee, or Candidate <input checked="" type="checkbox"/>	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 Baker		Last Name Baker	First Name and Middle Initial Sarah		Department or Agency (If Applicable) White House Office, Executive Office of the President		Termination Date (If Applicable) (Month, Day, Year)			
Position for Which Filing		Title of Position Special Assistant to the President and Associate Counsel							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:	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) Eisenhower Executive Office Building, Washington, DC 20502			Telephone No. (Include Area Code) 202456-		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) Senior Policy Advisor to Dr. Jill Biden May 2013 - October 2014			
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination: Do You Intend to Create a Qualified Divested Trust? Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
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.							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.	
Other Review (If desired by agency)		Signature of Reporting Individual [Signature]		Date (Month, Day, Year) 2/13/2015		Signature of Other Reviewer [Signature]		Date (Month, Day, Year) 4/24/15		
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 in the box below).							Signature of Designated Agency Ethics Official/Reviewing Official [Signature]	Date (Month, Day, Year) 4/24/15
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)										
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>										
(Check box if comments are continued on the reverse side) <input type="checkbox"/>										
Agency Use Only										
OGE Use Only										

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 10/19/2014		Reporting Status (Check Appropriate Boxes)		Incumbent <input type="checkbox"/>		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>		Termination Date (If Applicable) (Month, Day, Year)		Filer <input type="checkbox"/>	
Reporting Individual's Name Baker		Last Name		First Name and Middle Initial Sarah		Department or Agency (If Applicable)		Title of Position Special Assistant to the President and Associate Counsel		White House Office, Executive Office of the President		Termination Date (If Applicable) (Month, Day, Year)	
Position for Which Filing		Title of Position(s) and Date(s) Held Senior Policy Advisor to Dr. Jill Biden		Address (Number, Street, City, State, and ZIP Code) Eisenhower Executive Office Building, Rm 135B Washington, DC 20502		Telephone No. (Include Area Code) 2024561985		Location of Present Office (or forwarding address)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		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.	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Termination Period 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.	
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)		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.		Agency Use Only	
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 in the box below).		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Agency Use Only		OGE Use Only		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		(Check box if filing extension granted & indicate number of days _____)	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		(Check box if comments are continued on the reverse side) <input type="checkbox"/>		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		(Check box if comments are continued on the reverse side) <input type="checkbox"/>	

Reporting Individual's Name
 Baker, Sarah E

SCHEDULE A

Page Number

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																		
	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	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$50,000,000		Dividends	Rent and Royalties	Interest	Capital Gains	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	Over \$100,001 - \$5,000,000*	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria			
None <input type="checkbox"/> 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). Examples Central Airlines Common Doe, Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund																													
1 IRA: T. Rowe Price Roth Blue Chip Growth Fund	X								X																				
2 401(K): Hogan Lovells US LLP Retirement Savings Plan; NB Kaminsky III (Fidelity)				X						X																			
3 Savings Account: Capital One 360																													
4 Checking Account: Wells Fargo																													
5																													
6																													

* 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
 Baker, Sarah E

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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria									
	BLOCK A					BLOCK B					BLOCK C		BLOCK C																		
	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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	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	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

* 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

SCHEDULE B

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Reporting Individual's Name
 Baker, Sarah E

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.

None

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.

Identification of Assets

Example	Central Airlines Common
1	
2	
3	
4	
5	

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)											Certificate of Divestiture	
		\$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 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$250,000,000	\$250,000,001 - \$500,000,000		Over \$50,000,000
Purchase														
Sale														
Exchange														

*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 Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1		
2		
3		
4		
5		

Reporting Individual's Name
 Baker, Sarah E

SCHEDULE B continued
(Use only if needed)

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Part I: Transactions

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (X)																					
		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	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											

*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.

Reporting Individual's Name
 Baker, Sarah E

SCHEDULE C

Page Number

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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

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.

None

Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable
Examples	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand
1					
2					
3					
4					
5					

Category of Amount or Value (X)	
\$10,001 - \$15,000	
\$15,001 - \$50,000	
\$50,001 - \$100,000	X
\$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 - \$250,000,000	
\$250,000,001 - \$500,000,000	
Over \$500,000,000	

*This category applies only if the liability is solely 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

Status and Terms of any Agreement or Arrangement		Parties	Date
Example	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
1	I am a participant in a Fidelity 401(k) retirement plan through my former employer, Hogan Lovells LLP. Hogan Lovells is not contributing to this fund.	Hogan Lovells, LLP	
2			
3			
4			
5			
6			

Reporting Individual's Name
 Baker, Sarah E

SCHEDULE D

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

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

None

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 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

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