

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Rows)		Incumbent (Check Appropriate)		Calendar Year Covered by Report		New Entrant (Nominee, or Candidate)		Termination (If Applicable)		Termination Date (If Applicable) (Month, Day, Year)	
Last Name		First Name and Middle Initial		Department or Agency (If Applicable)		Termination Filer		Termination Date		Termination Date		Termination Date	
Reporting Individual's Name		FRIEDMAN		DEWITTE B		2014		New Entrant		2014		2014	
Position for Which Filing		SAP, Deputy Press Secretary		W.H.O		2014		New Entrant		2014		2014	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)		1000 Pennsylvania Ave, NW, DC 20540		200-456-1414		200-456-1414		200-456-1414	
Positions Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Date(s) Held		Senior Advisor, Strategic Communications, MAP/Economic Council		Senior Advisor, HHS		Senior Advisor, HHS		Senior Advisor, HHS		Senior Advisor, HHS	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Not Applicable		Yes		No		No	
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)		4/13/15		4/13/15		4/13/15	
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)		Tom Sel...		4/15/15		4/15/15		4/15/15	
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		John Madon...		5/5/15		5/5/15		5/5/15	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		5/5/15		5/5/15		5/5/15		5/5/15	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		5/5/15		5/5/15		5/5/15		5/5/15	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		5/5/15		5/5/15		5/5/15		5/5/15	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		5/5/15		5/5/15		5/5/15		5/5/15	

Fee for Late Filing
 Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.

Reporting Periods
 Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C 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.
 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 Schedule D is not applicable.

Nominees, New Entrants and Candidates for President and Vice President:
 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.
 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.
 Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.

Agency Use Only

OGE Use Only

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

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

SCHEDULE A

Reporting Individual's Name

Dennis Finesman

Assets and Income		BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria					
		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*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,000	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			
Type		Type										Type																
		Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)			None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	None (or less than \$201)	
1	Central Airlines Common																											
2	Doc Jones & Smith, Hometown, State																											
3	Kempstone Equity Fund																											
4	TRAI Heartland 500 Index Fund																											
5	Vanguard 500 Index Fund																											
6	Vanguard International Bond																											

* 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.

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

Reporting individual's Name

DENNISE FREDMAN

SCHEDULE B

Page Number

of

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

1	2	3	4	5
Example Central Airlines Common				
NONE				

Transaction Type (X)	Date (Mo., Day, Yr.)	Amount of Transaction (X)														
		\$1,000,000+ Over	\$1,000,000	\$750,001 - \$1,000,000	\$500,001 - \$750,000	\$250,001 - \$500,000	\$100,001 - \$250,000	\$50,001 - \$100,000	\$25,000,001 - \$50,000,000	\$25,000,001 - \$50,000,000	\$1,000,001 - \$25,000,000	\$1,000,001 - \$5,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$250,000,000	\$250,000,001 - \$500,000,000	\$500,000,001 - \$1,000,000,000
Purchase X	2/7/99															

*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 \$50. 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 \$395
1 NONE		
2		
3		
4		
5		

Reporting Individual's Name: _____ Page Number: _____ of _____

SCHEDULE D

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	Non-profit education Law firm	President Partner	6/92	Present 1/00
1	<i>None</i>				
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 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	Legal services Legal services in connection with university construction
1	<i>None</i>	
2		
3		
4		
5		
6		