

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

|   |  |  |                                    |  |   |   |                                   |   |
|---|--|--|------------------------------------|--|---|---|-----------------------------------|---|
| Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)<br>07/13/2016  |  | Reporting Status (Check Appropriate Boxes)   | Incumbent <input type="checkbox"/> | Calendar Year Covered by Report  | New Entrant, Nominat., or Candidate <input checked="" type="checkbox"/> | Termination Date (If Applicable) (Month, Day, Year)   | Termination Cause (If Applicable) | <b>Fee for Late Filing</b><br>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<br>Blekemore  |  | Last Name  | Blekemore                          | First Name and Middle Initial  | Empty   | Department or Agency (If Applicable)  | D                                 |   |
| Position for Which Filing   |  | Title of Position<br>Special Assistant to the President and Advisor to the DCOS  |                                    | WHO  |   | <b>Reporting Periods</b><br>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.<br><br>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.   |                                   |   |
| Location of Present Office (or forwarding address)  |  | Address (Number, Street, City, State, and ZIP Code)<br>1600 Pennsylvania Avenue NW   |                                    | Telephone No. (Include Area Code)<br>202-456-3323  |   | Nominees, New Entrants and Candidates for President and Vice President:<br><br>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.<br><br>Schedule B--Not applicable.<br><br>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.<br><br>Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.<br><br>Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. |                                   |   |
| 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<br>Chief of Staff to the Deputy Chief of Staff for Operations<br>Special Assistant to the Deputy Chief of Staff for Operations |                                    | Do You Intend to Create a Qualified Diversified Trust?<br>Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |   |   |                                   |   |
| Presidential Nominees Subject to Senate Confirmation  |  | Name of Congressional Committee Considering Nomination   |                                    | Signature of Reporting Individual<br>[Redacted Signature]  |   |   |                                   |   |
| 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.                        |                                    | Date (Month, Day, Year)<br>September 9, 2016   |   |   |                                   |   |
| Other Review (If desired by agency)   |  | Signature of Other Reviewer  |                                    | Date (Month, Day, Year)  |   |   |                                   |   |
| Agency Ethics Official's Opinion  |  | Signature of Designated Agency Ethics Official/Reviewing Official  |                                    | Date (Month, Day, Year)<br>9/9/2016  |   |   |                                   |   |
| 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  |                                    | Date (Month, Day, Year)  |   |   |                                   |   |
| Office of Government Ethics Use Only  |  | 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"/><br><br>(Check box if comments are continued on the reverse side) <input type="checkbox"/> |   |   |                                   |   |
| Agency Use Only   |  | Date (Month, Day, Year)  |                                    | 9/9/2016 KHC   |   |   |                                   |   |
| OGE Use Only  |  |  |                                    |  |   |   |                                   |   |







Reporting Individual's Name  
 Blakemore, Emily D

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## SCHEDULE D

### 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.

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

None

### 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

| 1        | Source (Name and Address)  | Type of Organization  | Position Held | From (Mo., Yr.) | To (Mo., Yr.) |
|----------|--|---|---------------|-----------------|---------------|
| Examples | Doe Jones & Smith, Hometown, State<br>Metro University (Client of Doe Jones & Smith), Moneytown, State | Legal services<br>Legal services in connection with university construction |               |                 |               |
| 1        |  |   |               |                 |               |
| 2        |  |   |               |                 |               |
| 3        |  |   |               |                 |               |
| 4        |  |   |               |                 |               |
| 5        |  |   |               |                 |               |
| 6        |  |   |               |                 |               |