
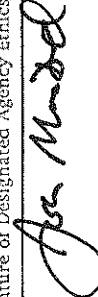


# Executive Branch Personnel Public Financial Disclosure Report

<b>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</b> 07/07/2014	<b>Reporting Status</b> (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	<b>Calendar Year Covered by Report</b> 2014	<b>Termination Date (If Applicable) (Month, Day, Year)</b>	<b>Fee for Late Filing</b> 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.
<b>Reporting Individual's Name</b> Larkin	<b>First Name and Middle Initial</b> kellie			<b>Reporting Periods</b> <b>Incumbents:</b> 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. <b>Termination Filers:</b> 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. <b>Nominees, New Entrants and Candidates for President and Vice President:</b> <b>Schedule A</b> —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. <b>Schedule B</b> —Not applicable. <b>Schedule C, Part I (Liabilities)</b> —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. <b>Schedule C, Part II (Agreements or Arrangements)</b> —Show any agreements or arrangements as of the date of filing. <b>Schedule D</b> —The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
<b>Position for Which Filing</b> Special Assistant to the President and House Legislative Affi	<b>Department or Agency (If Applicable)</b> Office of Legislative Affairs WHO			
<b>Location of Present Office</b> (or forwarding address) 1600 Pennsylvania Avenue NW Washington DC 20502	<b>Telephone No. (Include Area Code)</b> 202-456-████			
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b> General Counsel and Legislative Director, House Financial Services Committee 2006-6/2014				
<b>Presidential Nominees Subject to Senate Confirmation</b>	<b>Name of Congressional Committee Considering Nomination</b> Not Applicable			<b>Do You Intend to Create a Qualified Diversified Trust?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Certification</b> 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.	<b>Signature of Reporting Individual</b> 			<b>Date (Month, Day, Year)</b> 19 April 2015
<b>Other Review (If desired by agency)</b>	<b>Signature of Other Reviewer</b>			<b>Date (Month, Day, Year)</b>
<b>Agency Ethics Official's Opinion</b> On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	<b>Signature of Designated Agency Ethics Official/Reviewing Official</b> 			<b>Date (Month, Day, Year)</b> 5/30/2015
<b>Office of Government Ethics Use Only</b>	<b>Signature</b>			<b>Date (Month, Day, Year)</b>
<b>Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)</b>				
(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"/>				
				Agency Use Only
				OGE Use Only

Reporting Individual's Name  
 Larkin, Kellie N

**SCHEDULE A**

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C 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*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,000	Over \$50,000,000	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		
Type	Dividends	Interest and Royalties	Interest	Capital Gains	None (or less than \$201)	Dividends	Interest	Capital Gains	None (or less than \$201)	Dividends	Interest	Capital Gains	None (or less than \$201)	Dividends	Interest	Capital Gains	None (or less than \$201)	Dividends	Interest	Capital Gains	None (or less than \$201)	Dividends	Interest	Capital Gains	
Examples																									
Central Airlines Common																									
Doc, Jones & Smith, Homewood, State																									
Kampstone Equity Fund																									
IRA: Heartland 500 Index Fund																									
1 Capital One (savings)	X																								
2 Eagle Bank	X																								
3 Guggenheim S+P Equal Weight ETF	X																								
4 Guggenheim S+P Small Cap 600 Pure Growth ETF	X																								
5 Vanguard FTSE All World ETF	X																								
6 Vanguard Mega Cap Growth ETF	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  
 Larkin, Kellie N

**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.)						
			President	Partner	6/92	7/85	Present	1/00			
1	Natl. Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit organization Law firm								<input checked="" type="checkbox"/>	None
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 source.

Examples	Source (Name and Address)	Brief Description of Duties	Legal services	None
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Hometown, State			
2				
3				
4				
5				
6				