

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)	<input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report	2014	<input type="checkbox"/> New Entrant, Nominee, or Candidate	Termination Filer	<input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name	Last Name: Jamett First Name and Middle Initial: Valerie B									
Position for Which Filing	Title of Position: Assistant to the President for Intergovernmental Affairs Department or Agency (If Applicable): White House									
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code): 1600 Pennsylvania Avenue, Washington DC 20005 Telephone No. (Include Area Code): (202) 456-1414									
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:									
Presidential Nominee Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination: <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Certification	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.									
Other Review (if desired by agency)	Signature of Reporting Individual: [Redacted] Date (Month, Day, Year): 5/17/15									
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official: [Signature] Date (Month, Day, Year): 5/18/2015									
Office of Government Ethics Use Only	Signature: [Signature] Date (Month, Day, Year):									
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: right;">(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/></p>									
<p>(Check box if comments are continued on the reverse side) <input type="checkbox"/></p>										
<p>Agency Use Only</p>										
<p>OGE Use Only</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.

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.

Reporting Individual's Name
 Jarrett, Valerie B

SCHEDULE A continued
 (Use only if needed)

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BLOCK A	Assets and Income	BLOCK B										BLOCK C										Date (Mo., Day, Yr.) Only if Honoraria						
		Valuation of Assets at close of reporting period										Type		Amount									Other Income (Specify Type & Actual 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	Over \$25,000,001	None (or less than \$201)	Dividends	Rent and Royalties	Interest	Capital Gains	\$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	Ariel Appreciation Fund Investor Class																											
2	IRA - UBS																											
3	UBS Ret Money Fund																											
4	UBS Bank USA Dep Acct																											
5	Pace International Fixed Income Investment Class A																											
6	Fidelity Investments 401K																											
7	Fid Contrafund																											
8	Fid Diversifd Intl																											
9	Sptn 500 Index Adv																											

* 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
 Jarrett, Valerie B

Part I: Transactions

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	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	\$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	Ishares MSCI Eafe Index Fund	2/1/99	x														
2	JPM Intl Curr Inc Fd	12/26/14		x													
3	JPM High Yield FD - Sel Fund	12/26/14															
4	JPM Float Rate Inc Fd	12/26/14															
5	JPM Short Duration Bond FD - Sel Fund	12/26/14															

* 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

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

Reporting Individual's Name
 Jarrett, Valerie B

SCHEDULE C

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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 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000			
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	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	Deferred Compensation Payments through CTA Supplemental Retirement Plan	Chicago Transit Authority, Chicago, IL		09/95
3	Continued Participation in Employee 401K Plan managed by Fidelity Investments - no further contributions	Habitat Executive Services Inc., Chicago, IL		11/95
4	Continued Participation in Employee 401K Plan - invested in Gabell ACB Advisor - no further contributions	Chicago Transit Authority, Chicago, IL		9/95
5				
6				

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.)	
		Non-profit education	Law firm		President	Partner	6/92	Present
1	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State							
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.

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

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