




Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 07/27/2014		Reporting Status (Check Appropriate Boxes) <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate		Termination Date (If Applicable) (Month, Day, Year) <input type="checkbox"/> Filer		<p>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.</p> <p>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.</p>	
Last Name Gillette		First Name and Middle Initial Jodi		Department or Agency (If Applicable) A			
Position for Which Filing Special Assist to the President for Native American Affairs		Title of Position Special Assist to the President for Native American Affairs		Telephone No. (Include Area Code) 202-456-████			
Location of Present Office (or forwarding address) 1650 Pennsylvania Ave, NW		Address (Number, Street, City, State, and ZIP Code) 1650 Pennsylvania Ave, NW		Title of Position(s) and Date(s) Held Senior Advisor to the President for Native American Affairs from April 2012 to July 2014. 7698			
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification <small>(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.)</small>		Signature of Reporting Individual 		Date (Month, Day, Year) 8/22/2014			
Other Review (If desired by agency)		Signature of Other Reviewer 		Date (Month, Day, Year) 5/12/2015			
Agency Ethics Official's Opinion <small>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).</small>		Signature of Designated Agency Ethics Official/Reviewing Official 		Date (Month, Day, Year) 5/13/2015			
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)			
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 _____) <input type="checkbox"/>							
(Check box if comments are contained on the reverse side) <input type="checkbox"/>							
						Agency Use Only	
						OGE Use Only	

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 07/27/2014		Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (if Applicable) (Month, Day, Year)
Reporting Individual's Name		First Name and Middle Initial Jodi A					
Position for Which Filing		Department or Agency (if Applicable) Special Assist. to the President for Native American Affairs					
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 1650 Pennsylvania Ave. NW Telephone No. (Include Area Code) 202-456-2221					
Position(s) 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 to the President for Native American Affairs from April 2012 to July 2014					
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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.		Signature of Other Reviewer Date (Month, Day, Year)					
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year)					
Agency Ethics Official's Opinion		Signature Date (Month, Day, Year)					
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).		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 _____) <input type="checkbox"/>					
Office of Government Ethics Use Only		(Check box if comments are continued on the reverse side) <input type="checkbox"/>					

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

Reporting Individual's Name
 Gillette, Jodi A

SCHEDULE A

Page Number

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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.										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	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	
None <input type="checkbox"/>																													
Examples																													
Central Airlines Common																													
Doe, Jones & Smith, Hometown, State																													
Kempstone Equity Fund																													
IRA: Heartland 500 Index Fund																													
1 Rental Property 1 - Bismarck, ND																													
2 Rental Property 2 - Bismarck, ND																													
3 Retirement IRA - American Funds i. New Perspective Fund - R2																													
4 Retirement IRA - American Funds ii. The Investment Company of America - R2																													
5 Retirement IRA - American Funds iii. Fundamental Investors - R2																													
6 Retirement IRA - American Funds iv. Capitol Income Builder - R2																													

* 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

SCHEDULE B

Reporting Individual's Name
Gilllette, Jodi A

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

Example	Central Airlines Common	Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)											Certificate of Divestiture			
				Purchase	Sale	Exchange	\$1,001 - \$15,001	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$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		x	2/1/99															
2																		
3																		
4																		
5																		

*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 \$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. 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

Examples	Source (Name and Address)		Brief Description	Value
1	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 \$385
2				
3				
4				
5				

Reporting Individual's Name
 Gillette, Jodi A

SCHEDULE C

Page Number

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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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000	Over \$100,000,000				
1	Citi Bank	Mortgage on rental property, Delaware Promissory note	1991	8%	25 Yrs. on demand															
2	Green Tree Lending	Mortgage on rental Property 1, North Dakota	2005	5.75%	30 Years			X												
3	White House Credit Union	Mortgage on rental Property 2, North Dakota	2005	5.75%	30 Years			X												
4	White House Credit Union	Debt Consolidation	2014	9.75%	5 Years		X													
5	White House Credit Union	Debt Consolidation	2014	8.00%	5 Years		X													

* 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
		Parties	Date	
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doc Jones & Smith, Hometown, State	7/85	
2				
3				
4				
5				
6				

SCHEDULE D

Reporting Individual's Name
 Gillette, Jodi A

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.)	
	Nacl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State				Non-profit education Law firm	President Partner
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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. None

Examples	Source (Name and Address)		Brief Description of Duties
	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State		
1			
2			
3			
4			
5			
6			