## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	continued on the reverse side)	(Check box if comments are continued on the re		
Agency Use Only				
oi ming.	ate number of days)	(Check box if filing extension granted & indicate number of days	(Check box if fili	nadovovania intercenta
the preceding two calendar years and the current calendar year up to the date		this sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (II
Arrangements)—Snow any agreements or arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)		Signature	nt Fthics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	2/22/16		Tachel Donell	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	Date (Month, Day, Year)	wing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.	2/22/16		Justing Whale	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	2/18/16			I CLE III: Y that the statements 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 Candidates for President and	× No	Yes	Not Applicable	to Senate Confirmation
Schedule D is not applicable.	reate a Qualified Diversified Trust?	nation Do You Intend to Ci	Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Div	Presidential Nominees Subject
Termination Filers: The reporting period begins at the end of the period covered by four previous filing and ends are the date of forming the period of the			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)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414		1600 Pennsylvania Ave, NW, Washington DC 20502	ice dress)
the preceding calendar year except Part  If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is	f the President	Executive Office of the President	Asst to the President and Director of Legislative Affairs	Filing
to a \$200 fee.	Department or Agency (If Applicable)	Department or Ag	Title of Position	Doores on For Without
than 30 days after the last day of the filing extension period, shall be subject	В	Katherine	Fallon	l's Name
after the date the report is required to be filed, or, if an extension is granted, more	ddle Initial	First Name and Middle Initial	Last Name	Reporting
Delicion teleproneur de la companya del companya de la companya del companya de la companya de l	Termination Termination Date (If Appli- Filer State) (Nonth, Day, Year) 02/22/2016	New Entrant, Nominee, or Candidate	Reporting Incumbent Calendar Year Status Covered by Report Covered by Report Eboxes)	Date of Appointment, Candidacy, Election, or Nomination (Month, Dav, Year) 05/06/2013

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	Assets and Income			at	Valuation of Assets at close of reporting period	lua Se c	of r	on (	of./	ng j	ets	od		ANNE PUBLICATION				Che	Ç û	де:	rg Ty	oth	er e	anc	ou.	ort.	eed."	ed No.	ne ( in )	Slo Slo	les:	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	"is m.
	BLOCK A						BLC	BLOCK B	₩															DJ.	BLOCK C	κ O							
For you, report e producti value exc ing period in incom with suc	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	48948p	\$1,001)	TO SAN ELECTRON MONTH CONTRACTOR AND	DOWNSON WITH COMPANY CONTRACTOR OF THE STATE OF T				000	0.000	***************************************		000,000		nt runa				Type	0	\$201)	42011	TOLINATION MAIN AND CONTROL OF CO	TO COMPANY TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	NAME AND ADDRESS OF THE PARTY O				=======================================		th the things the state of the second party and extremely considered the second party and the	Other	Date
For yourself, amount of ear than from the report the sou income of mo actual amour your spouse).	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).	र हिन्दी हैं	None (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25,	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investme	Excepted Trust  Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	Over \$5,000,000	(specify Type & Actual Amount)	II.) Only if Honoraria
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

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None _					clude anything given to you by	dates, and the nature of expenses provided. Exclude anything given to you by	de
ity at e the ctions	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.	r relationship e. Also, for pu s source, exclu	cesidence from one dusions	independent of their the donor's residence total value from one for other exclusions.	ree totaling more than \$350 and d from one source totaling more o indicate a basis for receipt, such S.C. § 4111 or other statutory	2004, of eliteraniment, 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 approval when the status of the same	2 2 <del>1</del> 2 2 5
avel; ly	the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally	nt; given to yo	vernme m relati	the U.S. Go received fro	report the source, a brief descrip- e items, transportation, lodging,	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 attartion of the source).	かまで
				Expenses	and Travel	Part II: Gifts, Reimbursements,	Á
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	Amount of Transaction (x)	ם	Transaction Type (x)		residence, or a transaction solely between you, your spouse, or dependent child.	children during the reporting period of any real property, stocks, bonds, commodity	re ch
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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		
Reporting Individual's Name  SCHEDULE  (Use only	DULE B continued  Use only if needed)	Page Number
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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.  Type of Liability    Mortgage on rental property. Delaware   1999   10%   on demand   1999   10%   on demand   0   0   0   0   0   0   0   0   0					ler	the	lity of	ıt liabi	ומ		it of the f	ility is the	. If the liab	e or dependent child as appropriate.	ly that of the filer's spouse te other higher categories,	ly if the liability is soludent children, mark the	egory applies onl spouse or depen	This car with the
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.  Type of Liability  Type of Amount or Value (x)  Type of Amount or Value (x)  Type of Amount or Value (x)  Type of Amount or Value															-	innerstyret tyrkete in the control of the control o		Westerland of the Company of the Com
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		)er	Numb	Page								1		<b>3</b>		TO Address and	Individual's Name	porting

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Reporting Individual's Name Fallon, Katherine B	SCHEDULE D		Page Number & of	9
Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compensations are supported by the supplicable reporting period, whether compensations are supplied to the supplicable of the supplicable o	<b>(</b>	organization or educational institution. Exclude positions with religious.	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		social, fraternal, or political entities and those solely of an honorary nature.	910	None X
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Ma.,Yr.)
Examples Ones & Smith Homoroum State	education		6/92	Present
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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 need not report the U.S. Go	O Paid ur vear of any	by One Source Incumbent, Termination Filer, or Vice 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.	part if you on Filer, or ential Cand You N	u are an or Vice ididate.
Source (Name and Address)		Brief Description of Duties		
Examples   Doe Jones & Smith, Hometown, State   Metro University (client of Doe Jones & Smith), Moneyrown, State	Legal services in connection with university construction	ction		
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