OGE Form 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

		Comments of Reviewing Officials	Office of Government Ethics Use Only	croort, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Agency Ethics Official's Opinion	(II GESIFED BY agency)	OtherReview	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.	Certification		Presidential Nominees Subject	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Present Office (or forwarding address)	Location of	Filing		Individual's Name	Reporting	U.S. Office of Government Ethics Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)
(Check	(Check box if filing extension granted & indicate number of days	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	and the same of th	Tachel Dowell Signature	Signature of Designated Agency Ethics Official/Reviewing Official	Alleh war	Signature of Other Reviewer		Signature of Reporting Individual	Not Uplicania	1	Title of Position(s) and Date(s) Held	1600 Pennsylvania Ave NW, Washington, DC 20502	Address (Number, Street, City, State, and ZIP Code)	Deputy Assistant to the President	Title of Position	Lambrew	Last Name	Reporting Incumbent Calendar Year Status (Check Appropriate Boxes) 2015
box if comments are	ension granted & indi	heet)	174		Official	;·				I	Do ton Tittelia to C	Do Van Taranda da O		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	EOP WHO Domestic Policy Council	Department or Ag	Jeanne M	First Name and Middle Initial	New Entrant, Nominee, or Candidate
(Check box if comments are continued on the reverse side)	cate number of days			4/26/16 Date (Month, Day, Year)	Date (Month. Day, Year)	413614	Date (Month, Day, Year)	91-5-1	Date (Month, Day, Year)		Teate a Chainten Diversinen Huse	roots a Qualified Directified Trust?	202-456-1414	Telephone No. (Include Area Code)	stic Policy Council	Department or Agency (If Applicable)		ddle Initial	Termination Termination Date (IFAppli- Filer able) (Month, Day, Year)
OGE Use Only	of himg. Agency Use Only	Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date	Arrangements)—Show any agreements or arrangements as of the date of filing.	any date you choose that is within 31 days of the date of filing. Schedule C. Part II (Agreements or	reporting period is the preceding calendar year and the current calendar year up to	Schedule B-Not applicable. Schedule C Part I (liabilities)-The	as of any date you choose that is within 31 days of the date of filing.	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	Vice Fresident:	Candidates for President and	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	where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	Il of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	10 d 3200 Jec.	than 30 days after the last day of the filing extension period, shall be subject	filed, or, if an extension is granted, more	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

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

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	continued on the reverse side)	(Check box if comments are continued		
Agency Use Only				
of filing.	cate number of days)	(Check box if filing extension granted & indicate number	(Check box	
Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date		de of this sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If ad
arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or Arrangements) Show any agreements or	Date (Month, Day, Year)		Signature	nt Ethics
year and the current catendar year up to any date you choose that is within 31 days of the date of filing.				On the basis of information contained in this report, I conclude that the fler 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	Date (Month, Day, Year)	Reviewing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion Sig
Schedule B-Not applicable.				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		Ð	×	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 Sig-
Nominees, New Entrants and Candidates for President and	8	Yes	Not Applicable	
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	_	Name of Congressional Committee Considering Nomination	Presidential Nominees Subject Nan
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				Government During the Preceding 12 Months (If Not Same as Above)
Scriedine D is fibre applicable.			Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Titl
where you must also include the filing year up to the date you file. Part II of	202-456-1414		1600 Pennsylvania Ave NW, Washington, DC 20502	Office g address)
the preceding calendar year except Part II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Location of Adv
Reporting Periods Incumbents: The reporting period is	tic Policy Council	EOP WHO Domestic Policy C	Deputy Assistant to the President	Filing Der
to a \$200 fee.	Department or Agency (If Applicable)	Department or Ag	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	M	Jeanne	_ambrew	Individual's Name Lan
filed, or, if an extension is granted, more	Middle Initial	First Name and Mi	Last Name	
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (If Appli- Filer	New Entrant, Nominee, or Candidate	Reporting Incumbent Calendar Year Status (Check Appropriate Boxes) Reporting Incumbent Covered by Report 2015	Date of Appointment, Candidacy, Election, Report or Nomination (Month, Day, Year) Status O2/01/2011 (Check Ar Boxes)

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

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tegory applies of filer with the sp	USAA S&P 500 Index Fund	Funds Washin	×	Time Warner stock	Bank of America, Cash Account	Bank of America, Cash Account	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	of income which general during \$1,000 at 1 or which general during the report to the same of the same of the U.S. Governm source but not 1 more than \$1,0 unt of any houe).	our spouse, and	BLOCK A	Assets and	eanne M	Reporting Individual's Name
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/inco by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	nd	America Funds Washington Mutual Investors Fund		-	scount	scount	Index Fund	eund	fometown, State	mmon	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).	dependent childre	Α	Income		(2
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

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г "	Reporting Individual's Name Lambrew, Jeanne M	SCHEDULE B	ULE	В								Pag	³ age Number 4	mber 4	of 6		
	Part I: Transactions]													
	Report any purchase, sale, or exchange by 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		Tran Tyl	Transaction Type (x)					Ann	lount	of T	rans	Amount of Transaction (x)	n (x)			
H 01 H 1	futures, and other securities when the amount of the transaction exceeded \$1,000 Include transactions that resulted in a loss.	•••	ırchase	ile rchange	Date (Mo., Day, Yr.)	,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001 - 50,000	50,001 - 00,000	500,001 - .,000,000	er ,000,000*	,000,001 -	5,000,001 - 25,000,000	5,000,000 5,000,000 0,000,000	er 0,000,000	rtificate of ⁄estiture
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^{*}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.

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				Maine Medical Center / Tufts Medical School	Frank Jones, San Francisco, CA	Examples Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)	dates, and the nature of expenses provided. Exclude anything given to you by
				Airline ticket (\$592.20) and dinner (~\$50) incident to the McKusick Lecture for incoming medical students		Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	Brief Description	u.y.
				~\$642	\$385	\$500	Value	None

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ā		TIAA-CREF (Georgelown University)	North Carolina State Employee Retirement Fund (Defined benefit plan)	Teachers' Retirement System of Texas (Defined benefit plan)	Pursuant to partnership agreement, calculated on service performed thro	Status and Te	II: Agreements or vour agreements or arrangements so arrangements be benefit plan (e.g. pension, 4011) asyment by a former employer (in	egory applies only if the liability is s spouse or dependent children, marl					John Jones, Washington, DC	First District Bank, Washington, DC	Creditors (Name and Address)	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time	Reporting Individual's Name Lambrew, Jeanne M
			efined benefit plan)	nefit plan)	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	Status and Terms of any Agreement or Arrangement	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	*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.					Promissory note	Mortgage on rental property, Delaware	Type of Liability	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	S
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		TIAA-CREF	State of North Carolina	University of Texas at Austin	Doe Jones		of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.	nat of the f					on demand	25 yrs.	applicable	F		
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Lambrew, Jeanne M

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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, any corporation, firm, partnership, or other business enterprise or any non-profit trustee, general partner, proprietor, representative, employee, or consultant of

> organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None X

arry cork	any corporation, man, partiersing, or other outsiness enterprise or any non-profit	-		_
	Organization (Name and Address) Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education		Position Held President
Examples	Doe Jones & Smith, Hometown, State	Law firm	i	Partner
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Part	Part II: Compensation in Excess of \$5,000 Paid by One Source	00 Paid by One Sou	rce	TCe Do not complete this part if you are an Incumbent. Termination Filer, or Vice
Report s	Report sources of more than \$5,000 compensation received by you or your	non-profit organizatio	w di	n when

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.

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							Legal services in connection with university construction		Brief Description of Duties	יזירנת זוטי זיילטור נוזר 0.3: 00 אבנוזוווכוור מי עי מטעורבי.
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