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)	o ⁶ (Check box if comments are		٥
Agency Use Only				
of filing.	cate number of days	(Check box if filing extension granted & indicate number of days		
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	f additional space	Comments of Reviewing Officials (
arrangements as of the date of filing,				Use Only
Schedule C, Part II (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.	7/25/2015	Manuel	A Tomas	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).
reporting period is the preceding calendar	Date (Month. Day: Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Desig	Agency Ethics Official's Opinion
Schedule B-Not applicable.				agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	r 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	7/10/205			ICERTIFY that the statements bave made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month. Day. Year)	rting Individual	Signature of Reporting Individual	Certification
Candidates for President and				
Nominces, New Entrants and	∑		Not Applicable	Presidential Nominees Subject to Senate Confirmation
at the date of termination. Part II of Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination Do You Intend to Co	Name of Congress	
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends	,	Title of Position(s) and Date(s) Held	Title of Position(s)	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of	202-456-1414	1600 Pennsylvania Ave. Washington, DC	1600 Pennsylvania	Present Office (or forwarding address)
the preceding calendar year except Part Il of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Address (Number,	Location of
Reporting Periods Incumbents: The reporting period is	6	Asst. to the President, Dir., WH Military Office White House Office	Asst. to the Preside	Filing
to a 5200 fee.	Department or Agency (II Applicable)	Department or Ag	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	G	Emmett	Beliveau	Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initial	Last Name	Reporting
Any individual who is required to file this report and does so more than 30 days	×	Candidate	(Check Appropriate Boxes)	05/04/2014
Fee for Late Filing	Termination Termination Date (If Appli-]	Reporting	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)

9

5	Oline	C.5. Other of Government Eurits						İ															l	ŀ	ĺ		ĺ	ĺ						
-	Reportin	Reporting Individual's Name											Ŋ	\mathcal{C}^{+}	SCHEDIILE		=		>													Pag	Page Number	
5	Sirdau,	Convoco, Lamber O											í				'					l											2 of	
П			-] !															1		1		
		Assets and Income	(*************************************	03	0.4	alı	of Jeff	Valuation of Assets at close of reporting period	200	ing SA)	Se.	ijo S	σ.					는 H	(Ç)	me ed,	рс С	9 0	and	d aı en	25 2	is i	. If	ded "X)ne	Bic Or	<u> </u>	Cf	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	n is
		BLOCK A	نور الانتوارات				m	BLOCK B	∺ \$2																RI O	RLOCK C	1.1							
za Prej Prej	n you, y	For you, your spouse, and dependent children, 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 report-		,,,)	00	000		nd				Туре)					⊳		Amount		_			
<u> </u>	due exce g perioc income th such	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.		1 51,001)	n				0,000	,	00,000	,000,000	0,000,000)	ent Fund				S .			n \$201)		·							000,000			Date (Mo., Day,
587	r yours	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 have not the amount of earned							- \$1,000	*000,000	1 - \$5,0	1 - \$25,	01 - \$50	000,000	Investm		Trust		Royaltie													00,000	Type & Actual Amount)	Only if Honoraria
2 2552	income of mo actual amoun your spouse).	report the source out not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse). None \[\]	್ಷಹ ಜ None (or l	\$1,001 - \$	\$15,001 -	\$50,001 -	\$100,001	\$250,001	\$500,001	Over \$1,00	\$1,000,00	\$5,000,00	\$25,000,0	Over \$50,0	Excepted I	Excepted '	Qualified '	Dividends	Rent and I	Interest	Capital Ga	None (or l	\$201 - \$1,	\$1,001 - \$	\$2,501 - \$	\$5,001 - \$	\$15,001 -	\$50,001 -	\$100,001	Over \$1,00 \$1,000,00		Over \$5,00		
		Central Airlines Common				×	Ή					l .			\Box			×	ļ	<u> </u>	<u> </u>	_	<u> </u>	<u> </u>			<u>} </u>	1	-	-	-	\vdash	i 	
Ĕ.	Examples	Doe Jones&Smith, Hometown, State			×													<u> </u>			نسبيس							_			-	==	Law Partnership Income \$130,000	
		Kempstone Equity Fund		<u></u>	╢	<u> </u>	İ	m	П						Ľ		إإ		 	 		<u> </u>	Ш	ப	<u> × </u>	ᆜ			 i	 	Н	\vdash		
·		IRA: Heartland 500 Index Fund		╟╢	Н	H			×						×				<u> </u>		L	Li	<u> </u>			×			H	H	H	\vdash		!
-) YYSN	USAA Checking Account		×																		<u>×</u>												
2	Smiths	Smithsonian Institution					<u>.</u>																										Spouse salary	
Ú	Spouse TIAA TI	Spouse 401(k) TIAA Traditional			×								, .							×				×										
42	Spouse 401(CREF Stack	Spouse 401(k) CREF Stock				×									X										Χ,									
s	Spouse 401(k CREF Growth	Spouse 401(k) CREF Growth			×										X										X			, <u></u>						
6	Spouse CREF	Spouse 401(k) CREF Global Equities			×	$\stackrel{\sim}{-}$									×										×				-					
	* This o	This category applies only if the asset/income is sòlely 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.	ne is hildre	sôlel in, n	y th	at o	oth f the	er h	r's s ighe	r cat	cgo	ies def	end of v	ent due,	chile as a	dren	opri	the ate.	asse	(/in	Com	e is	eith	er t	at c	քւհ	eTilo	er or	joi:	ntly	hek		ů	William The Land
I			١	ı	ı	ı	ı	ı	ı	ı	ı	ł	۱	I	١	۱	١	I	١	1	١	ı			l	١	ı	١	1	۱	1	۱		

	9	00	7	D.	5	4	Ļų	2	→			-		T	<u> </u>		1
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is eight the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.				Vanguard Total Stock Mkt Index Adm	Vanguard Total Int. Bond Index	Vanguard Total Bond Mkt Index Adm	Vanguard 529 College Savings Plan Aggressive Growth, sponsored by State of Nevada (#2)	Vanguard 529 College Savings Plan Aggressive Growth, sponsored by State of Nevada (#1)	Spouse 401(k) TIAA Real Estate			BLOCK A	Assets and Income		Beliveau, Emmett S	Reporting Individual's Name	
ie is							e	Ф									l
sole							· ·			None (or less than \$1,001)							۱
dy d				×	×	×	×	×	×	\$1,001 - \$15,000			22				ı
hat c								^		\$15,001 - \$50,000 \$50,001 - \$100,000		ł	Valuation of Assets at close of reporting period	-			ı
of th													e o	-			ı
e fill										\$100,001 - \$250,000		題	fre	-			ı
or's nigh										\$250,001 - \$500,000 \$500,001 - \$1,000,000		віоск в	b ii	-			ı
et co										Over \$1,000,000*		æ	E É				ı
use .										\$1,000,001 - \$5,000,000			SS	-	Ç	^	ı
or d orie													er e		5	7	l
s of epe										\$5,000,001 - \$25,000,000			iod			SCHEDIII F	l
nde: valı										\$25,000,001 - \$50,000,000		ļ			ا لا	ゴ	l
ie, a										Over \$50,000,000 Excepted Investment Fund					0 F	⊒	ı
orte s				×	×	×	×	×	×	Excepted Trust					(Use only if needed)	IJ	ĺ
en.										Qualified Trust		ł			₩ >	>	ı
If ti pria												-	H-1		nec	2	ı
નિ કુ										Dividends Rent and Royalties	┤ ⊣		C II		needed)	ر 3	ł
sset,										Interest	Туре		Income: type a checked, no oth		⊕ €	‡ .	ı
/inc										Capital Gains	<u>،</u>		ed,		ב	ر ش	l
ome						.,					-		no Vy		ב	2.	l
ise				-;-	_×	×	×			None (or less than \$201) \$201 - \$1,000	4		2 2		·		l
				×				-			-		anc				l
her that of the filer or jointly held								×	×	\$1,001 - \$2,500	-		eni				l
at 0										\$2,501 - \$5,000	-	BLOCK C	Z D				l
fthe										\$5,001 - \$15,000 \$15,001 - \$50,000	-	웃	isr				ı
file										\$50,001 - \$100,000	Amount	'	e F				ı
r or											۱ <u>ة</u>		ed X	-			ı
joir										\$100,001 - \$1,000,000	員		in	-			ı
ıtly										Over \$1,000,000*	-		路()	-			ı
held										\$1,000,001 - \$5,000,000	-		Ğ 🙀	-			1
. –							-			Over \$5,000,000	-		Cf			Page	ı
										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.		<u>o</u> ,	Page Number	
			-							Date (Mo., Day. Yr.) Only if Honoraria			1)" is tem.				

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

*

U.S. Office of Government Ethics									
Reporting Individual's Name Beliveau, Emmett S	Si	SCHEDULE	С				Page Number	으	
Part I: Liabilities	a mortgage on your personal residence	None							
to any one creditor at any time	unless it is rented out; loans secured by automobiles, household furniture				Category	Category of Amount or Value	or Value (x)		
during the reporting period by you,	or appliances; and liabilities owed to) -	
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 - ,000 ,001 - ,000	.001 - 0,000 0,001- 0,000	0,001 - 0,000 - 0,001 - 000,000	000,000* 000,001 000,000	000,001 ,000,000 ,000,001	,000,000 r ,000,000
Creditors (Name and Address)	Type of Liability	Incurred Rate	applicable	\$15 \$15	\$10 \$10 \$25	\$50 \$50 \$1,	\$1, \$5,	\$25	Ove
First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991 8%	25 yrs.		×			·	
	Promissory note	1999 10%	on demand			×			
Great Lakes Educational Loan Services 2401 International Lane Madison WI53704	Consolidated Federal Student Loan	2004 2.875	20 years	×					
2			<u></u>						
								···········	
5									
*This category applies only if the liability is with the spouse or dependent children, ma	*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's spouse or dependent children, mark the other higher categories, as appropriate.	lren. If the liability i		ler or a joint	or a joint liability of the filer	ıe filer			
Part II: Agreements or	r Arrangements	:							
Report your agreements or arrangemen employee benefit plan (e.g. pension, 40 tion of payment by a former employer	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 ing of negotiations for any	d (4) future of ions for any	employment. See instructions regarding the report- of these arrangements or benefits. None	t. See instr angements	uctions reg or benefit	arding the s.	e report No	None
Status and T	Status and Terms of any Agreement or Arrangement				Parties				Date
Example Pursuant to partnership agreement calculated on service performed the	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	artnership share	Doe Jones	& Smith, Hom	Smith, Hometown, State				7/85
and a		1							
2									
3			- <u>-</u>						
4-									
. 6	6 6	. 6		÷			e		
6									

Ç.	(A	4	 ~	-	Ş.	Τ	855% ८	<u></u>	ψı	4.	w	2	-	Ę	1		an Frag Re	 æ	₹ S	3
				PRETO CHERCIPIC CERCIA OL DOC JOINES RE JIHAMI, PULIE VOORIL, MARC	Examples Doe Jones & Smith, Hometown, State	Source (Name and Address)	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 one of more than \$5,000 compensation received by you or your non-profit organization where the reporting period. This includes the names of clients and customers of any other one of the U.S. G.							Examples Doe Jones & Smith, Hometown, State	Nat'l Assn. of Roo	Organization (Name and Address)	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	Beliveau, Emmett S	Reporting Individual's Name	S Office of Covernment Ethics
	,			- MIRCH PRINCE PROPERTY STATE		ind Address)	n in Excess of \$5,0 compensation received by you or you directly by you during any on led directly by you during any on he names of clients and customers are business enterprise, or any oth		The state of the s							e and Address)	Outside U.S. Gove applicable reporting period, wheth not limited to those of an officer, epresentative, employee, or consumer business enterprise or any			
			 		Lega		our year of of any							Law firm	Non-pro		er comp director tant of non-prof			
					Legal services in		וום] 	Non-profit education	T)	nt nt	SCH	1	
	ô ,				Legal services in connection with university construction	Br	by One Source Incumbent, Termination 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.				1000				n .	Type of Organization	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.	SCHEDULE D		
	٥.				Triction	ieľ Descrip	ln len Pr c paymer	,						Partner	President		l institut l entities			
						Brief Description of Dutles	po not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential Candidate. Presidential or Presidential Candidate. Items of more than \$5,000. You None Incomplete the property of the property o								7	Position Held	ion. Exclude position and those solely of an			
	:						tion File dential	;						7/85	6/92	From (Mo., Yr.	s with reli honorary		Page Number	
							you are er, or Vi Candida None)	gious, None	of	er	
							ice att		!					1/00	Present	To (Mo.,Yr.)	×			