OGE Use Only	continued on the reverse side)	(Check box if comments are continued	(Chec		
Userney over only					
OI Hung.	cate number of days)	(Check box if filing extension granted & indicate numb	(Check box if filing ex		
the preceding two calendar years and the current calendar year up to the date		theet)	the reverse side of this s	edditional space is required, use	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
Arrangements)—Show any agreements or arrangements as of the date of filing.	Date (MOHII), Day, rear)			Signature	Office of Government Ethics Use Only
any date you choose that is within 31 day of the date of filing. Schedule C Part II (Agreements or	2/2/16			achel buel	On the basis of information contained in this report, I conclude that the filter is in compliance with applicable laws and regulations (subject to any comments in the box below).
Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar reporting the Courtest Coloradar reporting to the Courtest	Date (Month, Day, Year)	Official	thics Official/Reviewing	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.	2-2-16			A Park	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)			Signature of Other Reviewer	
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	c2.01.16				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.
Vice President:	Date (Month, Day, Year)			Signature of Reporting Individual	Certification
Candidates for President and					-
Nominees New Entrants and	No	Yes		Not Applicable	to Senate Confirmation
at the date of termination, Part II of Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?		e Considering Nominatio	Name of Congressional Committee Considering Nomination	-
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends		ector Engagement	eta resentative for Private Si	Title of Position(s) and Date(s) Held Assistant United States Trade Representative for Private Sector Engagement	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) 558-8438				Present Office (or forwarding address)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		ate , and ZIP Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is	f the President	Executive Office of the Pres		Special Assistant to the President, Chief of Staff of the National Economic Council	, in the second
to a \$200 fee.	gency (If Applicable)	Department or Agency (If A		Title of Position	for Which
than 30 days after the last day of the filing extension period, shall be subject	N	Elizabeth		Kelley	l's Name
filed, or, if an extension is granted, more	Middle Initial	First Name and M		Last Name	Reporting
Fee for Late Filing Any individual who is required to file this report and does so more than 30 day	Termination Termination Date (IFAppli- Filer able) (Month, Day, Year)	New Entrant, Nomince, or X Candidate	Calendar Year Covered by Report	Reporting Incumbent Status (Check Appropriate Boxes)	Date of Appointment, Candidacy, Election, or Nomination (<i>Month, Day, Year</i>) 12/31/2015
REPORT Form Approved: OMB No. 3209	CIAL DISCLOSURE REPORT	LIC FINAN	Personnel PUBLIC FINANCIAL	Executive Branch Pe	OGE Form 278 (Rev. 12/2011) EXC 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Form Approved: OMB No. 3209 - 0001

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									Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" ichecked, no other entry is needed in Block C for that item.	Page Number 3 of
					95				Date (Mo., Day, Yr.) Only if Honoraria			01)" is item.	

THE PERSON NAMED AND PARTY.

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 \$250 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 helpful to indicate a basis for receipt, such as personal value from one source, a brief description specified from relatives; received from relatives; rec	Part I: Transactions Report any purchase, sale, or exchange you, your spouse, or dependent withing the reporting period of any uncertainty, and other securities when the mount of the transaction exceeded \$1,000. This category applies only if the underlying asset is solely that of the spouse or dependent children, and the value of; (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more authority, etc. For travel-related eash reimbursements received from one source totaling more approval under 5 U.S.C. § 4111 or other statutory agency approval under 5 U.S.C. § 4111 or other statutory agency approval under 5 U.S.C. § 4111 or other statutory actions, and the nature of expenses provided. Source (Name and Address) Examples Source (Name and Address) Source (Name and Address) Leather briefcase (present front) Leather briefcase (present front) involving property used solely as your personal friend; Source (Name and Address) Leather briefcase (present front) involving property used solely as of the statutory anything given to you by Leather briefcase (present friend) Leather briefcase (present friend) Leather briefcase (present friend)
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. Source (Name and Address) Source (Name and Address) Source (Name and Address) Airline ticket, hotel room & meals incident to the provided of the prov	Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any purchase, someonis, commodity of the transaction exceeded \$1,000. Check the "Certificate of divestiture" by the filer or jointly held by the filer with the spouse or dependent by the filer of jointly held by the filer with the spouse or dependent children, and other value of (1) gifts (such as taugible liems, 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 and the nature of expenses provided. Source (Name and Address) Do not report a transaction involving property used solely as your personal residence, or a transaction solely between the solely that of the filer spouse of dependent to indicate sales made pursuant to a certificate of divestiture. To onicide the filer's spouse or dependent of the filer's spouse or dependent by the filer or jointly held by the filer with the spouse or dependent children, use the other high the spouse of dependent children, report the source, a brief description, and the value of (1) gifts (such as taugible liems, 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 and for travel-related gifts and reimbursements, include travel timerary, dates, and the nature of expenses provided. Source (Name and Address) Source (Name and Address) Airline tacket, hotel room & meals incident to transaction and property. Airline tacket, hotel room & meals incident to the filer's spouse or dependent to the f
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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. Source (Name and Address) Source (Name and Address) Source (Name and Address) Airline ticket, hotel room & meals incident to the provided incident to the	Report any purchase, sale, or exchange you, your spouse, or dependent thildren during the reporting period of any residence, or a transaction solely between property, stocks, bonds, commodity clutures, and other securities when the anount of the transaction exceeded \$1,000. The indicate sales made pursuant to a certificate of divestiture by the filer or jointly held by the filer with the spouse or dependent child. Part II: Gifts, Reimbursements, and of the filer's spouse or dependent child. Part II: Gifts, Reimbursements, 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, 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, inclide travel itnerary, authority, etc. For travel-related gifts and reimbursements, inclide travel itnerary, and the nature of expenses provided. Source (Name and Address) Franklones, Sun Francisco.CA Do not report a transaction involving progration solely between college property used of any property used of the filer with the spouse or dependent child. Example Central Aitlines Common Dentrification of Assets Dentrificate of divestiture from OGE. Example Central Aitlines Common
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	SCHEDULE B Part I: Transactions leport any purchase, sale, or exchange you, your spouse, or dependent hildren during the reporting period of any utures, and other securities when the mount of the transaction exceeded \$1,000. Identification of Assets Central Atriines Common Central Central Atriines Common Central
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ly if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held d by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.	S.C.F.R. Part 2634 Do not complete Schedule Birryou are a new entrant, nominee, or vice Presidential of Presidential Candidate U.S. Office of Government Ethics

15 다 13 10 Part I: Transactions This category applies only if the underlying asset is by the filer or jointly held by the filer with the spou solely that of the filer's spouse or dependent children. If the under use or dependent children, use the other higher categories of value, SCHEDULE (Use only H B B continued f needed) Purchase Sale Exchange lying asset is either as appropriate. \$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 o, \$25,000,001 \$50,000,000 Over \$50,000,000 Certificate of divestiture

Do

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

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 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 OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethi Part II: Agreements or Arrangements Part I: Liabilities Ever Navient, Wilkes-Barre, PA (Spouse) applies only if the liability is solely that of the filer's spouse se or dependent children, mark the other higher categories, : Jacksonville, FL (Joint) 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. receive lump sum payment of capital account & partn 11/00. Mortgage on real property, Portland, OR SCHEDULE None of absence; and (4) future employment, ing of negotiations for any of these arrains 2009 2008 rship share 4.875% 6.8% 0 Doe Jones & Smith, Hom 30 yrs 10 yrs \$10,001 -\$15,000 \$15,001 -\$50,000 \$50,001 -\$100,000 See instructions regarding the reportngements or benefits. \$100,001-\$250,000 \$250,001 -\$500,000 \$500,001 -\$1,000,000 Over \$1,000,000* \$1,000,001-\$5,000,000 4 of \$5,000,001 -\$25,000,000 \$25,000,001 \$50,000,000 7/85 \times Over \$50,000,000

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Part II: Compensation in Excess of \$5,000 P2 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 Source (Name and Address) Doe Jones & Smith. Hometown, State Metro University (client of Doe Jones & Smith), Moneyrown, State Legal	SCER. Part 2534 U.S. Office of Government Ethics Reporting Individual's Name Report 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 (Name and Address) Examples Nat'l Assn. of Rock Collectors, NY, NY Non-profited Doc Jones & Smith. Hometown, State 1 Non-profited Law firm Law firm
in Excess of \$5,000 Paid appensation received by you or your directly by you during any one year of names of clients and customers of any business enterprise, or any other Address) Legal services the price of the Legal services and the price of the Legal services and the price of the legal services are the price of	Outside U.S. Government pplicable reporting period, whether compennot limited to those of an officer, director, presentative, employee, or consultant of other business enterprise or any non-profit and Address) Non-profit educe law firm
aid services services	
by One Source Incumbent, Termination Filer, or Vice pout 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 Brief Description of Duties Brief Description of Duties	Page Number 5 of organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. Type of Organization President Partner Partner Partner 7/85
part if you are an ion Filer, or Vice lential Candidate. You None X	Page Number 5 of with religious, honorary None From (Mo., Yr.) To (Mo., Yr.) 6/92 Present 7/85 1/00