Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

	(Uneck box if comments are continued on the reverse side)	
OGE Use Only		***************************************
Agency Use Only		
of filing.	(Check box if filing extension granted & indicate number of days)	
the preceding two calendar years and the current calendar year up to the date	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Commo
arrangements as of the date of filing.	Use Only	\(\frac{1}{2}\)
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Office of Government Ethics Signature Date (Month, Day, Year)	Office
year and the current calcinar year up to any date you choose that is within 31 day of the date of filing.	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).	On the ba report, I c with appli any comm
reporting period is the preceding calendar	Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year)	Agency
Schedule B-Not applicable.	June 12, 2015	
as of any date you choose that is within 31 days of the date of filing.	Other Review Signature of Other Reviewer Date (Month, Day, Year)	
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	ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	I CERTII made on schedule to the be
Vice Fresident:	Certification Signature of Reporting Individual Date (Month, Day, Year)	
Candidates for President and		
Nominees, New Entrants and	Presidential Nominees Subject Not Applicable Trailer of Congressional Committee Considering Con	Presidento Sen
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	12 Months (If Not Same as Above) Name of Congressional Committee Considering Namination Do You Intend to Create a Qualified Diversified Trust?	12 Moni
Termination Filers: The renorting		Position
where you must also include the filing year up to the date you file. Part'll of Schedule D is not applicable.	Present Office 1600 Pennsylvania Ave, Washington DC 20500 2024561414 (or forwarding address)	Prese (or forw
the preceding calendar year except Part II of Schedule C and Part I of Schedule D	Location of Address (Number, Street, City, State, and ZIP Code) Telephone No. (Include Area Code)	Locat
Reporting Periods Incumbents: The reporting period is	Ing Special Assistant to President, Dir of Communication to First White House	Position Filing
to a \$200 fee.	٠	
than 30 days after the last day of the filing extension period, shall be subject	Individual's Name Gonzalez Maria C	Indiv
filed, or, if an extension is granted, more	Last Name	Dono
this report and does so more than 30 days	(Check Appropriate	07/15/2013
Fee for Late Filing	Date of Appointment, Candidacy, Election. Reporting Incumbent Calendar Year New Entrant, Termination Termination Termination Termination (Month, Day, Year) Status Covered by Report Nominee, or Filer Cable) (Month, Day, Year)	Date of Ap or Nomin

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

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er ti										\$1,001 - \$2,500			en a			e de la companya de l
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لفسف					-					Over \$5,000,000	4		SS t			Page
,								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.		ة و	Page Number
										Date (Mo., Day, Yr.) Only if Honoraria	1		01)" is item.		0)	

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

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g z	Reporting Individual's Name Gonzalez, María C	SCHEDULE B	IU	H	. &								્રવ	Page Number) J	er of	¬¬	Q		
[sequent]	Part I: Transactions			1	•															-1-15 W17 W.
ナズ	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 [T-	***************************************															
у О. (children during the reporting period of any		ı, L	ransaction Type (x)	tion x)					Αī	nour	mount of Transaction (x)	Tran	sacti	lon (×]	
	futures, and other securities when the)	Dare			ō		1	- 1				,000	001 - 000	,000	te of re	der 10 de la colonia
H 2	Include transactions that resulted in a loss.	certificate of divestiture from OGE.	ırchase	ale	kchange	Day, Yr.)	,001 - 5,000	.5,001 60,000	0,001 00,00	.00,00 250,00	50,00	500,00	L,000.0 /er	,000,0 ,000,0	5,000,0	5,000,0 25,000	5,000, 0,000,	ver 50,000	rtifica vestitu	-
_	Identifica	Identification of Assets	Pi	S	E				\$: \$:		\$2	.\$:	O			\$.	\$2 \$5		Co di	down
	Example Central Airlines Common		×			2/1/99			×			_	\vdash			L			Γ	den en en
jd	Spouse 401k: Fidelity Freedom 2035			X		03/07/14	X					-								-
2	Spouse: Invesco Balanced Risk Alloc (ABRZX)			X		03/10/14		X									***			***********
3	Spouse: Oppenheimer Global Opptys (OPGIX)		X			03/10/14		X												
44	Spouse: Weitz Short Interm Income (WEFIX)			X		03/10/14		X	2.0							·				es que se
5	Spouse IRA: Goldman Sachs Strategic Income (GSZAX)	(GSZAX)	Χ			03/1014		X												- Allenda
_ *	This category applies only if the underlying ass by the filer or jointly held by the filer with the	*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.	ı. If ti	ie ur of val	iderly ue, a	≀ing asset is ei s appropriate.	ther l	ıeld												2231 MB 2000 APENDO

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.

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None X	

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

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ରୁ 🏖	Reporting Individual's Name SCHEDULE B conti	continued	1ed						Page	Page Number	of	ਰ l	
	Part I: Transactions	1									West		
		Transaction Type (x)				b s	Amount of	t of T	Transaction		(X)	The second secon	
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Π	Identification of Assets	Sale		\$15	\$50 \$50	\$10	\$25	\$50	Ove \$1,0	\$5,0	\$25	\$50 Ove	\$50 Cert
,d	Invesco Balanced Risk Alic (ABRZX)	×	03/14/14		X								
- 2	Goldman Sachs Rising Dividend Growth (GSRAX)	×	03/14/14		X	$\stackrel{\frown}{-}$							
υ	John Hancock Disciplined Val Mid Cal (JVMAX)	×	04/30/14		X		-				:		
4	Investo Balanced RISK Alloc (ABRZX) LIVEY > Modeste Allocdon CAMKAX	(X)	03/14/14		\times								
ħ <u>Ι</u> .		X	03/14/14		X								
6	Oppenheimer Global Opptys (OPGIX)		03/14/14		X								
~	Weitz Short Interm Income (WEFIX)	×	03/14/14		×								
Ç0.	Savings Cash Ameriprise Financial	×	06/13/14	X									
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	*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.	If the under ies of value,	lying asset is as appropriat	either [e.	held								

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						Example		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	*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.							Examples 1	CI	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time	Gonzalez, María C	Reporting Individual's Name	Office of (
		:				Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.		II: Agreements /our agreements or arranger be benefit plan (e.g. pension, ayment by a former employ	ory applie ouse or d						John Jones, Washington, DC	First District Bank, Washington, DC	Creditors (Name and Address)	reportin e, or dep tighest a reportin	Liab littles ov creditor	uría C	ividual's N	hamment
						to partnei I on servic		reem ents or lan (e.g. a forme	es only if ependen						Washingto	Bank, Was	ame and .	g perioo xendent mount g perioo	11111 er \$10,0		lame	Fihice
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						ll receive gh 1/00.	ns of any	Arra for: (1) of deferre cluding	ely that ohe other						Promis	Mortga		or applia certain re See instro accounts.	a morts			
						lump sum	Status and Terms of any Agreement or Arrangement	or Arrangements nents for: (1) continuing particle, 401k, deferred compensation); ver (including severance payments)	of the file higher c						Promissory note	Mortgage on rental property, Delaware		or appliances; and liabilities owed to certain relatives listed in instructions See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by			
						payment	nt or Arr	nent ng parti ensation ce payn	r's spous ategories							ad propert	Type of Liability	and liab s listed s for rev	your pe led out;			
						of capital	angemen	icipation (cipation); (2) contents); (2)	e or dep , as appr							y, Delawai	iability	ilities or in instr olving	rsonal r loans se			
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7 2 7	OCHEUCEE U	nzalez, Maria C
Page Number		orting Individual's Name
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Part I: Positions Held Outside U.S. Government

trustee, general partner, proprietor, representative, employee, or consultant of sated or not. Positions include but are not limited to those of an officer, director, Report any positions held during the applicable reporting period, whether compen-

> social, fraternal, or political entities and those solely of an honorary organization or educational institution. Exclude positions with religious,

/ cor	stee, general partner, proprietor, representative, employee, or consultant of corporation, firm, partnership, or other business enterprise or any non-profit	tant of Hature. 10n-profit		No	None 🔀
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	To (Mo., Yr.)
	Nat'l Assn. of Rock Collectors, NY, NY	-	President	6/92	Present
npies		Law firm	Partner	7/85	1/00

				C	

Part II: Compensation in Excess of \$5,000 Paid by One Source

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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

Examples

non-profit organization when Presidential or President you directly provided the services generating a fee or payment of more than \$5,000. You

Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

ation, firm, partnership, or other business enterprise, or any other	need not report the U.S. Government as a source.	None
Source (Name and Address)	Brief Description of Duties	
	Legal services	,
Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	