## OGE form 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT U.S. Office of Government Ethilis

Form Approved: OMB No. 3209+0001

OGE Use Only	(Chéck box If domments are continued on the reverse side)	beek box if comments are	70		
Agency Use Only	· p·				
of filing.	cate number of days)	(Check box if filing extansion granted & indicate number of days	(Check box if filing		nggy philology graphy and h
Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date		ik sheet)	Comments of kevlewing Officials (If additional space is required, use the reverse side of this sheet)	if additions	Comments of Revlewing Officials (
arrangements as of the date of filling.					Use Only
Schedule C, Part II (Agreements or Arrangements) Lichau any agreements or	Date (Month, Day, Year)			Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	51-20		BUDUS	10	On the basis of information contained in this report. I coincide that the first is in compilioned with applicable laws and regulations (subject to any continents in the box below).
reporting period is the preceding calendar	Date (Month, Day, Year)	ng Official	Signature of Designated Agency Ethics Official/Reviewing	Signature	Agency.Ethics.Official's Opinion
Schedule B-Not applicable.	6/1/15	<b>)</b> .	5	1	ágency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		Sknadure of Other Reviewer	Signadure	Other Review (If desired by
Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year in to the date of filling. Value assets	5/20/2015				I CER II-Y that the statements 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	Signature	Cérdfication
Nominees, New Entrants and Candidates for President and	[X] 146			Rochippinacia	
Schedule D is not applicable.	Do You intend to Create a Qualified Diversified Trust?		Name of Congressional Committee Considering Nomination	-11-	Presidential Nominees Subject
Termination, Ellers: The reporting period begins at the end of the period covered by your previous filing and ends of the first first first feet to the first firs				Not Applicable	rosition(s) Held with the recertain Government During the Preceding 12 Months (If Not Same as Above)
year up to the date you file. Part II of Schedule D is not applicable.			osition(s) and Date(s) Held	Title of Position(s)	(or forwarding address)
where you must also include the filing	202-456-1414		1600 Pennsylvania Ave NW; Washington DC 20502	1600 Peni	Present Office
the preceding calendar year except Part	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (	Location of
Reporting Periods Incumbents: The reporting period is		оча/ано/онм	DAP and Deputy Director of the DPC	DAP and	Filing
to a \$200 fée.	Department of Agency (If Applicable)	Départment or Ag	osition	Title of Position	î.
than 30 days after the last day of the filling extension period, shall be subject		James R.		Kvaal	Individual's Name
after the date the report is required to be filed, or, if an extension is granted, more	iddle initial	First Name and Middle Initial		Last Name	Jon Orting
Fee for Late Hiling Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (If Appli- Filer:	New Entrant, Nominite, or Carididate	ng Incumbent Calendar Year Covered by Report 2014	Reporting Status (Check Appropriate Boxes)	Date of Appointment, Candidaty, Election, of Nomination (Month, Day, Year)

Supersedes Prior Editions.

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Bihics

Reportir	Reporting individual's Name											2		SCHEDILLE	⊒	=	TI I	>		Menter											Pag	Page Number	
Kvaal, James R	mes R.									}		تِ ا	<u> </u>				i i														1.4555. 1745-	2 of	J
	Assets and Income		aŧ	Va clo	lu:	Valuation of Assets at close of reporting period	on no	of.	As:	per	ioc				Ì		C II	Income: ty checked, no	me	ָם מַנוּ		an	d a	type and amount. no other entry is n	si.	nee	de,"N	one	E (0	r le	SSS	pe and amount. If "None (or less than \$201)" i other entry is needed in Block C for that item.	n is
	BLOCK A	<b>Was kom as</b>				ВĹ	втоск в	厐								programma.								BLO	BLOCK C	С							21-140-1-120-1-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1
For you, report exproduction yalue excipation in incomments with such	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.			)				),000		and the management and	000,000	),000,000	er andersoner en	ent Fund				and the state of t	ре		\$201)						F3	,000 E		00,000			Date Mo., Day,
For yourself, amount of ear than from the let report the sou income of mo actual amoun your spouse).	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).	್ಷ ಹಿಡ್ಡಾಗಿ ಶಿ None (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25,	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investme	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	Over \$5,000,000	(Specify Type & Actual Amount) .	Yr.) Only if Honoraria
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Examples	Doe Jones & Smith, Hometown, State			*					! !	2001						0.100 H	!		 								1	800	1	ayle		Law Partnership Income \$130,000	
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1 Fidelity	Fidelity Freedom 2040, Rollover IRA		×					Carrie						Х			×			ik sta	×								Terretor Date of				MODE A STATE OF THE STATE OF TH
<sup>2</sup> Fidelity	Fidelity Cash Reserves, Rollover IRA	×											T-CONCATTON/CONC	X					X			X			,			officials.	Traper Services	J. Šib			
3 Fidelity	Fidelity Small Cap Enhanced Index Fund, Roth		X											X			X			X		×		pāršit.		dyaran.							
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6 Sparta Class,	Spartan International Index FID Advantage Class, Roth IRA			×	:			nari		F191 944				×		g erge	X	1112111111				$\times$						fræ.jv	aling year general				CONTRACT TO THE RESIDENCE OF THE PARTY OF TH
* This by t	This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate	ie is so iildren	lely	rk t	of t	he f ther	iler hig	s sp	ouse	gori 10	dep es o	ende [ val	ue,	hild as a	uen uen	If	the ate.	If the asset/income priate.	ť/in	COB		eith	er t	nat o	of th	e fil	er o	r joj	atly	is either that of the filer or jointly held	<u>.</u>		

Kvaal, James R.								.	(Use only		SO.)	ie c	Į įį	y if 1	ne	(Use only if needed)	(b)	'	needed)	1						-	1				rage Number
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Assets and Income		ا بم	1 0	Valuation of Assets at close of reporting period	1at of	lon	ort	As	se pe	rio	ڊ.J.					Ch I	Income: checked,	ne:		oth	er	an ent	10u		ot.	nt. If " s need	nt. If "Noi s needed	type and amount. If "None ( no other entry is needed in F	nt. If "None (or s needed in Bloc	nt. If "None (or less s needed in Block C	type and amount. If "None (or less than \$201)" i no other entry is needed in Block C for that item.
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	of the latest						probable probable				<b>0</b>					<u></u>	Туре	e		100 000		o i i i				Am	Amou	Amount	Amount	Amount	Amount
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

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

U.S. Office of Government Ethics		4				9	į				3	1	3	'			
Reporting Individual's Name Kvaal, James R.	SCHEDULE B	TUC	E B									Page Number	umbe	er of	13.14 13.24	redy.	
Part I: Transactions	No not ranget a transaction involving	<u>Z</u>	6 -														
Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any	Do not report a transaction involving property used solely as your personal residence, or a transaction solely between	J Nor	None Transaction	on					A mo	m d		Amount of Transaction (v)	on (s	ت			
real property, stocks, bonds, commodity		ota Sila	v) adkr		7				Cetyra				<u>'</u>	0.			OI.
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	to indicate sales made pursuant to a certificate of divestiture from OGE.	ırchase	nerge director	change	Date (Mo., Day, Yr.)	,001 5,000	5,001 - 0,000	0,001 00,000 00,001 -	50,001 - 50,001 -	00;000 - 00,001 -	,000,000	er ,000,000 ,000,001	,000,000 ,000,001	5,000,00	0,000,000 er	0,000,00 rtificate (	rtificate ( vestiture
ldentificati	identification of Assets	် Pu	Sa	ΕX		\$1	\$1 \$5	\$1	\$2	:\$5	\$1	\$ 1	\$5	\$7	\$5	\$5	
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1 Fidelity Cash		Х			12/23/14	Χ			5-35 (S-6)	<b>4.6</b>	Sec. (ISS)		15165		gaei	19.99 19.54	**********
<sup>2</sup> Fidelity Tax-Free Money Market			X		11/10/14	X			anaer:		Carlo Colombia		o. e.c.				ommon.
Fidelity Tax-Free Money Market			X	171	11/6/14		X		enner			5.1.966 5.1.550	Anda Pi	: 4.586 E (5.84	áletsa-		
<sup>4</sup> Fidelity Vanguard Bond Index Total Mkt Investor			Χ		11/6/14	X							leko		193.4		
<sup>S</sup> Fidelity Vanguard Bond Index Total Mkt Investor			X		11/4/14		Χ		RS-G-Le						3835.000		
*This category applies only if the underlying asse by the filer or jointly held by the filer with the sj	*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is eight by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.	ren. If t gories	he und of valu	lerlyin e, as a	g asset is either held ppropriate.	ither i	eld										
Part II: Gifts, Reimburse	Part II: Gifts, Reimbursements, and Travel Expenses	es	The state of the s	A STATE OF THE STA	SAN	owasses.		, and the second									
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	2	J.S. Goved from the condens on the c	overnmom related to of the resider	nent; gatives, eir rel nee. /	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	our ag by yo to you urpose urpose ude ite	ency ur sp i; or] ss of	in co ouse provi aggr	or d or d ded egati \$14	ction epen as pen ng g	wit den rsor ifts t	h offit t child hal ho to det See	cial t tota spita ermii	rave illy lity; ne th	at at		

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

for other exclusions.

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THE THE PROPERTY OF THE PROPER	5	4	3	2	jeni.	Frank Jones, San Francisco, CA	Examples Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
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	alle Control of the		V-0-3-44440WG			\$385	\$500	Value

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethic

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

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Part I: Transactions	7						
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Reporting Individus Reporting Individual Reporting Individual Reporting Reporting Reporting Reporting Individual R	Reporting Individual's Name Kvaal, James R.	SC	SCHEDULE C	LE C			÷			Pag	Page Number	of	. 7
Part l	Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None										
during the your sport Check the during the	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	automobiles, nousehold lurintume or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.				0,001 - 5,000 5,001 -	),000 ),001 )0,000	00,001- 50,000 50,001	00,000	000,000 21 000,000*	000,001- 000,000	000,061 - 5,000,000 - 5,000,001 - 0,000,000	er 0,000 <u>,</u> 000
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eardness	John Jones, Washington, DC	Promissory note	1999	<u> </u>	on demand		Participality Participality Participality Participality	1	×				
1 Direct s	Direct student loan program	Student loan	2004	4.5%	10 yrs	Х							
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Pat I.	Agreements	or Arrangements				٠						٠	
Report you employed tion of pa	our agreements or arrangements a benefit plan (e.g. pension, 401 ayment by a former employer (h	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) futuring of negotiations for ar	e; and (4 gotiation	) future ( s for any	e employment. See instructions rega ty of these arrangements or benefits.	ent. See arrange:	instru ments (	ctions or ben	regard efits.	ding ti	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  None	×
	Status and Te	Status and Terms of any Agreement or Arrangement						Parties					Date
Example	Pursuant to partnership agreement, calculated on service performed thro	Fursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	rtnership shau	rė	Doe Jones	& Smith, H	Smith, Hometown, State	State				7	7/85
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Kvaal, James R. Reporting Individual's Name SCHEDULE Page Number of, J

## Part I: Positions Held Outside U.S. Government

trustee, general partner, proprietor, representative, employee, or consultant of 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, 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

Examples Nat'l Assn. of Rock Collectors, NY, NY
Doe Jones & Smith, Hometown, State Compensation in Excess of \$5,000 Paid by One Source Organization (Name and Address) Law firm Non-profit education Type of Organization Partner President Position Held From (Mo., Yr. 6/92 7/85 None To (Mo., Yr. 1/00 Present ×

## Part II:

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 Report sources of more than \$5,000 compensation received by you or your corporation, firm, partnership, or other business enterprise, or any other

Examples

you directly provided the non-profit organization when

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State Source (Name and Address) Legal services in connection with university construction Legalservices 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 None