Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 9001

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Agency Use Only			en inique en inique
of filing.	Indicate number of days	(Check box if filing extension granted & indicate number of da	k dangundiga anda guaran
the preceding two calendar years and 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
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	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.	5/24/2015	Ar mad	On the basis of information contained in this report, I conclude that the filter is in compliance with applicable laws and regulations (subject to any comments in the box below).
reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.	21/22/18	A. A	(il desired by 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	OtherReview
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	4-21-15		I CHRITITY that the statements I have 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	Z Z	Not Applicable.	to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination	Presidential Nominees Subject
		Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
the preceding calcinear year except rair II of Schedule D 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.	Telephone No. (Include Area Code) 202-456-1414	Address (Number Street, City, State, and ZIP Code) 1600 Pennsylvania Ave NW, Washington, D.C. 20502	Location of Present Office (or forwarding address)
Reporting Periods Incumbents: The reporting period is		President / Deputy Chief of Staff	Position for Which Filing
to a \$200 fee.	Denarment or Avency (If Applicable)		
area, whe vare-separt is required to per filed, or, if an extension is granted, more than 30 days after the last day of the filling betweenion marked, shall be subject	First Name and Middle Initial Anita		Reporting Individual's Name
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- Piler	Reporting Incumbent Calendar Year New Entrant, Status (Check Appropriate X 2014 Candidate	Date of Appointment, Candidary, Election, or Nomination (Month, Dav. Year)

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2,,,		A Company of the Comp	Example 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 real property, stocks, bonds, commodity	Report any purchase, sale, or exchange by you, your spouse, or dependent	Part I: Transactions	Reporting Individual's Name Decker Breckenridge, Anita	C.C. Cateor of Constitutions Ferros
	and the same		×	dentification of Assets		you, your spouse, or dependent child.	Do not report a transaction involving property used solely as your personal		SCHEDULE B	
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Part II: Gifts, Reimbursements, and Travel Expenses

(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 tion, and the value of: (1) gifts (such as tangible items, transportation, lodging food, or entertainment) received from one source totaling more than \$350 and For you, your spouse and dependent children, report the source, a brief descrip-

> 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 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 for other exclusions.

None X



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	and the second and th						Frank Jones, San Francisco, GA	PARTY SECTION SECTIONS	Source (Name and Address)	
								Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	Brief Description	
CHARLES AND							\$385	\$500	Value	**************************************

^{*}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.

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

U.S. Office of Government Ethics		
Reporting Individual's Name Decker Breckennigge, Anita	SCHEDULE B continued (Use only if needed)	16d Page Number
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						-	Status and Ti	Part II: Agreements or Report your agreements or arrangement employee benefit plan (e.g. pension, 401 tion of payment by a former employer (is category applies only if the liability is the spouse or dependent children, mar						_	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	Fart I: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time	Decker Breckenridge, Anita	Reporting Individual's Name
na taka esiminminin na katingapakhinek kyöle yinkepisek kekké jeléje keroja jerosopola ja gistorak kekaka kati Katin katin katin katin kekaka ke						Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1700.	Status and Terms of any Agreement or Arrangement	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) continua- tion of payment by a former employer (including severance payments); (3) leaves	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.						Promissory note	Morigage on rental property, Delaware	Type of Liability	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 automobiles, household furniture	S	
WATTOP HE THE NEW NEW THE THE COLUMN TO THE						ourtnership share	The second of th	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.	dren. If the liability is	-					1999 10%	1991 8%	Incurred Rate		None	SCHEDULE C	
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Reporting Individual's Name Decker Breckenridge, Anita		SCHEDULE D		Page Number
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Part I: Positions Held Outside U.S.	utside U.S. Gove	7		The state of the s
sated or not. Positions field 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	licable reporting period, wheth t limited to those of an officer, esentative, employee, or consul		organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.	with religious, ionorary
any corporation, min, partificially, or other pushess enterprise or any non-profit	ter pusiness enterprise or any i	non-profit		None
Organization (Name and Address)	d Address)	Type of Organization	Position Held	From (Mo. Yr.) To (Ma. Yr.)
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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 oneed not report the U.S. Goodporation, firm, partnership, or other business enterprise, or any other	In Excess of \$5,00 pensation received by you or you in grant one directly by you during any one lines of clients and customers of usiness enterprise, or any other usiness enterprise, or any other controls.	OO Paid by One Source. Do not complete incumbent, I non-profit organization when year of you directly provided the services generating a fee or payment of more than need not report the U.S. Government as a source.	Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. ayment of more than \$5,000. You None [7]	part if you are an on Filer, or Vice ential Candidate.
Source (Name and Address)	ddress)	Brief	Brief Description of Dities	· · · · · · · · · · · · · · · · · · ·
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