

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)		Incumbent <input type="checkbox"/> Calendar Year Covered by Report		New Entrant, Nominee, or Candidate <input type="checkbox"/>		Termination Filer <input checked="" type="checkbox"/> Termination Date (If Applicable) (Month, Day, Year)	
2/18/2014		Individual's Name		Last Name		First Name and Middle Initial		01/09/2018	
Reporting Individual's Name		Galloway		John		Department or Agency (If Applicable)		M	
Position for Which Filing		Title of Position		Special Assistant to the President, Chief of Staff, National Economic Council		White House			
Location of Present Office (or forwarding address)		Address, City, State, and ZIP Code		1313 Gypsy Hill Road, Box 719 Gwynedd Valley PA 19437		Telephone No. (include Area Code)		202-255-6020	
Position held with the Federal Government During the Preceding 12 Months (if Not Same as Above)		Title, Position and Date Held		Senior Advisor, National Economic Council					
Presidential Nominees Subject to Senate Confirmation		Name of (Professional Committee) on the Nominating Committee		Do You Intend to Create a Qualified Diversified Trust?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Certification		Signature of Reporting Individual		Date (Month, Day, Year)					
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.		[Redacted Signature]		2/16/2016					
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)					
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)					
I () 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)		Signature		Date (Month, Day, Year)					
Office of Government Ethics Use Only		[Redacted Signature]		11/8/2016					
Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)									

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

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

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 for 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. Valueless 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)-- 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 Arrangements)-- Show any agreements arrangements as of the date of filing.

Schedule D-- The reporting period the preceding two calendar years and the current calendar year up to the date of filing.

Agency Use Only

OGE Use Only

SCHEDULE A

Reporting Individual's Name

Assets and Income

Valuation of Assets at close of reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.

Assets and Income	BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria								
	Valuation of Assets at close of reporting period										Type					Amount														
	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	\$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*
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).																														
None <input type="checkbox"/>																														
Examples																														
Central Airlines Common																														
Doe Jones & Smith, Hometown, State																														
Kempstone Equity Fund																														
IRA: Heartland 500 Index Fund																														
1 Bensalem Twp PA Sch Bond																														
2 California St For Bond																														
3 Calvert County MD Bond																														
4 DE Only PA Authority Bond																														
5 Garland TX Bond																														
6 Maryland St Tran 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.

Reporting Individual's Name: _____ Page Number: 3 of 3

SCHEDULE A continued
 (Use only if needed)

Assets and Income	Valuation of Assets at close of reporting period										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 Honorary														
	BLOCK B										BLOCK C																									
	Type										Amount																									
	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	\$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						
1 Maryland Wtr Quality Bond			X													X					X															
2 NY St Dorm Authr Per Bond			X													X					X															
3 OK St MPA Pwr Bond			X													X					X															
4 Pennsylvania Commonwealth Bond			X													X					X															
5 Pennsylvania Interg Bond			X													X					X															
6 Pennsylvania St Bond			X													X					X															
7 Peters Twp PA Sch Bond			X													X					X															
8 Philadelphia PA Auth Bond			X													X					X															
9 Spring-Ford Asd PA Bond			X													X					X															

* 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.

SCHEDULE A continued
 (Use only if needed)

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Reporting Individual's Name

Assets and Income

Valuation of Assets
 at close of reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.

BLOCK A	BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria															
	Valuation of Assets										Type	Amount																									
	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	\$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							
1							X												X																		
2						X													X																		
3			X																X																		
4			X															X																\$223,370			
5		X																																			
6																																					
7																																					
8																																					
9																																					

* 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.

Reporting Individual's Name
 John Galloway

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										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														
	BLOCK B										BLOCK C																									
	Type										Amount																									
BLOCK A	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	\$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						
1 Unionville Chadds PA bond			X														X			X																
2 Washington St bond			X														X																			
3 Schwab Muni Money Fund			X										X							X																
4 Cohen & Steers International			X										X									X														
5 Align Technology Inc		X																		X																
6 Clovis Oncology		X																		X																
7 DFA US Large Cap Inst					X								X									X														
8 DFA US Large Cap Value					X								X								X															
9 DFA US Targeted Value				X									X									X														

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Reporting Individual's Name
 John Galloway

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										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																	
	BLOCK B										BLOCK C																												
	Type										Amount																												
	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	\$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									
1 Ishares Russell MidCap (IWR)			X										X								X																		
2 Olonomy Inc stock (OTIC)			X																	X																			
3 Rydex Equal Weight S&P (RSP)				X										X								X																	
4 SPDR S&P 500 (SPY)			X											X									X																
5 Artisan International (ARTIX)						X								X						X																			
6 DFA Intl Small Value (DISVX)							X							X								X																	
7 Harbor International Insti					X									X								X																	
8 Cohen & Steers Realty (CSRSX)			X											X								X																	
9 DFA Real Estate			X											X								X																	

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Reporting Individual's Name
 John Galloway

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period										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																									
	BLOCK B													BLOCK C																								
BLOCK A	BLOCK B										Type	BLOCK C																										
	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		\$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							
1	Carticapt Medical (OPSA VI)	X																	X																			
2	Cartiva (OPSA VI)		X																X																			
3	Rox (OPSA VI)			X															X																			
4	Syndax Pharmaceuticals (OPSA VI)				X														X																			
5	Tragara Pharmaceuticals (OPSA VI)					X													X																			
6	Achaegen Inc (OPSA VII)						X												X																			
7	Clouis Oncology (OPSA VII)							X											X																			
8	Esperion Therapeutics (OPSA VII)								X										X																			
9	Evoke Pharma (OPSA VII)																		X																			

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Reporting Individual's Name
 John Galloway

SCHEDULE A continued
 (Use only if needed)

Page Number
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Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Date (Mo., Day, Yr.) Only if Honoraria																											
	BLOCK B												BLOCK C																										
BLOCK A	BLOCK B										Type	BLOCK C										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		\$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						
1	Neothetics (OPSA VII)	X																	X																				
2	OREXIGEN - combined with OPSA V entry																																						
3	Tandem Diabetes (OPSA VII)			X															X																				
4	Tobira Therapeutics (OPSA VII)			X															X																				
5	Afferent Pharmaceuticals (OPSA VII)			X															X																				
6	Centex Pharmaceuticals (OPSA VII)			X															X																				
7	Coda Therapeutics (OPSA VII)			X															X																				
8	IntegenX, Inc (OPSA VII)			X															X																				
9	Miramir Labs (OPSA VII)			X															X																				

* 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.

Reporting Individual's Name
 John Galloway

SCHEDULE A continued
 (Use only if needed)

Page Number
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Assets and Income	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Date (Mo., Day, Yr.) Only if Honoraria																						
	BLOCK A					BLOCK B							BLOCK C																					
	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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type	Amount										Other Income (Specify Type & Actual Amount)							
																	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							
1 Novadigm Therapeutics (OPSA VII)		X															X																	
2 Obalon Therapeutics (OPSA VII)				X													X																	
3 Oraya Therapeutics (OPSA VII)		X															X																	
4 Revision Optics (OPSA VII)			X														X																	
5 VentRx (OPSA VII)				X													X																	
6 Zyga Technology, Inc (OPSA VII)		X															X																	
7 Achillion Pharma (OPSA VIII)			X														X																	
8 Alara Biotherapeutics (OPSA VIII)				X													X																	
9 Alvr Pharma (OPSA VIII)		X															X																	

* 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
 John Galloway

SCHEDULE B continued
 (Use only if needed)

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Part I: Transactions

Identification of Assets	Transaction Type (X)			Date (Mo., Day, Yr.)	Amount of Transaction (X)											
	Purchase	Sale	Exchange		\$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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
1 Philadelphia PA Aut bond	X			6/24/15		X										
2 Victoria County Tex bond		X		6/25/15		X										
3 Clovis Oncology		X		8/24/15		X										
4 DE Only PA Auth bond	X			9/17/15		X										
5 Align Technology		X		9/17/15	X											
6 Clovis Oncology		X		9/17/15		X										
7 Calvert County MD		X		9/18/15		X										
8																
9																
10																
11																
12																
13																
14																
15																
16																

*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.

SCHEDULE C

Part I: Liabilities

Report liabilities over \$10,000 owed 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 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.

None

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)												
						\$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		
1	Barclay Bank Delaware	Credit Card / revolving -- paid monthly	2015	13%	monthly	X												
2																		
3																		
4																		
5																		

*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 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

of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
2	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, \$73,370 March 2015)	Audience Partners, LLC, Fort Washington, PA	11/12
3			
4			
5			
6			

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

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Natl. Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1					
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

	Source (Name and Address)	Type of Organization	Brief Description of Duties
Examples	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction	
1			
2			
3			
4			
5			
6			