## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 + 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	k box if comments ar	(Cheo		
Agency Use Only				ç	C
of filing.		tension granted & inc	(Check box if filing ex	2 fg/8	timele File on Am 3 possible box if filing extension granted & indicate number of days
the preceding two calendar years and the current calendar year up to the date		sheet)	(If additional space is required, use the reverse side of this sheet)	additional space is required	Comments of Reviewing Officials (If
arrangements as of the date of filing.					
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month. Day, Year)	erren referenserren bestehe film Bildy Market providensierren er		Siknarure	nt Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	6/9/2015		Ž	A X	On the basis of information contained in this report, teonetude that the filer is in compitance with applicable laws and regulations (subject to any comments in the box below).
reporting period is the preceding calendar	Date (Month, Day, Year)	Official	ndy Ethics Official/Reviewing Official	Signature of Designated Agendy	Agency Ethics Official's Opinion
Schedule B-Not applicable.	0/8/15			A A A A A A A A A A A A A A A A A A A	(if desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Монth. Day, Year)			Signature of Other Reviewer	OtherReview
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	818				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.
Vice President:	Date (Month, Day, Year)		idual	Signature of Reporting Individual	Certification
Candidates for President and	Ę			and appropria	-
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?		Name of Congressional Committee Considering Nomination	Name of Congressional Com	Presidential Nominees Subject
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			(8) неід	Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414		fW, Washington, DC 20500	1600 Pennsylvania Avenue NW, Washington, DC 20500	Present Office (or forwarding address)
the preceding calendar year except Fart II of Schedule C and Part I of Schedule I)	Telephone No. (Include Area Code)		ty, State , and ZIP Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is	fice	White House Office	oc. Counsel to Pres.	Spec. Asst. to Pres. and Assoc.	Filing
to a \$200 fee.	Department or Agency (II Applicable)	Department or		Title of Position	,
than 30 days after the last day of the filing extension period, shall be subject		Paige		Herwig	Individual's Name
filed, or, if an extension is granted, hore	Middle Initial	First Name and		Last Name	Danoring
_		Candidate 🔲	2014	(Check Appropriate   X	03/17/2013
	Termination Termination Date (#Appli- Filer   cahlel (Month, Day, Year)	New Entrain. Nominee, of [ ]	ent Calendar Year Covered by Report	Reporting Incumbent	Date of Appointment, Candidacy, Election or Nonthnation (Month, Part, Year)

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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 by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate	(S) Vanguard S&P 500 Index ETF	(S) Acadian Emerging Markets Fund (held via 401(k) pian)	(S) Causeway International Value Fund (held via 401(k) plan)	(S) Vanguard Institutional Index Fund (held via 401(k) plan)	USAA, San Antonio, TX personal savings and checking account	Capitol One, St. Cloud, MN - personal savings account	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Examples Doe Jones & Smith, Hometown, State	Central Airlines Common	For you, your spouse, and dependent chludren, 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).	BLOCK A	Assets and Income		Reporting Individual's Name Herwig, Paige	
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n. II								$\overline{}$			Qualified Trust	7			$\Box$	Ì
If the asset/income is either that of the filer or jointly held priate.	×	X	×	X					MUNICIPAL	×	Dividends		c I			١
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									Law Partnership Income \$130,000	   	Other Income (Specify Type & Actual Amount)		type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item.		rage Number 2 of	- Mumbor
								     			Date (Mo., Day, Yr.) Only if Honoraria		()" is em.		7	

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* This category applies only if the asset/inc by the filer with the spouse or dependen												BLOCK A	Assets and Income		Reporting Individual's Name Herwig, Paige	The section of the se
come is solely that of the filer's spouse or dependent cht children, mark the other higher categories of value, 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 \$25,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Presented Investment Fund		BLOCK B	Valuation of Assets at close of reporting period		SCHEDULE (Use only	the state of the s
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.										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 \$100,001 - \$1,000,000 Over \$1,000,000*	Type Amount	BLOCK C	Income: type and amount. If "None (or less than \$201)" i checked, no other entry is needed in Block C for that item.	and the state of t	LE A continued nly if needed)	
y held										\$1,000,000 Other Income (Mo., Day, Specify Yr.)  Over \$5,000 Amount) Honoraria			(or less than \$201)" is Block C for that item.		rage number 3 of 7	Dona Missahar

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

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\$385			Leather briefcase (personal friend)	Frank Jones, San Francisco, CA	T
\$500	99 (personal activity unrelated to duty)		Airline ticket, hotel room & meals incident to national conference 6/15/	Y, NY	
Value		Brief Description		Source (Name and Address)	
avel; ly ity at e the ctions 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	the U.S. Government; given received from relatives; receindependent of their relation the donor's residence. Also, total value from one source, for other exclusions.	- sh 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. Exclude anything given to you by	
			ts, and Travel Expenses	Part II: Gifts, Reimbursements,	سسسسس اسجاز
	ıg asset is either held ıppropriate.	the underlying ass s of value, as appro	that of the filer's spouse or dependent children. If lependent children, use the other higher categorie	*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlyin by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as a	. 1
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	99 ×	2/1/99	×	Example   Central Airlines Common	
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5,000,001 0,000,000 ver 0,000,000 ertificate of vestiture	,001 - 5,000 5,001 - 0,000 0,001 - 00,000 00,001 - 50,001 - 00,000 50,001 - 1,000,000	Date (Mo., Yr.)	block	)00. ss.	<b>H</b> & <b>H</b> + <b>1</b>
	Amount of Transaction (x)	Transaction Type (x)	/een	children during the reporting period of any real property stocks bonds commodity vou	- ^ -
	·	None X	Do not report a transaction involving No	nge	~ H L
of 7	Page Number	LE B	SCHEDULE	Reporting Individual's Name Herwig, Paige	
				U.S. Office of Government Ethics	7 9

Reporting Individual's Name Herwig, Paige  Part I: Transactions	SC	SCHEDULE B (Use only if	<b>,</b>   ≒∞	<b>,</b>  ∺∞	B conting of needed)  Transaction	<b>,</b>  ∺∞	B COntin if needed)	B continuif needed)	B COntin if needed)	B continued if needed) Transaction	B continued if needed) Transaction	B continued if needed)	B continued if needed) Transaction	B continued if needed)	B continued if needed)	B continued  If needed)  Page Number of Transaction	B continued  If needed)  Page Number 5	B continued Page Number if needed) 5 of	B continued  if needed)  Page Number 5  Transaction   Amount of Transaction	B continued  If needed)  Page Number 5 of 5 of 5 of Transaction (x)	B continued  Page Number for Transaction (x)
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7/85				1, State	netown	& Smith, Hometown, State	s & Smi	Doe Jones	ire	rtnership sha	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	·	Example
Date			es.	Parties							Status and Terms of any Agreement or Arrangement	Status and Ter	
of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  None 🔀	arding t	ure employment. See instructions rega any of these arrangements or benefits	ructio is or b	e insti ement	nt. See	oymer ese ar	emple of th	4) future 1s for any	ce; and (	of absence; and (4) fut ing of negotiations for	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	t II: Agreements or Arrangements tyour agreements or arrangements for: (1) continuing particle yee benefit plan (e.g. pension, 401k, deferred compensation); payment by a former employer (including severance payment).	Part Report y employe tion of p
		1	the file	ity of	( liabil	the filer or a joint liability of the filer	iler or	hat of the f	ıbility is t	en. If the lic	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of with the spouse or dependent children, mark the other higher categories, as appropriate.	category applies only if the liability is so the spouse or dependent children, mark	*This with
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						X		20 years	2.375%	2005	student loan (now fully repaid)	(S) The Student Loan Corp., Sioux Falls, SD	<sup>2</sup> (S)
						X		25 years	1.875%	2006	student loan (now fully repaid)	Neinet, Inc., Omaha, NE (loan formerly held by Brazos Loan Servicing),	l Nelr Braa
			×			П	H	on demand	10%	1999	Promissory note	L	examples
					×	Н	-	25 yrs.	8%	1991	Mortgage on rental property, Delaware	First District Bank, Washington, DC	- Cample
\$5, \$2, \$2, \$50 Ov	\$1,	\$1,	\$2: \$50	\$10 \$2	\$50	\$1	\$10	applicable	Rate	Incurred	Type of Liability	Creditors (Name and Address)	
000,001 - 5,000,000 5,000,001 - 0,000,000	er .000,000* .000,001- .000,000	00,001 - 000,000	50,001 - 00,000	00,001- 50,000	0,001 - 00,000	5,001 - 0,000	0,001 - 5,000	7	wi	7	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	during during your s Check during
x)	Category of Amount or Value (x)	mount (	ry of A	Catego							unless it is rented out; loans secured by	Report liabilities over \$10,000 owed to any one creditor at <b>any time</b>	Repor
									_	None	a mortgage on your personal residence	Part I: Liabilities	Par
6 of 7	Page Number							L J	JLE (	SCHEDULE C	SC	Reporting Individual's Name Herwig, Paige	Reporting Indi Herwig, Paige
												U.S. Office of Government Ethics	J.S. Off

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics				The state of the s	
Reporting Individual's Name Herwig, Paige		SCHEDULE D		Page Number 7 of 7	7
n - 41. n:4: 11-14/	Catalan II Compa				
Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compen- grand or not Positions include but are not limited to those of an officer director.	<b>utside U.S. Gover</b> plicable reporting period, whether the those of an officer of	nt T	organization or educational institution. <b>Exclude</b> positions with religious, social fraternal or nolitical entities and those solely of an honorary	with religious,	
sated of 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	her business enterprise or any no		nature.		None X
Organization (Name and Address)	nd Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Nat'l Assn. of Roo		Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
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2					
3					
4					
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## 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

Examples

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

Doe Jones & Smith, Hometown, State

Metro University (client of Doe Jones & Smith), Moneytown, State Source (Name and Address) ı I Legal services Legal services in connection with university construction non-profit organization when Presidential or President 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. Brief Description of Duties None