

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Reappointment (Month, Day, Year)		Reporting Status (Check appropriate boxes)		Incumbent <input type="checkbox"/> Calendar Year Covered by Report		New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>		Termination Date (Month, Day, Year)		Termination Cause (Month, Day, Year)	
10/22/14		Last Name Klein		First Name and Middle Initial Ronald		Department or Agency (if Applicable) The White House		Termination Date (Month, Day, Year)		Termination Cause (Month, Day, Year)	
Reporting Individual's Name		Title of Position		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)		Do You Intend to Create a Qualified Investment Trust?		Termination Date (Month, Day, Year)	
Position for Which Filing		Esola Response Coordinator		1600 Pennsylvania Ave, NW, Washington, DC 20500		202-456-1414		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Dec 19, 2014	
Location of Present Office (or forwarding address)		Title of Position(s) and Date(s) Held		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Investment Trust?		Signature of Reporting Individual		Date (Month, Day, Year)	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)				Not Applicable		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Signature of Other Reviewer		Date (Month, Day, Year)	
Presidential Nominees Subject to Senate Confirmation								Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)	
Certification								Signature		Date (Month, Day, Year)	
I certify that the information I have made on this form and all attached schedules is true, complete and correct to the best of my knowledge.								Date (Month, Day, Year)		1/22/15	
Other Review (If desired by agency)								Date (Month, Day, Year)			
Agency Ethics Official's Opinion								Signature		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 regulation (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)											
<p>Pages 2, 3, 6 and 8 amended by substitution, per filer - LF (1/22/15)</p> <p>(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>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. 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.</p>											
<p>Agency Use Only</p> <p>OGE Use Only</p>											

Reporting Individual's Name
 Klein, Ronald A

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SCHEDULE A

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 A	BLOCK B										BLOCK C																							
	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.																							
																					Type					Amount								
For you, your spouse, and dependent children, 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). None <input type="checkbox"/>	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
Examples Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund			x		x											x																Law Partnership Income \$120,000		
1 (DC) E-Trade Cash Mgmt Acct (Cash)	x																	x																
2 (S) Fidelity Total Bond Fund		x																																
3 (S) Fidelity Asset Mgr - 50%					x																													
4 Met Life Stable Value Fund		x																																
5 (S) TIAA CREF Retirement Account (-TIAA CREF Lifecycle Index 2025 Fund)		x																																
6 (S) National Geographic																																	spouse's salary	

* 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
 Klein, Ronald A

SCHEDULE A continued
 (Use only if needed)

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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													
	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*	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
1 (S) Fidelity Cash Reserves	X									X												
2 (S) Fidelity Tax Managed Stock				X									X									
3 (S) Janus Research Fund			X									X										
4 (S) Janus Fund		X									X											
5 (S) Janus Orion Fund			X								X											
6 (DC) NH 529 Plan: UNIQUE College Investing, Held as:																						
7 UNIQUE 2012 Portfolio		X								X												
8 UNIQUE 2015 Portfolio				X							X											
9 LINE INTENTIONALLY LEFT BLANK																						

* 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
 Klain, Ronald A

SCHEDULE A continued
 (Use only if needed)

Assets and Income	BLOCK B										BLOCK C																												
	Valuation of Assets at close of reporting period										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						
1 (S) Janus Enterprise Fund	X												X																										
2 (DC) Fidelity Asset Manager (50%)			X																																				
3 (DC) Fidelity Blue Chip Growth				X																																			
4 (DC) Fidelity Growth & Income					X																																		
5 Fidelity Blue Chip Growth						X																			X														
6 Fidelity Diversified International							X																																
7 Fidelity Cash Reserve			X																																				
8 Fidelity Equity Income				X																																			
9 Fidelity Total Bond Fund					X																																		

* 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
 Klain, Ronald 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.																										
																									BLOCK B											BLOCK C		
												Type		Amount											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria												
1	Spartan Equity Index Investor Class																																					
2	Janus Global Tech Fund					X																	X															
3	Janus Venture						X																															
4	Met Whole Life Policy						X																X															
5	(S) Pacific Whole Life Policy										X																											
6	Janus Fund										X																											
7	Ally Bank - Cash Accounts & CDs										X												X															
8	Inspirato Profits Interest (Travel Club, Denver, CO)										X												X															
9	LINE INTENTIONALLY LEFT BLANK																																					

* 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
 Klain, Ronald A

SCHEDULE A continued

(Use only if needed)

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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 A	BLOCK B										BLOCK C																			
	Valuation of Assets										Type	Amount																		
1																						Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria							
2	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
(DC) Maryland Prepaid Trust 529			X																	X										
LINE INTENTIONALLY LEFT BLANK																														
ING Accounts / CDs (Cash)						X												X												
(S) ING Accounts / CDs (Cash)					X													X												
PNC Bank Account (Cash)		X															X													
(DC) Maryland 529 Accounts																														
-Maryland Portfolio 2018			X																		X									
-Maryland Portfolio 2021			X																		X									

* 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: **Klein, Ronald A**

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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

Example	Identification of Assets	Transaction Type (X)	Date (Mo, Day, Yr.)	Amount of Transaction (X)															
				\$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				
1	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

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

Reporting Individual's Name
 Klein, Ronald A

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 accounts.

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)														
						\$0 - \$10,000	\$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			
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.

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	Leave of Absence from Revolution LLC where I am employed as EVP / General Counsel	Revolution Corporate Services, LLC, Washington, DC	10/14
3	Profits Interest in Inspirato LLC, granted by Revolution Inspirato Holdings LLC	Revolution Inspirato Holdings LLC, Washington, DC	2/14
4	Retired board member Benefit (travel usage) from Exclusive Resorts	Exclusive Resorts LLC, Denver, Colorado	12/13
5	LINE INTENTIONALLY LEFT BLANK		
6	Continued participation in Revolution LLC Health Insurance, Life Insurance, and Disability plans - fully reimbursed at my expense	Revolution Corporate Services, LLC, Washington, DC	10/14

Reporting Individual's Name: **Klain, Ronald A**

SCHEDULE D

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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.

None

Examples	Organization (Name and Address)		Type of Organization		Position Held		From (Mo., Yr.)		To (Mo., Yr.)	
1	Natl Assn. 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	General Counsel, Revolution LLC, Washington, DC		Venture Capital Firm		General Counsel		01/2013		present	
3	Board of Directors, Grove Farm (and affiliates), Honolulu, HI		Private Company		Member of Board, Sole Manager of Wholly Owned Subsidiaries		01/2013		10/2014	
4	Board of Directors, Inspiarto LLC, Denver, CO		Private Company		Director		01/2014		10/2014	
5	Board of Directors, Exclusive Resorts, LLC, Denver, CO		Private Company		Director		01/2013		10/2014	
6	Board of Directors, Spark People LLC, Cincinnati, OH		Private Company		Director		02/2013		10/2014	
6	Board of Directors, Vice President's Residence Foundation		Non-Profit		Chair of Board		01/2013		10/2014	

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

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

Reporting Individual's Name
 Klein, Ronald A

SCHEDULE D

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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.

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)		To (Mo., Yr.)	
	Natl Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92		Present	
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85		1/00	
1	Board of Directors, American Progress Action Fund	Non-profit	Director	01/2013		10/2014	
2	Board of Advisors, Third Way	Non-profit	Director	01/2013		10/2014	
3	Board of Advisors, Harvard Law School	Non-profit	Director	01/2013		10/2014	
4	Adjunct Professor, Georgetown University	University	Adjunct Professor	01/2013		10/2014	
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	
Examples		Legal services	
Doe Jones & Smith, Hometown, State		Legal services in connection with university construction	
Metro University (client of Doe Jones & Smith), Moneytown, State			
1	Revolution Corporate Services, Washington, DC	Employment	
2	Georgetown University, Washington, DC	Employment	
3			
4			
5			
6			