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

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election,	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	· · · · · · · · · · · · · · · · · · ·		99900 A TOTAL CONTRACTOR OF THE PROPERTY OF TH						
Date of Appointment, Candidacy, Election, or Nomination (Month, Dav. Year)	Reporting Incumbent Calendar Year Net	w Entrant, T	ermination Termination Date (If Appil- iler ( cable) (Month, Day, Year)	Fee for Late Filing						
	Status Covered by Report No.	minee, or Pi	ilercable) (Month, Day, Year)	Any individual who is required to file						
01/25/2015	(Boxes)			this report and does so more than 30 days after the date the report is required to be						
	Last Naine	First Name and Mid	die Initial	filed, or, if an extension is granted, more						
Reporting	(m)	1	M	than 30 days after the last day of the						
Individual's Name	ividual's Name Fay Jennifer N									
	Title of Position	Department or Ager	ncv (If Applicable)	to a \$200 fee.						
Position for Which			, , , , , , , , , , , , , , , , , , , ,							
Filing	SAP for M&A and Director of White House Personnel	EOP/WHO/M&A		Reporting Periods						
<u></u>		1		Incumbents: The reporting period is the preceding calendar year except Part						
Location of	Address (Number, Street, City, State, and ZIP Code).	Te	elephone No. (Include Area Code)	II of Schedule C and Part I of Schedule D						
Present Office	1650 Pennsylvania Avenue Room 88	2	02-456-	where you must also include the filing						
or forwarding address)				year up to the date you file. Part II of						
Position(s) Held with the Federal	Title of Position(s) and Date(s) Heid			Schedule D is not applicable.						
Government During the Preceding	Director of White House Personnel and Advisor for M&A		:	Termination Fifers: The reporting						
12 Months (II Not Same as Above)				period begins at the end of the period						
	•			covered by your previous filing and ends at the date of termination, Part II of						
	Name of Congressional Committee Considering Nomination	Do You Intend to Cre	ate a Ouglifled Diversified Trust?	Schedule D is not applicable.						
Presidential Nominees Subject to Senate Confirmation		1 -								
to Senate Confirmation	Not Applicable	Yes	X №	Nominees, New Entrants and						
				Candidates for President and Vice President:						
Certification	Signature of Reporting Individual		Date (Month, Day, Year)	AICE LIESIDEUC						
ICERTIFY that the statements I have			4 #	Schedule A-The reporting period						
made on this form and all attached schedules are true, complete and correct			3 5 20 5	for income (BLOCK C) is the preceding						
to the best of my knowledge.		3/0/-0-	calendar year and the current calendar year up to the date of filing. Value assets							
Security of the Control of the Contr	Signature of Other Reviewer		Date (Month, Day, Year)	as of any date you choose that is within						
OtherReview	Signature of Collect Reviewer		Date (North, Day, 120)	31 days of the date of filing.						
(If desired by agency)			· .	Calada I Nataraka						
		8 a sala Arm		Schedule E-Not applicable.						
<u> </u>		BUR 03/05/15		Schedule C. Part I (Liabilities)-The						
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing O	Official	Date (Month. Day, Year)	reporting period is the preceding calendar						
On the basis of information contained in this			/ )	year and the current calendar year up to any date you choose that is within 31 days						
report, I conside that the filer is in compliance with applicable laws and regulations (subject to			2/6/15	of the date of filing.						
any dominents in the box below).	allo h. h		212/12	on ordered of Horigin						
	Signature /	· ·	Date (Morith, Day, Year)	Schedule C. Part II (Agreements of						
Office of Government Ethics				Arrangements)—Show any agreements or arrangements as of the date of filing.						
Use Only			·	all angentents as or the date of thing.						
	1			Schedule D - The reporting period is						
Comments of Reviewing Officials (	If additional space is required, use the reverse side of this sh	neet)		the preceding two calendar years and						
				the current calendar year up to the date of filing.						
	(Check box if filing exte	ension eranted & indica	te number of days)	en ming.						
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				Agency Use Only						
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				OGE Use Only						
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Fay, Jenni	g Individual's Name fer M	SCHEDULE A											l'a	Page Number 2 of																			
	Assets and Income	Valuation of Assets at close of reporting period  BLOCK B  Income: type and amount. If "None (or less checked, no other entry is needed in Block."										ess than \$201)" is k.C.for that item.																					
productic value exce lng perioo la income with such For yours amount o than from report the income o	BLOCK A  /our spouse, and dependent children, ch asset held: for Investment: or the n of income which had a fair market leding \$1,000 at the close of the reporti, or which generated more than \$200 during the reporting period, together income.  elf, also report the source and actual fearned income exceeding \$200 (other the U.S. Government). For your spouse, source but not the amount of earned more than \$1,000 (except report the ount of any honoraria over \$200 of	ss than \$1,001)	1 - \$15,000		- I-   4	-\$250,000	- \$500,000	\$1,000,000		377	- 62-4	\$25,000,001-\$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified frust		and Royalties		capital Çatins	None (or less than \$201)	- \$1,000	1 - \$2,500	- \$5,000	115,000	\$50,000		000,000,12-100	\$1,000,000*	0,001 - \$5,000,000	\$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
your spoi	None	\$1,001	\$15,001	\$50,001	\$100,001	\$250,001	\$500,001	Over \$	\$1,000,001	\$5,000,001	\$25,00	Over	Except	Excepi	Qualif	Dividends	Renta	Interest	Capita	None	\$201	\$1,001	\$2,501	100'5\$	\$15,0	\$50,00	-100,0012	Over \$	\$1,006,001	Over \$			
Examples	Central Airlines Common  Doe Jones & Smith, Hometown, State  Kempstone Equily Fund  IRA: Heartland S00 Index Fund				• <b>x</b>	*		x						X.			X				4		X	1 x	×			ا کشد				Law Pattnership Income \$130,000	ina marina commi com ina marina commi com ina marina di sipera di sida
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	f America Checking/Savings and Short Term Federal Fund Investor CL		×		×									×					X		×											joint bank accounts spause 401k	
Vanguard Institutional Index  Vanguard Institutional Index					A									×								×										spouse 401k	
<sup>5</sup> Fidelity	Fidelity Equity Income Fund													х							×											spouse 401k	
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Į.	Reporting Individual's Name		SCHEDULE A continued											Page Number																						
F	ay, Jennifer M																		dec													of				
NO międziała podładzia pod przed przed pod na pod pod na p	Assets and Income											uation of Assets e of reporting period						Income: type and amount. If "None (or checked, no other entry is needed in Blo										or l	ess k C	than \$20 for that i	1)" is tem.					
The state of the s	BLOCK A		BLOCK B BLOCK C																																	
·		Type Amount																																		
son territoristis productiva na productiva productiva productiva da manda de la compania de la compania de la c			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000		نت ا	\$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	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)	Date ( <i>Mo., Day,</i> <i>Yr.)</i> Only if Honoraria		
1	Massachusetts State Emp. Defined Benefit - Pensions Reserve Investment Mngt. Fund			×													2 4		7.50		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×	19 12 Sept.										WITH CASE OF THE C			
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7																	- 3				T T	SECOND CONTRACTOR						4			3					
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	* This category applies only if the asset/in by the filer with the spouse or depende	ncome i	is so dren	lely	tha ark	at of the	the othe	file er hi	r's s ghe	pou.	se oi	der ries	pene	dent alue	chi , as	ldre app	n. Ii	th	e ass	set/	inco	ne i	s eit	her	that	of t	the	filer	or j	oint	ly he	ld				

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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 Fay, Jennifer M	SCHEDULE B Page Number of																
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	· ·	Do not report a transaction involving property used solely as your personal	None	· 🖂								2*************************************					
children during the reporting period of		residence, or a transaction solely between	Tra	nsact ype (:	ion x)							ction					
real property, stocks, bonds, commodit futures, and other securities when the amount of the transaction exceeded \$1 Include transactions that resulted in a l	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Sale	Exchange	Date (Mo., Day: Yr.)	,001 5,000	\$15,001 \$50,000 \$50,001	00,000	50,001 - 00,000	500,001 -	/er ,000,000*	,000,000; ,000,000;	5,000,001 - 25,000,000	5,000,001 - 0,000,000	Over \$50,000,000	Certificate of divestiture	
ldent	ification o	f Assets	Ĭ	l cg	۵		22	S 80 80	<u> </u>	3 88	69 69	<b>6</b> ₩	¥2 <del>24</del>	56 66	25 Se	Ď ĕi	5 <del>.</del>
Example   Central Airlines Common			X			2/1/99			x		ļ	Ļ			ŀ		
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Part II: Gifts, Reimbu: For you, your spouse and dependent chi tion, and the value of: (1) gifts (such as food, or entertainment) received from or (2) travel-related cash reimbursements than \$350. For conflicts analysis, it is he as personal friend, agency approval und authority, etc. For travel-related gifts an dates, and the nature of expenses provide	ildren, rej tangible ne source received i elpful to ler 5 U.S. id reimbu	items, transportation, lodging, rece totaling more than \$350 and inde- from one source totaling more than indicate a basis for receipt, such C. § 4111 or other statutory for consensus, include travel itinerary,	J.S. Go ved fro pendent	m rei of the eside rom	lative neir r ence one s	given to your great grea	by you	our spo u; or p	use o rovid	r dep ed as rating	ender perso eifts	nt ch onal s to d	ild to hospi letem	tally tality nine truct	at the		***************************************
Source (Name and Address)			В	rief D	escri	ption	<u> </u>	AL				****			V.	alue	
Examples Nat'l Assn. of Rock Collectors, NY; NY		Airline ticket, hotel room & meals incident to nati	nal conf	erence	e 6/1:	\$/99 (persona	l activ	ity unre	lated t	o duty	)				\$5	500	
Frank Jones, San Francisco, CA		Leather briefcase (personal friend)						-								385	
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Reporting Individual's Name	SCHEDULE C														
Fay, Jennifer M	50	CHED	ULE (										of		SALES SECTION AND ADDRESS OF THE PERSON AND
Part I: Liabilities  Report liabilities over \$10,000 owed to any one creditor at any time  a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture  Category of Amount or Category or Category of Amount or Category or Category of Amount or Category or												due (x			
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge	Date .	Interest	Term if	\$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	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
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	818	\$1	\$5	\$1 \$2	\$2 \$5	88.28	0.24	\$3	\$2	83 83	્ જ
Examples First District Bank, Washington, DC	Mortgage on rental property. Delaware	1991	8%	25 yrs.	L	<u> </u>	_x_	ļ	L	<u></u> _	L	<u> </u>			
John Jones, Washington, DC	Promissory note	1999	10%	on demand					х	<u> </u>		<u></u>			
US Dept of Education, Washington, DC	Student Loans	2005	4.9%	30 yrs.		X		ATT THE PARTY OF T		OTHER DESIGNATION AND A STREET OF THE STREET					
<sup>2</sup> CitiBank, New York, NY	Student Loan	2005	2.75%	30 yrs.	X										
Navient/Sallier Mae, Newark, NJ	Student Loan	2005	2.3%	30 yrs.		X				NACONAL PROPERTY AND AREA		and the second second			
4									WITH THE PROPERTY OF THE PROPE		000 de la managa de la companya de l				
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*This category applies only if the liability i with the spouse or dependent children, ma	*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 o	Part II: Agreements or Arrangements														
employee benefit plan (e.g. pension, 40	nts for: (1) continuing participation in an 01k, deferred compensation); (2) continua- (including severance payments); (3) leaves	of absering of n	ice; and ( egotiation	4) future e as for any	emplo of the	ymer se ar	nt See range	e instr ement	ructic s or t	ons re benef	gardi its.	ing th	-	ort- None	Times.
Status and	Terms of any Agreement or Arrangement							Partic	<u>,</u> 25					D	ate
Example Pursuant to partnership agreemen calculated on service performed to	it. will receive lump sum payment of capital account & pa hrough 1/00.	irtnership sh	are	Doe Jones	& Smit	h, Hon	netown	, State						7,	<b>′</b> 8.5
1 Massachusetts State Employees Retirement Plan	n ·			Commonwe	alth of	Massad	chusett	s						08	/11
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Reporting Individual's Name		00***			Page Number	
Fay, Jennifer M		2CH1	EDULE D		of	
	O					***************************************
Part I: Positions Held						
Report any positions held during the a sated or not. Positions include but are	pplicable reporting period, whethe	er compen- org		institution. Exclude positions entities and those solely of an		
trustee, general partner, proprietor, re	not inflited to those of an officer, to presentative employee or consult	ant of par	ture.	enduces and mose sorely of an		
any corporation, firm, partnership, or			И	one 🔀		
Organization (Name		Tyr	From (Mo., Yr.)	To (MoYr.)		
Nat'l Assn. of Rock Collectors, NY, NY	4-7-7-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Non-profit education	the state of the s	President	6/92	Present
Examples Doe Jones & Smith. Hometown, State		Law firm		Paitner	7/85	1/00
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Part II: Compensation	in excess of \$5,00	JU Paid by	y One Source	Do not complete this Incumbent, Terminat	fon Filer, or	Vice
Report sources of more than \$5,000 cc	ompensation received by you or yo	our no	n-profit organization whe	n Presidential or Presi	dential Cand	lidate.
business affiliation for services provide	ed directly by you during any one	year of yo	u directly provided the		See in	
the reporting period. This includes the corporation, firm, partnership, or other	names of clients and customers of the control of th	rany sei	rvices generating a fee or j	payment of more than \$5,000.		one 🖂
		110	ca not report use o.o. oo	CHIMCHE AS A SOLITOR.	17	
Source (Name an	ad Address)		Brie	ef Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legal services				
Metro University (client of Doe Jones & S	Smith), Moneytown, State	Legal services in	connection with university constr	uction		
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	AUTOMAPHAT PARAPANTAMAN MANAMAN					
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