Form Approved: OMB No. 3209 - 0001

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics Date of Appointment, Candidacy, Election. Reporting Termination Termination Date (If Appli-Calendar Year Incumpent New Entrant, Fee for Late Filing or Nomination (Month, Day, Year) Covered by Report cable) (Month, Day, Year) Nominee, or Filer Status Any individual who is required to file 07/07/2014 (Check Appropriate Candidate this report and does so more than 30 days Boxes) after the date the report is required to be Last Name First Name and Middle Initial filed, or, if an extension is granted, more Reporting than 30 days after the last day of the Individual's Name Kellie Ν Larkin filing extension period, shall be subject to a \$200 fee. Department or Agency (If Applicable) Title of Position Position for Which Special Assistant to the President and House Legislative Affi | Office of Legislative Affiars WHO Reporting Periods Filing Incumbents: The reporting period is the preceding calendar year except Part Address (Number, Street, City, State, and ZIP Code) Telephone No. (Include Area Code) Location of II of Schedule C and Part I of Schedule D where you must also include the filing Present Office 202-456-1414 1600 Pennsylvania Ave NW Washington DC 20502 year up to the date you file. Part II of (or forwarding address) Schedule D is not applicable. Title of Position(s) and Date(s) Held Position(s) Held with the Federal Termination Filers: The reporting Government During the Preceding 12 Months (If Not Same as Above) period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Name of Congressional Committee Considering Nomination | Do You Intend to Create a Qualified Diversified Trust? Schedule D is not applicable. Presidential Nominees Subject to Senate Confirmation Not Applicable No Nominees. New Entrants and

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.		22 Aprilado
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)
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).	tend	5/25/2016
Office of Government Ethics Use Only	Signature	Date (Month, Day, Year)

Signature of Keporting Individual)

Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)

31 days of the date of filing. Schedule B-Not applicable.

Candidates for President and

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

Vice President:

Date (Month. Day, Year)

(Check box if filing extension granted & indicate number of days ____

(Check box if comments are continued on the reverse side)

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.

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Certification

	Reporting rkin, Kell	Individual's Name ie N		SCHEDULE A													Pa	ge 1	Number 2 of	6																
	Assets and Income Valuation of Assets at close of reporting period Income: type and amount. If "None (or leading to be checked, no other entry is needed in Block														ess k C	th fo	an \$201 r that ite)" is em.																		
		BLOCK A		BLOCK B											BLOCK C																					
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E	camples	Doe Jones & Smith, Hometown, State Kempstone Equity Fund		\dashv	\dashv	<u>^</u> -	-	~}	-	-+	-			-	-		 —	_	_	-	-			-	-		-	-	<u> </u>	├-	-	-	-	inc	ome \$130,000	+
		IRA: Heartland 500 Index Fund		-	7	-	-	-	-	×				-		×	-	_	İ		-		-	-	-	_	×						<u> </u>	1		
1	Capital	One Savings			×																×		×													
2	Eagle B	Bank			×																		×											ch	ecking	
3	Gugge	nheim S+P Equal Weight ETF			×											×			×				×													
4	Vangua	ard FTSE All World			×											×			×				×													
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6	Vangu	ard Mega Cap Growth ETF			×				_							×			×				×													
	* 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.												der	peno of v	of 1	eld																				

	eperting Individual's Name arkin, Kellie N	SCHEDULE A continued (Use only if needed)														Pag	ge Number	6															
	Assets and Income	Valuation of Assets at close of reporting period BLOCK B Income: type and amount. If "None (or less checked, no other entry is needed in Block C														than \$20 for that	1)" is item.																
		Type Amount																															
	s than 1,000,000 0,000 0,000 1,000,* 0,000 0,000 1,000,000 1,000,000 0														Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																	
1	Vanguard Mid Cap ETF		×											×			×				×												
2	Vanguard Short term bond		×											×							×												
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Larkin, Kellie N	SCHED)UL	E B								Page	e Num		of 4	,	
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	×	. KH	¥											
children during the reporting period of		TE	insact ype (:	ion ()				-	moun	t of T	'ransı	action	(x)			
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1, Include transactions that resulted in a le	Check the "Certificate of divestiture" block 000. to indicate sales made pursuant to a	Purchase	Salo	Exchange	Date (Mo., Day, Yr.)	1,001 - 15,000	50,000	\$30,000 \$100,000 \$100,001 -	250,000 -	\$500,001	ver 1,000,000	\$1,000,001 -	5,000,001 -	5,000,001 -	Over \$50,000,000	Certificate of divestiture
	fication of Assets	_	S	ш		SS	Sissi		100	S	000	Sign	SS	SS	OS	ರಕ
Example Central Airlines Common		х	-		2/1/99	-	-	x	+-	-	┿	-	<u> </u>			<u> </u>
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For you, your spouse and dependent chil tion, and the value of: (1) gifts (such as to food, or entertainment) received from or (2) travel-related cash reimbursements than \$350. For conflicts analysis, it is he as personal friend, agency approval under authority, etc. For travel-related gifts and dates, and the nature of expenses provide	langible items, transportation, lodging, received source totaling more than \$350 and independence of the dependence of the dependence of the dependence of the dependence of 5 U.S.C. § 4111 or other statutory for other statutory description of the dependence of the	.S. Government of the control of the	m rel	lative neir r ence. one s ons.	given to yo es; received relationship Also, for p source, excl	by you	our sp u; or p es of	ouse o provid aggre	or dep ed as gating	ende perse gifts	ent ch onal s to c	nild to hospi determ	otally itality mine struct	y at the tions one		
Source (Name and Address)		5-7.00	rief D						_1127				450		alue	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	nal conf	erence	e 6/15	5/99 (persona — — —	l activi	ty unr	elated	o duty	′) - — -				¥	500	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													S	385	_
1																
2																
3																
4				455												
5																

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C Larkin, Kellie N of Part I: Liabilities a mortgage on your personal residence None Report liabilities over \$10,000 owed unless it is rented out; loans secured by Category of Amount or Value (x) to any one creditor at any time automobiles, household furniture during the reporting period by you, or appliances; and liabilities owed to your spouse, or dependent children. Over \$1,000,000* \$5,000,001 -\$25,000,000 \$25,000,001 Over \$50,000,000 certain relatives listed in instructions. \$500,0001 -\$1,000,001-Check the highest amount owed \$250,001 -\$500,000 \$50,001 -\$100,000 \$100,001-\$250,000 See instructions for revolving charge \$15,001 \$15,000 during the reporting period. Exclude accounts. Term if Date Interest Type of Liability Rate applicable Creditors (Name and Address) Incurred First District Bank, Washington, DC 1991 25 yrs. Mortgage on rental property, Delaware 8% х Examples 1999 10% John Jones, Washington, DC Promissory note on demand × Sallie Mae Student Loan 2006 3.87 2 *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 of absence; and (4) future employment. See instructions regarding the reportemployee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuaing of negotiations for any of these arrangements or benefits. None X tion of payment by a former employer (including severance payments); (3) leaves Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Example Doe Jones & Smith, Hometown, State 7/85 calculated on service performed through 1/00. 3

Description of the second					
Reporting Individual's Name		CCIIPDIII E D		Page Number	
Larkin, Kellie N		SCHEDULE D		60	f 6
Part I: Positions Held Report any positions held during the as sated or not. Positions include but are a trustee, general partner, proprietor, re- any corporation, firm, partnership, or o	pplicable reporting period, whethe not limited to those of an officer, d presentative, employee, or consult	r compen- organization or educationa lirector, social, fraternal, or politica ant of nature.	d institution. Exclude position d entities and those solely of an	honorary	s, None 🔀
Organization (Name	and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (MoYr.)
Examples Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
Doe Jones & Smith. Hometown, State		Law firm	Partner	7/85	1/00
1					
2	,			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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Part II: Compensation Report sources of more than \$5,000 co business affiliation for services provide the reporting period. This includes the corporation, firm, partnership, or othe	mpensation received by you or yo ed directly by you during any one names of clients and customers of	year of you directly provided the services generating a fee or	r payment of more than \$5,000	tion Filer, o dential Cano You	r Vice
Source (Name an	d Address)	Br	rief Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legal services			
Metro University (client of Doe Jones & S	mith), Moneytown, State	Legal services in connection with university cons	truction		
1					
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4	* **				
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