OGE FORM 278 (Rev. 12/2011) 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)	(Check box if commen	
2/4/20/10 KK	i.		
Agency Use Only			
of filing.	t & indicate 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)	Comments of Reviewing Officials (If i
arrangements as of the date of filing.			Use Only
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Date (Month, Day, Year)	Signature	nt Ethics
year and the current catendar year up to any date you choose that is within 31 days of the date of filing.	9/9/2016	S D	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).
Schedule C, Part I (Liabilities)The reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion S
Schedule BNot applicable.			agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Signature of Other Reviewer	
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	September 9, 2016		I CERTIFY that the statements i have made on this form and all lattached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month, Day, Year)	Signature of Reporting Individual	
Nominees, New Entrants and Candidates for President and	2	Not Applicable	-
Schedule D is not applicable.	Do you intend to Create a Quantied Diversified Pustr	gressional Committee Considering Nomination	Presidential Nominees Subject
at the date of termination. Part II of		_	
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 Chief of Staff to the Deputy Chief of Staff for Operations Special Assistant to the Deputy Chief of Staff for Operations	Position(s) Held with the Federal Government During the Preceding C 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable	202.456-3323	1600 Pennsylvania Avenue NW	Office g address)
Il of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is		Special Assistant to the President and Advisor to the DCOS WHO	Filing S
to a \$200 fee.	Department or Agency (If Applicable)	Title of Position Department	
than 30 days after the last day of the filing extension period, shall be subject	D	Blakemore	Individual's Name
filed, or, if an extension is granted, more	First Name and Middle Initial	Last Name a	
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (If-Appli- Filer (able) (Nonth, Day, Year)	Reporting Incumbent Calendar Year Status (Check Appropriate Rows) Incumbent Calendar Year New Entrant, Covered by Report Nominee, or Candidate	Date of Appointment Candidacy, Election, por Nomination (Month, Day, Year) O7/13/2016
AND THE RESERVE OF THE PROPERTY OF THE PROPERT			U.S. Office of Government Ethics

OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
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Repor			For you report product value eding per in incomment with su	For yourself, amount of ear than from the report the sou income of moactual amour your spouse).		Examples			1 Bani	2	w	4	5	6
Reporting Individual's Name Blakemore, Emily D	Assets and Income	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).	Central Airlines Common	es Doe Jones & Smith, Hometown, State	Kempstone Equity Fund	IRA: Heartland 500 Index Fund	Bank of America (cash)					
						Ш	Ш	نط						
			1 \$1,001)	None (or less that		Ш	Ш	Ш						
	Valuation of Assets at close of reporting period			\$1,001 - \$15,000		\square	\sqsubseteq	Ш	×					
	Val			\$15,001 - \$50,00		×		\vdash						
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				Qualified Trust		1	-	\vdash						_
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>	Income: ty checked, no		H	Rent and Royaltie			H	\vdash	_					
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	d,			Capital Gains		\vdash	+	\vdash	-					
			n \$201)	None (or less tha		1	+	+	×					
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	ou.	BLOCK C		\$5,001 - \$15,000		-	 	×						
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	or or			\$1,000,001 - \$5,0			1	\top	1					
-	(or less Block C			Over \$5,000,000	-		+	1						
2 of	pe and amount. If "None (or less than \$201)" i other entry is needed in Block C for that item.		Other Income (Specify	Type & Actual Amount)	 	Law Partnership Income \$130,000								
5	1)" is em.		Date (Mo., Day,	Only if Honoraria										1)

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

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						Examples		uthority, lates, and	For you, y ion, and t iood, or e cood, or e 2) travel- han \$350	Part II	This catego						Example (nount of	nildren d	Part I: Report any	Reporting Individual Blakemore, Emily D	
					Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)	authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by	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	II: Gifts, Reimbursements,	*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.						Central Airlines Common	Identific	futures, and other securities when the amount of the transaction exceeded \$1,000 Include transactions that resulted in a loss.	children during the reporting period of any	Part I: Transactions Report any purchase, sale, or exchange hy your vour spouse, or dependent	Reporting Individual's Name Blakemore, Emily D	
					Leati	Airli		eimbursemer E xclude an	en, report the gible items, t gible items, t source totalir sived from or ful to indicate U.S.C. § 41	ements	set is solely th spouse or dep							Identification of Assets			Do not proper		
			v		Leather briefcase (personal friend)	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated		nts, include travel itinerary, ything given to you by	source, a brief descriptransportation, lodging, ng more than \$350 and ne source totaling more a basis for receipt, such [1] or other statutory	and Travel	at of the filer's spouse or depe sendent children, use the othe								Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	residence, or a transaction solely between vou, your spouse, or dependent child.	Do not report a transaction involving property used solely as your personal		
						ident to national		7 () () () () () () () () () (the U.S. received independ the dono total vall for other	Expenses	ndent children. r higher categor								ire" block o a E.	between hild.		SCHEDULE	}
						conference	Brief De		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.		If the und						×		urchase ale	Transaction Type (x)	None 🔲	LE B	- 1
						6/15/99	Brief Description		nent; giv atives; re atives; re eir relati nce. Als ne sourc ns.		lerlying a e, as app						2/	t	xchange	on			
						(personal			en to yo eceived l onship t o, for pu e, exclu		isset is eii ropriate.						/1/99		Date (Mo., Day, Yr.)				
						activity u			ur ageno by your by you; o o you; o urposes of de items		ther held							\$	1,001 - 15,000 15,001 - 50,000	-			
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Reporting Individual's Name Blakemore, Emily D	S	SCHEDULE C	ILE C							Page N	Page Number	으	5	
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None X					Catego	Category of Amount or Value	mount	or Val	ue (x)			
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	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	7		Torm if	0,001 - 5,000 5,001 -	0,000 0,001 -	00,000 00,001- 50,000	50,001 - 00,000	00,001 - ,000,000	er ,000,000*	,000,000	,000,001 - 5,000,000	5,000,001 - 0,000,000	er 0,000,000
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1:	\$50 \$50	\$10			Ov \$1	\$5			0v \$5
First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.		×					L			L
Examples John Jones, Washington, DC	Promissory note	1999		on demand	H	H		×						
1														
2														
3														
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S														
*This category applies only if the liability is so with the spouse or dependent children, mark	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the lia	bility is tha	at of the file	e filer or a joint liability of the filer	int liab	ility of	the file	14					
Part II: Agreements or	Arrangements													
ments , 4011 yer (ii	for: (1) continuing participation in an c, deferred compensation); (2) continua- ncluding severance payments); (3) leaves	of absence; and (4) futuing of negotiations for a	e; and (4 gotiations	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non-	re employment. See instructions rega ny of these arrangements or benefits	nent. S arran	ee inst gemen	ruction ts or t	ns re, senefi	gardii ts.	ng th	e rep	(0)	\times
Status and Ter	Status and Terms of any Agreement or Arrangement						Parties	es					D,	Date
Example Pursuant to partnership agreement, w	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	artnership shai	Гe	Doe Jones	& Smith,	Smith, Hometown, State	vn, State	100					7/	7/85
1													-	
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5 of 5	SCHEDULE D	emore, Emily D
Page Number		orting Individual's Name

Part I: Positions Held Outside U.S. Government

any corporation, firm, partnership, or other business enterprise or any non-profit trustee, general partner, proprietor, representative, employee, or consultant of 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,

Examples

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

Nat'l Assn. of Rock Collectors, NY, NY
Doe Jones & Smith, Hometown, State Organization (Name and Address) Non-profit education Law firm Type of Organization Partner President Position Held From (Mo., Yr.) 7/85 6/92 None X To (Mo., Yr. Present 1/00

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

non-profit organization when you directly provided the Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source

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corpor	corporation, firm, partnership, or other business enterprise, or any other	need not report the U.S. Government as a source.	None X
	Source (Name and Address)	Brief Description of Duties	
	н	Legal services	
Examples	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	
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