
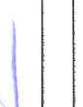
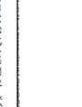


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 02/09/2015	Reporting Status (Check Appropriate Boxes) Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate <input type="checkbox"/> Termination Filer <input type="checkbox"/> Termination Date (if Applicable) (Month, Day, Year)	Calendar Year Covered by Report 2015	First Name and Middle Initial Robert I	Department or Agency (if Applicable) White House Office of Public Engagement	Telephone No. (Include Area Code) 202-456-1414	Do You Intend to Create a Qualified Diversified Trust? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name of Congressional Committee Considering Nomination Not Applicable
Reporting Individual's Name Diamond		Title of Position Director of Private Sector Engagement Special Assistant to the President		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue, Washington, DC 20501			
Position for Which 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					
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable					
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.		Signature of Reporting Individual 		Date (Month, Day, Year) 4/15/16		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.	
Other Review (if desired by agency)		Signature of Other Reviewer 		Date (Month, Day, Year) 6/9/16		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.	
Agency Ethics Official's Opinion 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 of Designated Agency Ethics Official/Reviewing Official 		Date (Month, Day, Year) 6/9/16		Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.	
Office of Government Ethics Use Only		Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)					
Agency Use Only 4/15/16 KHK		OGE Use Only					

(Check box if filing extension granted & indicate number of days _____)

(Check box if comments are continued on the reverse side)

Reporting Individual's Name
 Diamond, Robert I

SCHEDULE A

Page Number

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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).

None

Examples

- Central Airlines Common
- Doc Jones & Smith, Hometown, State
- Kempstone Equity Fund
- IRA: Heartland 500 Index Fund

Valuation of Assets at close of reporting period

BLOCK B

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*

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

Type

BLOCK C

Dividends
 Rent and Royalties
 Interest
 Capital Gains
 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

Other Income (Specify Type & Actual Amount)
 Law Partnership Income \$130,000

Date (Mo., Day, Yr.)
 Only if Honoraria

* 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
 Diamond, Robert I

SCHEDULE A continued
 (Use only if needed)

Page Number

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BLOCK A	BLOCK B		BLOCK C												
	Valuation of Assets at close of reporting period		Type	Amount											
Assets and Income	None (or less than \$1,001)	\$1,001 - \$15,000	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
(s) L'Oreal 401k Retirement Plan: Vanguard 500 Index Fund Investor Shares		X					X								
<i>New York State Government</i>														<i>Salary</i>	<i>1/18-3/18/18</i>

* 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.

per filer (95)

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

SCHEDULE B

Page Number 4 of 7

Reporting Individual's Name
 Diamond, Robert I

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

1
2
3
4
5

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)											
		\$1,001 - \$5,000	\$5,001 - \$10,000	\$10,001 - \$25,000	\$25,001 - \$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	Over \$25,000,000
Purchase	2/1/99	x											
Sale													
Exchange													

* 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 Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1			
2			
3			
4			
5			

Reporting Individual's Name
 Diamond, Robert I

Page Number

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SCHEDULE C

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	\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,000* Over	\$5,000,001 - \$10,000,000	\$10,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000	Over \$100,000,000
1								x									
2										x							
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	New York State Government Common Retirement Fund. My former employer no longer contributes to this retirement fund	Doe Jones & Smith, Hometown, State New York State Government	7/85 04/13
2			
3			
4			
5			
6			

SCHEDULE D

Reporting Individual's Name
 Diamond, Robert I

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.)		
	Natl Assn. of Rock Collectors, NY, NY	Doe Jones & Smith, Hometown, State			6/92	7/85	Present
1	New York Government, office of the Governor		State Government	Director of Intergovernmental Affairs	4/13	8/15	
2							
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.

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 []

Examples	Source (Name and Address)		Brief Description of Duties
	Doe Jones & Smith, Hometown, State	Metro University (client of Doe Jones & Smith), Moneytown, State	
1			
2			
3			
4			
5			
6			

per Filer (05)