

Executive Branch Personnel Public Financial Disclosure Report

Form Approved:
OMB No. 3209-0001

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

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 03/06/2014	Reporting Status (Check Appropriate Boxes) Last Name Batchelder	Calendar Year Covered by Report 2014	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year) 05/04/2015	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 Batchelder		First Name and Middle Initial Lily		Department or Agency (If Applicable) National Economic Council		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 Deputy Assistant to the President and Deputy Director		Telephone No. (Include Area Code) 202-456-1414		Do You Intend to Create a Qualified Diversified Trust? <input checked="" type="checkbox"/> No		
Location of Present Office (or forwarding address) 1600 Pennsylvania Avenue, NW, Washington, D.C. 20500		Title of Position Deputy Assistant to the President and Deputy Director		Name of Congressional Committee Considering Nomination Not Applicable		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue, NW, Washington, D.C. 20500		Title of Position(s) and Date(s) Held		
Presidential Nominee Subject to Senate Confirmation		Signature of Reporting Individual [Redacted]		Date (Month, Day, Year) 5/15/15		
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 Other Reviewer Mitchell Judd		Date (Month, Day, Year) 6/10/15		
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) 6/10/15		
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)						
* This report contains information for calendar year 2014 and up to the date of termination						
(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						

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.																			
	BLOCK B										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	Over \$25,000,001 - \$50,000,000	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	\$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	
None <input type="checkbox"/>																														
Examples																														
Central Airlines Common																														
Doe Jones & Smith, Hometown, State																														
Kempstone Equity Fund																														
IRA: Heartland 500 Index Fund																														
1 Vanguard Capital Opportunity Fund Investor Shares (403(b) and 457(b))		X																												
2 Vanguard International Explorer Fund (403(b) and 457(b))		X																												
3 Vanguard PRIMECAP Fund Investor Shares (403(b) and 457(b))																														
4 Vanguard Selected Value Fund (403(b) and 457(b))		X																												
5 Vanguard Target Retirement 2045 Fund (403(b) and 457(b))																														
6 Vanguard Total Stock Market Index Fund Institutional Shares (403(b) and 457(b))																														

* 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
 Batchelder, Lily L.

SCHEDULE A continued
 (Use only if needed)

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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.										Date (Mo., Day, Yr.) Only if Honoraria													
	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.																							
	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	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,001 - \$50,000,000	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	\$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 Vanguard Wellington Fund Investor Shares (403 (b) and 457(b))																																		
2 CREF Equity Index (403(b) and 457(b))			X																															
3 CREF Inflation-Linked Bond (403(b) and 457(b))			X																															
4 Citibank (checking and savings accounts)																																		
5 Vanguard 500 Index Fund (403(b))																																		
6 Vanguard Institutional Index																																		
7 Vanguard Windsor II (403(b) and 457(b))																																		
8 Vanguard Global Equity (403(b) and 457(b))																																		
9 American Funds Europacific Growth R6 (401(k))																																		

* 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
 Batchelder, Lily L.

SCHEDULE A continued
 (Use only if needed)

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BLOCK A	BLOCK B Valuation of Assets at close of reporting period	BLOCK C		Date (Mo., Day, Yr.) Only if Honoraria
		Type	Amount	
1 Dodge & Cox (401(k))	None (or less than \$1,001)	<input checked="" type="checkbox"/>		
	\$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	<input checked="" type="checkbox"/>		
Excepted Trust				
Qualified Trust				
Dividends				
Rent and Royalties				
Interest				
Capital Gains				
None (or less than \$201)		<input checked="" type="checkbox"/>		
\$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)				

* 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

Reporting Individual's Name
 Batchelder, Lily 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)										
	Purchase	Sale	Exchange		\$15,000 - \$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	Certificate of divestiture
Example Central Airlines Common				2/1/99		x									
1 Vanguard 500 Index Fund	x			7/1/14											
2 Vanguard Institutional Index	x			7/1/14											
3 Vanguard Windsor II		x		7/7/14											
4 Vanguard Global Equity		x		7/7/14											
5 Vanguard Institutional Index		x		7/7/14											

*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		

SCHEDULE C

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	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 - \$10,000,000	\$10,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000	Over \$100,000,000					
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 Access Group, Wilmington, DE	Student loan (Federal Consolidated Stafford)	2002	2.375	12/28/32																
2 Access Group, Wilmington, DE	Student loan (Law Access Private Loan)	1999	2.786	12/28/23																
3 Wells Fargo, Sioux Falls, SD	Student loan	1999	4.00	9/14/24																
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	Formerly on leave of absence as Professor of Law & Public Policy (tenured) - agreement to return to position upon termination of federal appointment	Doe Jones & Smith, Hometown, State	7/85
2	Continued participation in 403(b) and 457(b) plans (no contributions made by filer or former employer while on leave of absence since 6/10 - Agreement to resume contributions upon termination of federal appointment.)	NYU School of Law	06/10
3	Continued participation in 401(k) plan (no further contributions made by filer or former employer since left in 2002). Rolled over account to TSP in fall of 2014.	NYU School of Law	9/04
4		Skadden, Arps, Meagher and Flom	10/02
5			
6			

SCHEDULE D

Reporting Individual's Name
 Batchelder, Lily L.

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. None

Examples	Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	
	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State				6/92 7/85	Present 1/00
1			Non-profit education Law firm	President Partner		
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 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
	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State		
1			
2			
3			
4			
5			
6			