Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	'(Check box if a	CALLES COMMON PARTY.
Agency Use Only			
of filing	(Check box if filing extension granted & Indicate number of days)	(Check box if filing extension gra	
Schedule D—The reporting period is the preceding two calendar years and the chiral date.		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officia
Artangements)—Show any agreements or arrangements as of the date of filing.	Date (Month, 1811), Year)	nics of the state	Office of Government Ethics Use Only
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	5		Oil the basis of information contained in this report, I complished with applicable laws and regulations (subject to any comments in the box below).
Schedule C, Part I (tiabilities)-The reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency.Ethics Official's Opinion
Schedule B-Not applicable.			agency)
as of any date you choose that is within	Date (Month, Day, Year)	Signature of Other Reviewer	Other Review
" Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year and of filling Value seems year up to the date of filling Value seems.	5/10/2015	rect.	I wark LIFY CDAY (TIESRA TEMPENTS I DAYE made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month, Dny, Year)	Signature of Reporting Individual	Certification
Nominees, New Entrants and Candidates for President and	Yes X No	Not Application (1)	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?	Name of Congressional Committee Considering Nomination	Presidential Nominees Subject
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			Government Digiting the Preceding 12 Months (If Not Same as Above)
year up to the date you file. Part II of Schedule D is not applicable.		1.	(or forwarding address)
II of Schedule C and Part I of Schedule D where you must also include the filing:	lelephone vo. (Include Area (ode)	1600 Pennsylvania Aver NW, Washington Do 20500	Present Office
Reporting Periods Incumbents: The reporting period is the neceding calendar year except Part			Filing
to a \$200 ree.	Department or Agency (If Applicable)	Title of Position Depar	Position for Which
than 30 days after the last day of the filing extension period, shall be subject		Kan	Individual's Name
after the date the report is required to be filed, or, if an extension is granted, more	First Name and Middle Initial	Last Name First N	Reporting
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	or Termination Termination Date (HAppli- or Able) (Month Day, Year)	Reporting Incumbent Calendar Year New Entrant, Status Check Appropriate Eowes) Check Appropriate Eowes	or Nomination (March 2014, Vert)

Supersedes Prior Editions.

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	9 Fidelity Total Bond Fund	8 Fidelity Equity Income	7 Fidelity Cash Reserve	Fidelity Diversified International	S Fidelity Blue Chip Growth	4 (DC) Fidelity Growth & Income	3 (DC) Fidelity Blue Chip Growth	2 (DC) Fidelity Asset Manager (50%)	1 (S) Janus Enterprise Fund	None (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 Over \$1,000,000*		BLOCK A BLOCK B	Assets and Income Valuation of Assets at close of reporting period	Klain, Ronald A	Reporting Individual's Name
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Reporting Individual's Name Klain, Ronald A	SCF	SCHEDULE B	В						Page Number	7 of		2.75
Part I: Transactions												
Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None X	X									
children during the reporting period of any real property, stocks, bonds, commodity	residence, or a transaction solely between you, your spouse, or dependent child.		Transaction Type (x)		3 3 4 4 5 5 5 5 5 5 7		Ame	ount of	Amount of Transaction	(x)		
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" bl to indicate sales made pursuant to a certificate of divestiture from OGE.	block	change	Date (Mo., Day, Yr.)	001, 5,000	5,001 - 0,000 0,001- 00,000	00,001 - 50,000	50,001 - 50,000 50,001 -	,000,000 200,000* 000,001 - 000,000	000,000 000,001 5,000,000 ,000,001	er);000,000	tificate of estiture
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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. 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.	rnment; grelatives; ftheir relatives; lidence. Am one sonsions.	iven to yo received ationship t dso, for pu arce, exclu	ur ager by you; to you; trposes ide iten	ncy in r spou or pro of agg	conne se or c vided gregat th \$14	ction lepend as per ing gi lO or I	with office dent child resonal hospits to deter ess. See in	ial travel; totally pitality at rmine the astructions	\boxtimes	+ Copyright Copy
Source (Name and Address)	The state of the s	Brie	Brief Description	on			W. Constant				Value	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99	national confere	nce 6/15/9	9 (personal activity unrelated to duty)	activity	unrelat	ed to d	uty)			\$500	<u>i</u>
1 Frank Jones, van Francisco, CA	Leather brieicase (personal friend)										\$385	
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OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

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

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'i'ransaction 'Yype (x)		Am	of	Transactio	on (x)	
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Puro Sale	\$15, \$15,	\$50 \$10 \$10	\$500 \$500	Ove: \$1,0 \$1,0	\$5,0 \$25, \$25, \$50,	Cert
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	Sale Exchange Date (Mo. Day)	Date Sale Exchange Any, hr. \$1,000. \$15,000. \$15,000.	Purchase Transaction Tra	Purchases Transaction Tr	Purchases Transaction Tr	Purchase Type W The section

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Ŗ.	Reporting Individual's Name							Page Number	ıber	
줐	Klain, Ronald A	50	SCHEDULE	C					8 of	
<u>י</u> ק ו	Part I: Liabilities	a mortgage on your personal residence	None X							
5 준	Report liabilities over \$10,000 owed	unless it is rented out; loans secured by				Catego	Category of Amount or Value (x)	t or Value (X)	
<u>₹</u> ₽.8	during the reporting period by you, your snouse, or dependent children.	or appliances; and liabilities owed to certain relatives listed in instructions						tedigaer .=	79i)0)1 -	
<u>د</u> و ج	Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.		3	0,001 - [5,000 5,001 - 0,000	0,001 00,000 00,001 50,000	50,001 - 50,000 ₋ 50,001 - 500,000	er 000;000 000,001 000,000	000;001 5,000,00 5,000,00),000,00 er),000,00
	Creditors (Name and Address)	Type of Liability	Incurred Rate	applicable	\$1: \$1:	\$1(\$1(\$50 \$50	\$1,	\$5, \$2, \$2,	Ove
; :	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991 8%	25 yrs.		×		145		150 f 150 f 150 f 150 f 150 f
5	_	Promissory note	1999 10%	on demand		crist Carried Carried	X	ida Ga		
<u>—————————————————————————————————————</u>										
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¥.	This category applies only if the liability is with the spouse or dependent children, man	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the liability is		filer or a joint	a joint liability of the filer	he filer			
۳	Part II: Agreements or	or Arrangements								
F. C. Z	port your agreements or arrangement aployee benefit plan (e.g. pension, 40) on of payment by a former employer (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 ing of negotiations for any	(4) future er ns for any o	nploymer f these ar	employment. See instructions regarding the report- of these arrangements or benefits.	cuctions re s or benef	egarding i its.	the report- None	Re T
	Status and T	Status and Terms of any Agreement or Arrangement				Parties	š			Date
Ex	Example Pursuant to partnership agreement, calculated on service performed thi	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	artnership share	Doe Jones &		Smith, Hometown, State				7/85
H	Leave of Absence from Revolution LLC where I am employed as EVP / General Counsel	n employed as EVP / General Counsel		Revolution Corporate Services, LLC,	orporate Ser	vices, LLC, Wa	Washington, DC	v		10/14
2	Profits Interest in Inspirato LLC, granted by Revolution Inspirato Holidings LLC	ution Inspirato Holidings LLC		Revolution In	spirato Holdi	Revolution Inspirato Holdings LLC, Washington, DC	hington, DC			2/14
သ	Retired board member Benefit (travel usage) from Exclusive Resorts	Exclusive Resorts		Exclusive Re	sorts LLC, D	Resorts LLC, Denver, Colorado	Ö			12/13
4	LINE INTENTIONALLY LEFT BLANK									
্ স	Continued participation in Revolution LLC Health I	Continued participation in Revolution LLC Health Insurance, Life Insurance, and Disability plans fully reimbursed at my expense	rsed at my expense	Revolution Co	orporate Ser	Revolution Corporate Services, LLC, Washington, DC	shington, DC			10/14
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					N.A.		Doe Jones & Smith, Ho	Source (Name and Address)	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							General Counsel, Revolution LLC, Washington, DC (On Leave)	Doe Jones & Smith, Hometown, State	Nat'l Assn. of Rock Collectors, NY, NY	Organization (Name and Address)	Part I: Positions Held Outside U.S. Governmen 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, strustee, general partner, proprietor, representative, employee, or consultant of trustee, general partner, proprietor, representative, employee, or any non-profit		Klain, Ronald A	Reporting Individual's Name	U.S. Office of Government Ethics
	,				* ************************************	htth), Moneytown, State		Address)	n EXCESS OI \$5,00 apensation received by you or you directly by you during any one y lames of clients and customers of business enterprise, or any other	1		·			Constant in the second				nd Address)	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	0.0			
						Legal services in connection with university construction	Legalservices	Brie	מומ		The state of the s	TOTAL				Venture Capital Firm	Law firm	Non-profit education	Type of Organization	P P		SCHEDULE D		
					7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	etion — — — — — — —	A TOTAL POWER OF A METERS	Rief Description of Dutles	by Une Source Incumbent, Termination Filer, or Vice non-profit organization when vou 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.			TERROLA I				General Counsel	Partner	President	Position Held	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.				
	-								part if you ion Filer, or iential Canc				3			01/2013	7/85	6/92	From (Mo., Yr.)	giou		9 0	Page Number	
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U.S. Office of Government Effics Reporting Individual's Name Klain, Ronald A		SCHEDULE D		Page Number
Part I: Positions Held Outside U.S. Governmen 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	Outside U.S. Government pplicable reporting period, whether compensor limited to those of an officer, director, presentative, employee, or consultant of 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.	honorary None
Organization (Name and Address)	and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)
Nat'l Assn. of Roc		Non-profit education	President	-
Examples Doe Jones & Smith, Hometown, State	La	Law firm	Partner	7/85
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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 need not report the U.S. Go	in Excess of \$5,000 mpensation received by you or your d directly by you during any one year names of clients and customers of ar business enterprise, or any other	nid by One Source non-profit organization we you directly provided the services generating a fee need not report the U.S.	Do not complete this part if you are an Incumbent, Termination Filer, or Vice then Presidential or Presidential Candidate. or payment of more than \$5,000. You None	part if you are ion Filer, or Vi iential Candida You None
Source (Name and Address)	1 Address)	Brit	Brief Description of Duties	
Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	nith), Moneytown, State	Legal services in connection with university construction	action — — — — — — — — — — — — — — — — — — —	
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