

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year) 05/04/2014		Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year) 07/10/2015
Reporting Individual's Name Bellevue		Last Name	First Name and Middle Initial Emmett	Title of Position Department or Agency (If Applicable) S		Title of Position Asst. to the President, Dir., WH Military Office White House Office	
Position for Which Filing		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Ave. Washington, DC		Telephone No. (Include Area Code) 202-456-1414		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		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" 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.	
Other Review (If desired by agency)		Signature of Reporting Individual		Date (Month, Day, Year) 7/10/2015		Signature of Designated Agency Ethics Official/Reviewing Official [Signature]	
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 Other Reviewer		Date (Month, Day, Year)		Date (Month, Day, Year) 7/25/2015	
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)	
(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"/>		(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"/>	

**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 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.  
 Agency Use Only  
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Reporting Individual's Name  
 Bellevau, Emmett S

**SCHEDULE A**

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Assets and Income	BLOCK A										BLOCK B										BLOCK C																			
	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.										Type										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	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria								
1	USAA Checking Account		X																X																					
2	Smithsonian Institution																																Spouse salary							
3	Spouse 401(k) TIAA Traditional			X														X																						
4	Spouse 401(k) CREF Stock				X																																			
5	Spouse 401(k) CREF Growth					X																																		
6	Spouse 401(k) CREF Global Equities						X																																	

\* This category applies only if the asset/income is solely that of the filer's spouse of 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.





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 Bellevue, Emmett S

**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:

- 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 (\$)												
						\$10,001 - \$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		
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs. on demand			X										
2	Great Lakes Educational Loan Services 2401 International Lane Madison WI53704	Consolidated Federal Student Loan	2004	2.875	20 years		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			
2			
3			
4			
5			
6			

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**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 or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. None

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

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