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

## 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)		
Agency Use Only	· · ·		
of filing,	(Check box if filing extension granted & indicate number of days)	(Check b	
Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date	side of this sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials
arrangements as of the date of filing.			Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)	Signalue	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.	5/19/2015	for mad	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	d/Reviewing Official Date (Month, Day, Year)	Signature of Designated Agency Bthics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.	5/19/2015	m	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	Other Review (If desired by
Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets	5/19/2015		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)	Signature of Reporting Individual	Certification
Nominees, New Entrants and Candidates for President and	Yes X No	Not Applicable	to Senate Confirmation
Schedule I) is not applicable.	Do You Intend to Create a Qu	Name of Congressional Committee Considering Nomination	Presidential Nominees Subject
Termination Filers: The reporting period begins at the end of the period covered by your previous pair if of at the date of termination pair if of	Feb 2012 to July 2014)	Title of Position(s) and Date(s) Held SAP and Assistant Communications Director (Feb 2012 to July 2014)	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 Schedule II is not applicable.	DC 20502 202-456-1414	1600 Pennsylvania Avenue NW, Washington, DC 20502	
the preceding calendar year except Part II of Schedule C and Part I of Schedule D	Code) Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is	atives Communications	SAP and Director of Strategic & Message Initiatives	Position for Which Filing
to a \$200 fee.	Department or Agency (If Applicable)	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	uordan	Burke	Reporting Individual's Name
after the date the report is required to be	First Name and Middle Initial	Last Name	
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Report Nominee, or Candidate Termination Termination Date (If Appli- Report Nominee, or Filer Marin Cable) (Marin Day, Year)	1. Reporting incumbent Calendar Year Status (Check Appropriate Covered by Report Boxes)	Date of Appointment Candidacy, Election, or Nomination (Month, Day, Year) 07/24/2014
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Burke, Jordan M			For you, report ex production value exc ing period in income	For yourself, amount of ear than from the report the sou income of mo actual amount your spouse).  None		Examples			1 Bank o	2 Roth IF	3	4	မြောင်းမှာ အ	ंसुस क
urke, Jordan M	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	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 honoratia over \$200 of your spouse).	Central Airlines Common	Doe Jones & Smith, Hometown, State	Kempstone Equity Fund	IRA: Heartland 500 Index Fund	Bank of America, Checking Account	Roth IRA: Vanguard 500 Index Fund				
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

U.S. Office of Government Ethics					***************************************	-	SHOW SHOW	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which i		_	
Reporting Individual's Name Burke, Jordan M	SCHEDULE	ULE	₩							ে ু দ্ব	Page Number
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None X	<u> </u>								
by you, your spouse, or dependent	property used solely as your personal residence, or a transaction solely between	Trans	orton		1					3	
real property, stocks, bonds, commodity	you, your spouse, or dependent child.	Type (x)	(x)				Spirit in	Allio	Amount of transaction	Į į lai	msact
lutures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	nase	тапде	Date (Mo., Day, Yr.)	)01 5	,001 - ,000	,001 - 0,000	0,001 - 0,000 0,001 +	0,000	000,000	00,000* 00,001 -
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Part II: Gifts, Reimbursements,	Expe	S	underly alue, as	*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 with the spouse or dependent children, use the other higher categories of value, as appropriate.	either e:	held					
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; gireceived from relatives; independent of their relative donor's residence. A total value from one sou for other exclusions.	inderly alue, as	ng asset is appropria	either	held					
Source (Name and Address)			mderly alue, as alue, as alue, as entire their relative their relative, dence, none s sions.	children. If the underlying asset is either held reategories of value, as appropriate.  PISES	either e	held held gency our sy our sy our sy coms of	in coouse prov	or de lded : 05 \$14(	otion otion of the control of the co	with with dent of trees to less.	office child all ho of detections.
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Date			Parties							Status and Terms of any Agreement or Arrangement		
None	rding the rep	of absence; and (4) future employment. See instructions regaing of negotiations for any of these arrangements or benefits.	instruc nents o	ıt. See rangen	loymen hese arı	e emp	4) futur ns for ar	ce; and ( gotiation	of absending of ne	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	your agreements or see benefit plan (e.g. payment by a forme	eport mploy ion of
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	r Value (x)	Category of Amount or Value	ategory o	್ಷ					None X	<b>es</b> a mortgage on your personal residence unless it is rented out; loans secured by time automobiles, household furniture	Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time	ar1
	Page Number 4 of	*e					( )	JLE (	SCHEDULE C	SC	Reporting Individual's Name Burke, Jordan M	eportin urke, J
											U.S. Office of Government Ethics	J.S. Offic