

Executive Branch Personnel Public Financial Disclosure Report

Form Approved: OMB No. 3209 - 0001

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

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	01/04/2016	Reporting Status (Check Appropriate Boxes)	<input type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Termination	<input type="checkbox"/> Filer <input type="checkbox"/> Termination Date (if Applicable) (Month, Day, Year)	Fee for Late Filing 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	Ceronsky	Last Name	First Name and Middle Initial Megan M			
Position for Which Filing	SAP and Deputy Counsel to the President Department or Agency (if Applicable) EOP					
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 202-395-1181 202-395-1181					
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 Senior Policy Advisor, Office of Energy and Climate Change, Domestic Policy Council, Executive Office of the President, January 26, 2015 - January 3, 2016					
Presidential Nominee Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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. Nominees, New Entrants and Candidates for President and Vice President: 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. Schedule B—Not applicable. 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. Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing. Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.	
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.					
Other Review (if desired by agency)	Signature of Reporting Individual [Redacted] Date (Month, Day, Year) 2/2/2016 Signature of Other Reviewer Date (Month, Day, Year) 3/15/16					
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official Rachel Dowell Date (Month, Day, Year) 3/15/16					
Office of Government Ethics Use Only	Signature Date (Month, Day, Year)					
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"/> (Check box if comments are continued on the reverse side) <input type="checkbox"/>					
Agency Use Only				OGE Use Only		

Reporting Individual's Name
 Ceronsky, Megan M

SCHEDULE A

Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.												
	BLOCK B										BLOCK C												
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000
Type	Dividends	Rent and Royalties	Interest	Capital Gains	Qualified Trust	Excepted Trust	Excepted Investment Fund	Dividends	Rent and Royalties	Interest	Capital Gains	Dividends	Rent and Royalties	Interest	Capital Gains	Dividends	Rent and Royalties	Interest	Capital Gains	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)	Only if Honoraria	
None <input type="checkbox"/>																							
Examples																							
Central Airlines Common																							
Doc Jones & Smith, Hometown, State																							
Kempstone Equity Fund																							
IRA: Heartland 500 Index Fund																							
1 Environmental Defense Fund salary																							
2 The Growth Fund of America (AGTHX)																							
3 Vanguard Prime Money Market Fund (VMMXX)																							
4 Vanguard Target Retirement 2040 Fund (VFORX)																							
5 Vanguard Total International Stock Index Fund Investor Shares (VGTIX)																							
6 Vanguard Total Stock Market Index Fund Investor Shares (VTSMX)																							

* This category applies only if the asset/income is solely that of the filer's spouse or 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.

Reporting Individual's Name
 Ceronisky, Megan M

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C Amount											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000			Over \$5,000,000
1 Vanguard Total Bond Market Index ADM (VBTLX)																									
2 T Rowe Price Mid Cap Value Advisor (TAMVX)																									
3 Vanguard Extended Market Index Admiral (VEXAX)																									
4 AM Fds EuroPacific Growth A (AEPGX)																									
5 PIMCO Funds Total Return III Admin (PRFAX)																									
6 Vanguard 500 Index Admiral Shares (VFIAX)																									
7 Invsco Growth and Income (ACGIX)																									
8 Royce Total Return (RYTRX)																									
9 TIAA Crf Social Choice Equity (TISCX)																									

* This category applies only if the asset/income is solely that of the filer's spouse or 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.

Reporting Individual's Name

SCHEDULE A continued
(Use only if needed)

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BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period	BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	BLOCK C Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria						
			Type	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*			\$1,000,001 - \$5,000,000	Over \$5,000,000				
1 Bank of America Bank Account	<input checked="" type="checkbox"/> None (or less than \$1,001) <input type="checkbox"/> \$1,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000* <input type="checkbox"/> \$1,000,001 - \$5,000,000 <input type="checkbox"/> \$5,000,001 - \$25,000,000 <input type="checkbox"/> \$25,000,001 - \$50,000,000 <input type="checkbox"/> Over \$50,000,000	<input checked="" type="checkbox"/> None (or less than \$201) <input type="checkbox"/> \$201 - \$1,000 <input type="checkbox"/> \$1,001 - \$2,500 <input type="checkbox"/> \$2,501 - \$5,000 <input type="checkbox"/> \$5,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000* <input type="checkbox"/> \$1,000,001 - \$5,000,000 <input type="checkbox"/> Over \$5,000,000	Dividends	Capital Gains	Interest	Rent and Royalties	Dividends	Qualified Trust	Excepted Trust	Excepted Investment Fund	Dividends	Capital Gains	Interest	Rent and Royalties	Dividends	Qualified Trust	Excepted Trust	Excepted Investment Fund	Other	Date
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				

* This category applies only if the asset/income is solely that of the filer's spouse or 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.

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

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SCHEDULE B

Reporting Individual's Name
Ceronisky, Megan M

Part I: Transactions

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.

Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

Identification of Assets

Example	Central Airlines Common	Date (Mo., Day, Yr.)	Amount of Transaction (x)													
			Purchase	Sale	Exchange	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of Divestiture
1		2/1/99	x													
2																
3																
4																
5																

*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.

Part II: Gifts, Reimbursements, and Travel Expenses

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

None

Source (Name and Address)		Brief Description	Value
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$185
1			
2			
3			
4			
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Reporting Individual's Name
 Ceronsky, Megan M

SCHEDULE C

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Part I: Liabilities

Report liabilities over \$10,000 owed 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

a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)												
Examples	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	Over \$50,000,000	\$50,000,001 - \$50,000,000	\$25,000,001 - \$50,000,000	\$10,000,001 - \$25,000,000	\$5,000,001 - \$10,000,000	\$1,000,001 - \$5,000,000	Over \$1,000,000*	\$500,001 - \$1,000,000	\$250,001 - \$500,000	\$100,001 - \$250,000	\$50,001 - \$100,000	\$15,001 - \$50,000	\$10,001 - \$15,000
1													x					
2																		
3																		
4																		
5																		

* 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.

Part II: Agreements or Arrangements

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 employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. None

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doc Jones & Smith, Hometown, State	7/85
2	I will continue to participate in the Van Ness Feldman defined contribution plan. The firm will not make further contributions.	Van Ness Feldman LLP, Washington, D.C.	11/08
3	I will continue to participate in the Environmental Defense Fund defined contribution plan. EDF will not make further contributions.	Environmental Defense Fund, Washington, D.C.	3/11
4			
5			
6			

Reporting Individual's Name
 Ceronisky, Megan M

SCHEDULE D

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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. None

Examples	Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)		
	Nat'l Assn. of Rock Collectors, NY, NY	Doe Jones & Smith, Hometown, State			6/92	7/85	Present
1	Environmental Defense Fund, 1875 Connecticut Ave NW #600, Washington, D.C. 20009		Non-profit environment	Director of Regulatory Policy and Senior Attorney	03/2011	01/2015	
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3							
4							
5							
6							

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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. None

Examples	Source (Name and Address)		Brief Description of Duties
	Doe Jones & Smith, Hometown, State	Metro University (client of Doe Jones & Smith), Hometown, State	
1	Environmental Defense Fund	Directed regulatory policy and served as a senior attorney for the Legal and Regulatory Team within the climate and clean air program.	Legal services Legal services in connection with university construction
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6			