

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 10/22/2014		Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year) 02/13/2015
Reporting Individual's Name Klein		First Name and Middle Initial Ronald		Department or Agency (If Applicable) The White House		Last Name and Middle Initial A	
Position for Which Filing		Title of Position		Epple Response Coordinator		Address (Number, Street, City, State, and ZIP Code) 1900 Pennsylvania Ave. NW, Washington, DC 20500	
Location of Present Office (or Forwarding address)		Title of Position(s) and Date(s) Held		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)	
Presidential Nominees Subject to Senate Confirmation		Do you intend to create a Qualified Divorced Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name of Congressional Committee Considering Nomination		Not Applicable	
Certification		Signature of Reporting Individual		Date (Month, Day, Year) 3/10/2015		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 Other Reviewer		Date (Month, Day, Year)			
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year) 3/17/15		On the basis of information established in this report I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
<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:</p> <p>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 style="text-align: center;">Agency Use Only</p> <p style="text-align: center;">OGE Use Only</p>							

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													
	BLOCK A					BLOCK B					Type		Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20					
Spartan Equity Index Investor Class																								
Janus Global Tech Fund																								
Janus Venture																								
Met Whole Life Policy																								
(S) Pacific Whole Life Policy																								
Janus Fund																								
Ally Bank -- Cash Accounts & CDs																								
Inspirato Profits Interest (Travel Club, Denver, CO)																								
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
 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									

BLOCK A	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*	\$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		
1 (DC) Maryland Prepaid Trust 529			X																	X														
2 LINE INTENTIONALLY LEFT BLANK																																		
3 ING Accounts / CDs (Cash)						X											X																	
4 (S) ING Accounts / CDs (Cash)					X												X																	
5 PNC Bank Account (Cash)							X										X																	
6 (DC) Maryland 529 Accounts																																		
7 -Maryland Portfolio 2018			X																		X													
8 -Maryland Portfolio 2021			X																	X														
9																																		

* 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 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.

Examples	Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)											
	1991	1999					\$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	8%	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.

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
 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.
 None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	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
1	General Counsel, Revolution LLC, Washington, DC (On Leave)	Venture Capital Firm	General Counsel	01/2013	present
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 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	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	NA.	
2		
3		
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5		
6		

Reporting Individual's Name
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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 Book Collectors, NY, NY	Non-profit/education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law Firm	Partner	7/85	1/00
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 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), Montreynown, State	Legal services Legal services in connection with university construction
2		
3		
4		
5		
6		