

Date of Appointment, Candidacy, Election, or Nomination (Month/Day/Year) 2/15/2015		Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report 2015	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month/Day/Year)
Reporting Individual's Name Harris		First Name and Middle Initial Adrienne A		Department or Agency (If Applicable)		
Position for Which Filing Special Assistant to the President for Economic Policy		Title of Position White House Office, EOP				
Location of Present Office (or forwarding address) EEOB 1650 Pennsylvania Ave. NW Washington, DC 20502		Address (Number, Street, City, State, and ZIP Code)				
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Telephone No. (Include Area Code) 202-456-1414				
Presidential Nominee Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		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) 4/14/16		
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) 5/2/16		
Other Reviewer (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official Adrienne A Harris		Date (Month, Day, Year) 5/3/16		
Agency Ethics Official's Opinion		Signature Reichel Powell		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).		Date (Month, Day, Year)				
Office of Government Ethics Use Only		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 continued on the reverse side) <input type="checkbox"/>						
<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.</p> <p>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.</p> <p>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.</p> <p>Schedule B—Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>						
Agency Use Only						
OGE Use Only						

Reporting Individual's Name
 Harris, Adrienne A

SCHEDULE A

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.												
	BLOCK B											BLOCK C												
												Type	Amount										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																							
Examples	Central Airlines Common																							
	Doe Jones & Smith, Hometown, State																							
	Kempstone Equity Fund																							
	IRA: Heartland 500 Index Fund																							
1	Fidelity 401(k): Fid Freedom K 2045																							
2	Citibank Checking Acct																							
3	Citibank Savings Acct																							
4	rental income from apartment in Brooklyn, NY																							
5	IRA: American Funds Europacific GR F-1																							
6	IRA: American Funds Small Cap World F-1																							

* 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
 Harris, Adrienne A

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 Honoraria										
	BLOCK B														BLOCK C									
BLOCK A	BLOCK B											BLOCK C	BLOCK C	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				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	
IRA: American Funds Capital World G/1 F-1	X													X										
IRA: American Funds Growth Fund of America F-1		X																						
IRA: American Funds Invest Co. of America F-1			X																					
IRA: Eaton Vance Dividend Builder Fund Class A				X																				
IRA: Eaton Vance Traditional Worldwide Health Sciences FD CL A					X																			
IRA: Lord Abbett Value Opportunities Fund, Class A						X																		
IRA: Principal Midcap Fund, Class A							X																	
IRA: American Funds, Intermediate BD FD of America F-1								X																
IRA: American Fund Capital World Bond F-1									X															

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Reporting Individual's Name
 Harris, Adrienne A

SCHEDULE A continued
 (Use only if needed)

Assets and Income	Valuation of Assets at close of reporting period										Type			Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria									
	BLOCK B										BLOCK C			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 IRA: Delaware High Yield Opportunities Fund Cl A	X											X								X														
2 IRAPIMCO Long Term US Govt Fund Cl A		X										X									X													
3 Roth IRA: Alger Midcap Growth Fund Class A		X										X									X													
4 Roth IRA: Blackrock All-Cap Energy & Resources Portfolio Fund Class A		X										X									X													
5 Roth IRA: Calamos Growth Fund Class A		X										X									X													
6 Roth IRA: Davis New York Venture Fd Cl A		X										X									X													
7 Roth IRA: Lord Abbett Mid Cap Stock Fund Class A		X										X									X													
8 Roth IRA: MFS International Diversification Fund Class A		X										X									X													
9 Roth IRA: Olstein All Cap Value Fund Class C	X											X									X													

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Reporting Individual's Name
 Harris, Adrienne A

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 Honoraria		
	BLOCK B										BLOCK C													
BLOCK A	BLOCK B										Type	Amount												
1 Roth IRA: Pennsylvania Mutual Fund Consultant Class (Royce)	None (or less than \$1,001)										X	Dividends												
	\$1,001 - \$15,000											Rent and Royalties												
	\$15,001 - \$50,000											Interest												
	\$50,001 - \$100,000											Capital Gains												
	\$100,001 - \$250,000											None (or less than \$201)												
	\$250,001 - \$500,000											X	\$201 - \$1,000											
	\$500,001 - \$1,000,000											\$1,001 - \$2,500												
	Over \$1,000,000*											\$2,501 - \$5,000												
	\$1,000,001 - \$5,000,000											\$5,001 - \$15,000												
	\$5,000,001 - \$25,000,000											\$15,001 - \$50,000												
\$25,000,001 - \$50,000,000										\$50,001 - \$100,000														
Over \$50,000,000										\$100,001 - \$1,000,000														
Excepted Investment Fund										Over \$1,000,000*														
Excepted Trust										\$1,000,001 - \$5,000,000														
Qualified Trust										\$5,000,001 - \$25,000,000														
										Over \$25,000,000														
										Over \$50,000,000														
										Over \$1,000,000*														
										\$1,000,001 - \$5,000,000														
										Over \$5,000,000														

* 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

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Reporting Individual's Name
Harris, Adhehne 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

Line	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		
1	Example Central Airlines Common	X			2/1/99			X										
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

Line	Source (Name and Address)	Brief Description	Value
1	Example 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 \$383
2			
3			
4			
5			

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

Reporting Individual's Name
 Harris, Adhene A

SCHEDULE B continued
 (Use only if needed)

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Part I: Transactions

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	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	

*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.

Reporting Individual's Name
 Harris, Adrienne A

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.

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		
	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			X										
	John Jones, Washington, DC	Promissory note	1999	10%	on demand					X								
1	Citybank	mortgage on rental property, New York	2012	3.75	30					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.

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
	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			
3			
4			
5			
6			

Reporting Individual's Name
 Harris, Adheme A

SCHEDULE D

Page Number
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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.

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
1	Natl Asm. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
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)	Brief Description of Duties
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Hometown, State	Legal services Legal services in connection with university construction
2		
3		
4		
5		
6		

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.