Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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			Comments of Reviewing Officials (Office of Government Ethics Use Only	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).	Agency Ethics Official's Opinion	(if desired by agency)	Other Review	J 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.	Certification	to Senate Confirmation	Presidential Nominees Subject	Position(s) Held with the Federal Government During the Preceding 12 Months (II Not Same as Above)	Or forwarding address)	Location of	Filing		Individual's Name	Reporting	Date of Appointment, Candidacy, Election, or Nomination (Worth, Day, Year)
	3	0	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	organie	Tachel Dowell	Signature of Designated Agency Ethics Official/Reviewing Official		Signature of Other Reviewer		Signature of Reporting Individual	Not Applicable	Name of Congressional Committee Considering Nomination	Title of Position(s) and Date(s) Held Deputy Director & Deputy Social Secretary (5/2013-5/2015) SAP & Social Secretary (5/2015 - Present)	1600 Pennsylvania Avenue, NW, Washington, DC 20500	Address (Number, Street, City, State, and ZIP Code)	SAP & Social Secretary	Title of Position	Dyer	Last Name	Reporting Incumbent Caler Status (Check Appropriate Boxes)
(Check box If comments a		(Check box if filing extension granted & indicate number of days	everse side of this sheet)			Official/Reviewing Official					Yes	-	(5/2013-5/2015)	ngton, DC 20500	nd ZIP Code)	Executive Office of the President	Department or A	Deesha	First Name and Middle Initial	Calendar Year Covered by Report Candidate Candidate
(Check box If comments are continued on the reverse side)		dicate number of days)		Dave (MODUL, DAV, Teal)	4/27/16	Date (Month, Day, Year)	4/20/2016	Date (Month, Day, Year)		Date (Month, Day, Year)	X	Do You Intend to Create a Qualified Diversified Trust?		202-456-4612	Telephone No. (Include Area Code)	of the President	Department or Agency (If Applicable)	A	Middle Initial	Termination Termination Date (If Appli- Filer Cable) (Month, Day, Year)
OGE Use Only	Agency Use Only	of fling.	Schedule D.—The reporting period is the preceding two calendar years and the current calendar year up to the date	Arrangements)—Show any agreements or arrangements as of the date of filing.	year and the cuttent calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C Part II (Agreements or	reporting period is the preceding calendar	Schedule B-Not applicable.	as of any date you choose that is within 31 days of the date of filing.	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	Vice Fresident;	Nominees, New Entrants and Candidates for President and	Schedule D is not applicable.	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	where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	In of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	to a \$200 fee.	than 30 days after the last day of the filling extension period, shall be subject	filed, or, if an extension is granted, more	

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Reporting Individual's Name yer, Deesha A	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).	Central Airlines Common	Doe Jones & Smith, Hometown, State	Kempstone Equity Fund	IRA: Heartland 500 Index Fund	Pennsylvania REIT (PEI)			, and a second s		THE THE PARTY OF T
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name	S	SCHEDULE	В		TO THE PERSON NAMED IN	THE SECTION OF THE SE			Page Number	umber	ON THE OWNER OF THE OWNER OWNER OF THE OWNER OWN	
Part I: Transactions		and the second s			- Anna Anna Anna Anna Anna Anna Anna Ann	Address:			V	5	약	V
	Do not report a transaction involving property used solely as your personal	ng None										
children during the reporting period of any real property, stocks, bonds, commodity	residence, or a transaction solely between you, your spouse, or dependent child.		Transaction Type (x)				Amoun	t of Tr	Amount of Transaction	on (x)		
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" to indicate sales made pursuant to a certificate of divestiture from OGE.	block		Date (Mo., Day. Yr.)	01 - 000 001 -	000 001; - 0,000 0,001 -	,001),001 - 00,000	00,000*	00,000 00,000 000,000	00,001 - 00,000	000,000 licate of titure
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Part II: Gifts, Reimbursements, and Travel I 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	ments, and Travel Expense or dependent children, use the other himser or dependent children, use the other himser himser himser himser himser himser hand. Travel Expreport the source, a brief descripter items, transportation, lodging, rece totaling more than \$350 and do from one source totaling more to indicate a basis for receipt, such S.C. § 4111 or other statutory bursements, include travel itinerary, chude anything given to you by	pendent children. If the underlying asset is either held her higher categories of value, as appropriate. Expenses 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. Sec instructions for other exclusions. None	alue, as apalue, as apalue, as apriment; girelatives; their relatidence. Aldence. Alono one sour	asset is ei propriate. propriate. ven to yo received l' tionship t tso, for pu ree, exclu	ur agen by your o you; c urposes de item	1 cy in co spouse of aggres worth	nnectic or depo ded as segating \$140 c	on with endent person gifts t	h offici t child nal hos to deter	ial trav totally ipitality rmine : nstruct:		
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*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. 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 Status and Terms of any Agreement or Arrangement Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share acculated on service performed through 1/00. Doe Jones & Educated on service performed through 1/00.						Promissory note	Mortgage 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	S
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Report any positions led during the applicable reporting period, wheeler compensation or reducational institution. Exclude positions with religious sated 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. Notice No
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