OGE Use Only	continued on the reverse side)	(Check box is comments are	
Agency Use Only			
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the preceding two calendar years and the current calendar year up to the da		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Öfficials
arrangements as of the date of filing. Schedule D The reporting period			Use Only
Arrangements Show any agreements	Date (Month, Day, Year)	Syntacture	Office of Government Ethics
any date you choose that Is within 31 of the date of filing.	11/16/16		 the bus a ut information cognamed at this report, I conclude that the filter is an compliance with applicable flaws and regulations (subject to any commission in the bey below).
reporting period is the preceding cates	Date (Month, Day, Year)	Signature of Assignated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule BNot applicable. Schedule C. Part I (Liabilities)I	11/8/2016	Anni Band	agency)
31 days of the date of filing.	Date (Month, Day, Year)	Signature of Other Reviewer	Other Review
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 ass	343016		I CERTIFY shat the statements thave made on this formand affairsched schedules are true, complete and correct to the best of my knowledge.
YICC FICULOCIII.	Date (Month, Day, Year)	Sign of Reporting Individual	Certification
Candidates for President and			
Nominees. New Entrants and		Not Applicable Yes	Presidential Nominces Subject to Senate Confirmation
period begins at the end of the period covered by your previous filing and er at the date of termination. Part II of conduct the date of termination.	reals a Challiford Dispressiond Trees?	Do You learned to f	12 Months (if Not Same as Above)
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where you must also include the filing year up to the date you file. Part II of Schedule D. not malicable.	202-255-6020	1313 Gypsy H II Road, Box 719 Gwynedd Valley PA 19437	Present Office jor forwarding address)
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Reporting Periods Incumbents. The reporting period i		Special Assistant to the President, Chief of Staff, National White House Economic Coun. I	Filing
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than 30 days after the last day of the lilling extension period, shall be subjec-	×	Galloway	individual's Name
liled, or, if an extension is granted, mo	iddle initial	Last Name First Name and Mi	
this report and d s so more than 30 c	01/09/2016	(Check Appropriate Library) Buxes (Canchdate Library)	2/18/2014
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For rep	you, your duction	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 reportions of the transportation of the properties of the propertie		01)							10			,000	ind				7	Туре	1	1)			12-1		6-2-43	T A	Amount					3
For ye amounthan fireportincom actual your s	with such income. For yourself, also amount of earned than from the U.S. of report the source income of more the actual amount of your spouse).	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 (or less than \$	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,00	Over \$1,000,000* \$1,000,001 - \$5,000	\$5,000,001 - \$25,00	\$25,000,001 - \$50,0	Over \$50,000,000	Excepted Investment	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	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 - \$100,000	\$100,001 - \$1,000,0	Over \$1,000,000*	\$1,000,001 - \$5,000	Over \$5,000,000	Specify Type & Actual Amount)	Yr.) Only if Honoraria
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* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	Tobira Therapeutics (OPSA VI)	Ocera Therapeutics (OPSA VI)	Marinus Pharmaceuticals (OPSA VI)	Five Prime Therapeutics (OPSA VI)	CoLucid Pharmaceuticals (OPSA VI)	Celator (OPSA VI)	Alimera (OPSA VI)	Aldeyra Therapeutics (OPSA VI)	Lonestart Health (OPSA V)	21		BLOCK A	Assets and Income		John Galloway	Reporting Individual's Name
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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.	Xagenic, Inc (OPSAVIII)	Syndax Pharma (OPSAVIII)	Smart Medical Systems (OPSAVIII)	Sera Prognostics (OPSAVIII)	Sequent Medical (OPSAVIII)	Sebacia, Inc (OPSAVIII)	Omniome, Inc (OPSAVIII)	Milestone Pharma (OPSAVIII)	Medico Limited (OPSAVIII)			BLOCK A	Assets and Income		John Galloway	Reporting Individual's Name
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						i				Other Income (Specify Type & Actual Amount)		=	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Page Number	:
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					Leather briefcase (personal friend)	Frank Jones, San Francisco, CA
 	(personal activity unrelated to duty)		erence 6/1	ional conf	Airline ticket, hotel room & meals incident to national conference 6/15/99	Nat'l Assn. of Rock Collectors, NY, NY
		ption	Brief Description	В		Source (Name and Address)
fficial travel; illd totally hospitality at determine the see instructions None	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	; given to your es; received by elationship to y . Also, for purp source, exclude	the U.S. Government; gireceived from relatives; independent of their relathed donor's residence. Altotal value from one soufor other exclusions.	U.S. Govived fro ived fro pendent donor's relatively value for their exceptions.	ch ary,	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.
				ses	Reimbursements, and Travel Expenses	Part II: Gifts, Reimbursem
	er held	ing asset is either held s appropriate.	ne underly of value, as	iren. If th	lely that of the filer's spouse or dependent child or dependent children, use the other higher cat	*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is ei by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.
	×	5/1/2015	×			5 Rose Tree Media PA
	×	4/29/2015		×		Spring Ford Asd PA
	×	2/19/2015	×			3 Volcano Corp
	×	1/9/2015	×			Rose Tree Media PA
	×	1/8//2015		×		NY St Dorm Auth Per bond
	×	2/1/99		×		Example Central Airlines Common
\$1,000,001 \$5,000,000 \$5,000,001 \$25,000,000 \$25,000,000	\$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,000 \$500,000 \$1,000,000	Date (Mo., Day, Yr.) - \$1,001 -	Sale Exchange	Purchase	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. of Assets	000. ss.
			Transaction Type (x)	Tra	residence, or a transaction solely between you, your spouse, or dependent child.	children during the reporting period of any real property, stocks, bonds, commodity
				None	Do not report a transaction involving	nge
Page Number 17 of	Page		B	DUL	SCHEDULE	Reporting Individual's Name
		31				C.S. Office of Government Entres

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

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*This category applies only if the underlying by the filer or jointly held by the filer with t										Calvert County MD	Clovis Oncology	AlignTechnology	DE Cnty PA Auth bond	Clovis Oncology	Victoria County Tex bond	Philadelphia PA Aut bond	ldentifica		Part I: Transactions	Reporting Individual's Name John Galloway	U.S. Office of Government Ethics
*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 with the spouse or dependent children, use the other higher categories of value, as appropriate.										X 9/18/15	X 9/17/15	X 9/17/15	X 9/17/15	X 8/24/15	X 6/25/15	X 6/24/15	Date (Mo., respectively) Purchase exchange (Day, Yr.)	Transaction Type (x)		SCHEDULE B continued (Use only if needed)	
s either held ate.										×	X	×	×	×	X	X	\$1,001 - \$15,000 \$15,001 - \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 Over \$1,000,000 \$25,000,001 \$25,000,000 \$25,000,000 \$25,000,000 Cover \$50,000,000 Amount of Transaction (x)		18 of		

U.S. Office of Government Ethics								l							
Reporting Individual's Name	S	SCHEDULE	LE C								Page	Page Number	ber 19 of		
Part I: Liabilities	a mortgage on your personal residence	None	!	_											
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	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		nterest	Term if	0,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001- 50,000	50,001 - 00,000	00,001 - ,000,000	00,001- 50,000 50,001- 00,000 00,001- ,000,000 /er ,000,000*		5,000,001 - 25,000,000	25,000,001 - 60,000,000	ver 50,000,000
Creditors (Name and Address)	Type of Liability	Incurred I	Rate	applicable		\$1 \$5							\$5	\$2	01
	Mortgage on rental property, Delaware	1991	8%	25 yrs.		╚	×	İ			Dilli Co		1	1	
Examples John Jones, Washington, DC	Promissory note	1999	10%	on demand					×						
Barclay Bank Delaware	Credit Card / revolving - paid monthly	2015	13%	monthly	X										
2														a record to	
3									i en					See Acade 10	
4															
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*This category applies only if the liability is with the spouse or dependent children, mar	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the liab	ility is th	at of the fil	filer or a	joint	joint liability	ty of the	the filer	^q					
Part II: Agreements or	or Arrangements				<u>i</u>		?		1	į 1			100 To	1	
Report your agreements or arrangement employee benefit plan (e.g. pension, 40) tion of payment by a former employer (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 report- ing of negotiations for any of these arrangements or benefits. Non	e; and (4 otiation	4) future e s for any	emplo: of the	ymen se ari	it. Sec	e insti ment	s or l	ons r	egard fits.	ling t	he re	None	
Status and To	Status and Terms of any Agreement or Arrangement		:					Parties	1 2						Date
Pursuant to partnership agreement, calculated on service performed thr	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	artnership shar		Doe Jones	& Smit	Smith, Hometown, State	ietown	, State							7/85
	Pursuant to Profits Interest Grant Agreement, received payout of profits interest from prior employer in payments spread across 2014 and 2015 (\$50,000 August 2014; \$50,000 October 2014, \$50,000 December 2014, \$73,370 March 2015)	nts spread across	s 2014	Audience P	nce Partners, LLC, Fort Washington, PA	LLC, F	ort Wa	shingto	on, PA						11/12
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6	5	4	3	& Smith), Moneytown, State	Legal services	Source (Name and Address) Brief Description of Duties	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 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.	6	5	4	2	DOE JOHES & SHILLI, FIGUREUWIL, JUANE	law firm	ie and Address) Type of Organization President	le U.S. Government porting period, whether compentot those of an officer, director, employee, or consultant of ease enterprise or any non-profit The officer leads to the service of the service or any non-profit essenterprise or any non-profit The officer leads to the service or any non-profit essenterprise or any non-profit The officer leads to the service or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise or any non-profit essenterprise essenterprise or any non-profit essenterprise essenterprise or any non-profit essenterprise	SCHEDULE D	
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