OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) J.S. Office of Government Ethics Reporting Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) Filing Position for Which to the best of my knowledge. I CERTIFY that the statements I have made on this form and all attached Presidential Nominees Subject to Senate Confirmation (or forwarding address) Present Office Location of Individual's Name Office of Government Ethics schedules are true, complete and correct with applicable laws and regulations (subject to any comments in the box below). On the basis of information contained in this report, I conclude that the filer is in compliance Agency Ethics Official's Opinion Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) 3/15/2011 Other Review (If desired by Certification agency Reporting Status Bernard Name of Congressional Committee Considering Nomination | Do You Intend to Create a Qualified Diversified Trust? Title of Position(s) and Date(s) Held 1600 Pennsylvania Avenue, NW Washington DC 20502 Address (Number, Street, City, State, and ZIP Code) Social Secretary & Special Assitant to the President Title of Position Last Name Signature of Designated Agency Ethics Official/Reviewing Official Signature of Other Reviewer Not Applicable Boxes) Check Appropriate Signature Incumbent Calendar Year Covered by Report 895 4 (Check box If filing extension granted & indicate number of days (Check box if comments are continued on the reverse side.) New Entrant, Nominee, or Candidate The White House Jeremy First Name and Middle Initial Department or Agency (If Applicable) Ύes Termination Filer Telephone No. (Include Area Code) 202-456-1414 Date (Month, Day, Year) Date (Month, Day, Year) Date (Month, Day, Year) Date (Month, Day, Year) W/54/5010 5/15/2015 5/10/2015 \boxtimes 7 Termination Date (If Appli-cable) (Month, Day, Year) 1/8/2015 filed, or, if an extension is granted, more than 30 days after the last day of the the preceding calendar year except Part II of Schedule C and Part I of Schedule D this report and does so more than 30 days as of any date you choose that is within 31 days of the date of filing. at the date of termination. Part II of Schedule D is not applicable. where you must also include the filing after the date the report is required to be Candidates for President and Vice President: Nominees, New Entrants and Schedule D is not applicable. filing extension period, shall be subject the current calendar year up to the date of filing. Schedule C, Part II (Agreements or Arrangements)-Show any agreements or of the date of filing. year up to the date of filing. Value assets for income (BLOCK C) is the preceding covered by your previous filing and ends period begins at the end of the period Termination Filers: The reporting year up to the date you file. Part II of Incumbents: The reporting period is Schedule D -The reporting period is the preceding two calendar years and arrangements as of the date of filing. any date you choose that is within 31 days year and the current calendar year up to reporting period is the preceding calendar calendar year and the current calendar Schedule A-The reporting period Any individual who is required to file Schedule C, Part I (Liabilities)-The Schedule B-Not applicable. Fee for Late Filing Reporting Periods Agency Use Only OGE Use Only

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

* Th	Q	Ø,	4	فرية	Ŋ	John (Examples		For you, your report each a production of value exceeding period, or in income dur with such incure for yourself, amount of ear than from the south come of mo actual amoun your spouse). None	Reporting Indiv Bernard, Jeremy
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.						John Hancock Retirement Account (Aggressive Growth Port-Givo)	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometo	Central Airlines Common	BLOCK A 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 reporting period, or which generated more than \$200 in income during the reporting period, together with such income. 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). None	Reporting Individual's Name emard, Jeremy
ome is child							-			ļ		
s solu ren,	<u> </u>									<u> </u>	None (or less than \$1,001)	
aly t mar	<u></u>						ļ	L		<u> </u>	\$1,001 - \$15,000	
hat a						ļ	<u> </u>	<u> </u>	·×	 ×	\$15,001 - \$50,000 C P P P P P P P P P P P P P P P P P	
of th						×		 ×	 .	^	#100 001 #8250 000 A A A A A A A A A A A A A A A A A	
he fil	<u> </u>		<u> </u>	1.4				Î		Ϊ-	\$250,001 - \$500,000 \$500,001 - \$1,000,000	
er's high			 		: .		×	<u> </u>	Ì.	<u> </u>	\$500,001 - \$1,000,000	
er c		i	1 - 1 - 1		35 7	<u> </u>		i –	Ì	1	Over \$1,000,000*	
use .		 					 	 	\vdash	 	\$1,000,001 - \$5,000,000	
or d orie			· · · · ·				┝		 		\$5,000,001 - \$25,000,000	
s of	<u> </u>			ļ			<u> </u>	ļ	ļ	ļ	\$25,000,001 - \$50,000,000	S
nder valu	<u> </u>								<u> </u>	ļ	Over \$50,000,000	
, F 20 C						×	×	l I×	l	<u> </u>	Excepted Investment Fund	CHEDULE
ildr s ap	ļ					 ^		I I	Ļ—— 1	<u> </u>	Excepted Trust	J
en. prot		-	7. 7					<u> </u>			Qualified Trust	5
If the asset/inco priate.	\$100,000,000,000,000,000		 					j		×	PS1 - 1 1	
e e as			<u> </u>						Ī	Γ	Rent and Royalties Interest Capital Gains	
set/	 			 	ļ	 		 	<u> </u>	!	Interest e e e	'
inco	ļ			<u> </u>		<u> </u>		†	 		Oxpitat Game	
me						X		 		1	None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,000	
<u>15</u>							<u> </u>	 	} I	-	\$201 - \$1,000	
ther			 					 	 	i ×	\$1,001 - \$2,500	
tha	<u></u>					 		- ×	 		\$2,501-\$5,000 B F F	
me is either that of the filer or jointly held		<u> </u>				<u> </u>	×	<u> </u>	<u> </u>	Ì	\$2,501 \$5,000 \$5,001 \$15,000 \$15,001 \$50,000	
the :							\vdash		1		\$15,001 - \$50,000	
filer	 						<u> </u>	T	Γ	1	\$50,001 - \$100,000 AB C NO	
og j								<u> </u>	<u> </u>	1	\$100,001 - \$1,000,000	ľ
oint					 	<u> </u>		-	 	†	Over \$1,000,000*	
d Vi				 	l			<u> </u>	1	 	\$1,000,001 - \$5,000,000	
eld			T					1	1	 	Over \$5,000,000	Pa
								} 	Income \$130,000	 	None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$15,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 Over \$5,000,000 Over \$5,000,000 Over \$5,000,000 Compare the man \$201)" Income (or less than \$201)" Income (o	Page Number 2 of
						an Bashwaring November (1980))" is em Date (Mo., Day, Yr.) Only if Honoraria	প

<u>ج</u> 5	U.S. Office of Government Ethics Reporting Individual's Name		SCHEDULE B				Page Number
7 m	Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	lving None 🔀				
ומה	by you, your spouse, or dependent children during the reporting period of any	property used sound as your personal property used sound a transaction solely between your snorres or dependent child.	y between Transaction Type (x)	on	Amount of	nt of Transaction (x)	
р D D D D D D D D D D D D D D D D D D D	real property; stocks, bonds, commonly futures, and other securities when the amount of the transaction exceeded \$1,000.		block	Date (Mo., Day Yr.)	01 - 00 - 01 - 000 - 001 - 000 -	,000 ,001 - ,00,000 0,000* 0,001 - ,000,000 00,001 -	00,000
T	Identifica	identification of Assets	Purol	Exch	\$15, \$50, \$50, \$100 \$250 \$250	\$500 \$1,0 Over \$1,0 \$1,0 \$5,0 \$5,0 \$25,	\$50,0 Over
44	Example Central Afrlines Common		Х	2/1/99	*		
			-	÷		-	
_{[,1}	2						
ω							
4	4						
<i>υ</i> 1	S						
	*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.	sset is solely that of the filer's spouse or dependent children, use the other	pendent children. If the und ser higher categories of vali	erlying asset is eitl te, as appropriate.	her held		the version of
	Part II: Gifts, Reimbursements, and Travel Expenses	sements, and Travel	Expenses		NOT THE RESERVE OF TH		

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 for other exclusions. total value from one source, exclude items worth \$140 or less. See instructions

lone	
X	

(A	47	w	2	<u> </u>		mulomia	
						Fyamples	
					Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
						incident to national conference 6/15/99 (personal activity unrelated to duty)	Brief Description
					\$385	\$500	Value

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

ę.	Ŋ	4	3	72	1 5	Example		Reportion	Pa	¥T.	- 5	4	(,;	2	₽		Examples		duri you Chec duri	R P A	Berna	Repor
					ohn Hanc	ple		ort you doyee of pay	Part II:	nis cates th the s								Ω	ng the spous	rt I:	Bernard, Jeremy	ting Ind
					John Hancock Retirement Account (From Mapleton Investments; former employer)	Pursua calcula		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		gory apj pouse o						John Jones, Washington, DC	First District Bank, Washington, DC	Creditors (Name and Address)	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time	emy	Reporting Individual's Name
					rement A	nt to pa		ements plan (by a fo	Agreements	r depen						es. Wash	rict Bank,	(Маше а	ing pe epend t amou ing pe	bili over \$		s Nаппе
					ccount (F	rtnershij ervice p	S	or an e.g. pe mer e	те	ly if the ident ch						ington, D	Washing	ınd Addı	riod by ent chi nt owe riod. E	ties 10,000		
					rom Ma	erforme	tatus ar	angen nsion, mploy	nts	liabilit iildren,						Õ	ton, DC	ress)	yyou, Idren. id xcluc	owed		
				•	pleton inv	nent, wii d throug	ıd Term	ents fo 401k, er (inc	or /	y is sole mark ti										n		-
:	•				/estment	i receive h 1/00.	Status and Terms of any Agreement or Arrangement	or: (1) deferra luding	Arrangements	dy that te other				-		Promi	Mortg		or appliances; and liabilities owed to certain relatives listed in instructions See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by		
					s; former	յու ժառլ	Agreer	contin ed com severa	nge	of the fi higher						Promissory note	Mortgage on rental property, Delaware		iances; relativ rructio ts.	gage or it is rea		
	-				employe	ım payır	nent or	uing pa ipensal ince pa	me	iler's sp categor						6	ntai proj	Туре	; and li es listents of the control	i your		
					7)	ent of c	Arrange	articip; ion); (yment	nts	ouse or ies, as :							erty, De	Type of Liability	abilitie ed in it revolvi	person it; loar		
						apital ac	ment	ation ii 2) con 3); (3)		depend							aware	jty	s ower istruct ing cha	ial resi is secu		
						count &		ı an inua- leaves		lent chi iate.							 		I to ions. rge	dence red by		
						Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.		of :		dren. If						1999	19	Incur	J	No	SCHEDULE	
						hip shar		absenc ; of ne		the lial						99	1991	red	•	None 🛚	DU	
		'				ė		e; and gotiatic		oility is						10%	89%	Rate	Interest		LE C	
			+		Maple	Doe		(4) fut ms for		that of I						on demand	25 yrs.	applicable	Perm			
					Mapleton Investments	Doe Jones &		ure en any of		the filer		<u></u>			**************************************	nand	rs.					
-					stments	Smith,		of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. None		*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.				- ·		1.5	1	\$1 \$1	0,001 - 5,000 5,001 -			
						Hometown, State		ient. Se arrang		int liabi			: .		· · · · · · · · · · · · · · · · · · ·	_	×		0,000 0,001 00,000			
						n, State	Parties	ee insti ement		lity of t			:				- 	\$1	00,001- 50,000	Catego		
							Š.	ructior s or be		he filer		-	1.			×	 	\$5	50,001 00,000	y of Am		
								is rega mefits.									 	\$1 Ov		Category of Amount or Value (x)		P ₂
								rding									! 	\$1	,000,000* ,000,001- ,000,000	Value (Page Number
								the rep					:				 	- \$5	,000,001 - 5,000,000	×.	4 of	ber
			+		12/01	7/85	Da	None [\$5	5,000,001 - 0,000,000		গ	
150micron		Control of the Contro			2	C.	Date			***************************************						_	<u> </u>	95	er 0,000,000			

J.S. Office of Government Ethics					
Reporting Individual's Name Bernard, Jeremy		SCHEDULE D		Page Number S of	ហ
			1117()		
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, marked or not possitions include but are not limited to those of an officer, director, marked or not consultant of	Outside U.S. Gover plicable reporting period, whethe of limited to those of an officer, or consult.	ent pen- r,	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary	with religious, honorary	
any corporation, tirm, partnership, or other business enterprise or any non-profit	ther business enterprise or any n	on-profit		140	D
Organization (Name and Address)	and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Nat'l Assn. of Roc		Non-profit education	President	6/92	Present
Camples Doe Jones & Smith, Hometown, State	AMM (PROPERTY AMERICAN AMERICA		Partner	7/85	1/00
	***************************************	Triple and the second s			
3					
4					
5					
6					
Part II: Compensation	in Excess of \$5,00	id	Do not complete this part if you are an Incumbent, Termination Filer, or Vice	part if you ion Filer, or	are an Vice
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	mpensation received by you or you directly by you during any one names of clients and customers or business enterprise, or any other		ауп гол	dential Cand You No	None
Source (Name and Address)	d Address)	Brief	Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legal services			
Metro University (client of Doe Jones & Smith), Moneytown, State	mith), Moneytown, State	Legal services in connection with university construction	ction		
2		The second secon	The second secon		
3					
4					
5				-	
6			***************************************	The second secon	