

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report 2014	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<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.
12/02/2014							
Reporting Individual's Name	Last Name			First Name and Middle Initial			<b>Reporting Periods</b> 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:  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.
	LE MON			CHRISTOPHER J			
Position for Which Filing	Title of Position			Department or Agency (If Applicable)			
	SAP FOR PRESIDENTIAL PERSONNEL			EOP/WHO			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)			
	1650 PENNSYLVANIA AVE NW, WASHINGTON, D.C. 20			(202) 395-████			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held DIRECTOR FOR MULTILATERAL AFFAIRS, NATIONAL SECURITY COUNCIL (05/2013-12/2014)						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?				
	Not Applicable		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Certification	Signature of Reporting Individual			Date (Month, Day, Year)			
	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.			6/15/2015			
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)			
				2/9/15			
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"/>							
Agency Use Only							
OGE Use Only							

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<b>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</b>	<b>Reporting Status</b> (Check Appropriate Boxes)	<b>Incumbent</b>	<b>Calendar Year Covered by Report</b>	<b>New Entrant, Nominee, or Candidate</b>	<b>Termination Filer</b>	<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.
12/02/2014	<input type="checkbox"/>	<input type="checkbox"/>	2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Reporting Individual's Name</b>	<b>Last Name</b>			<b>First Name and Middle Initial</b>			
	LE MON			CHRISTOPHER J			
<b>Position for Which Filing</b>	<b>Title of Position</b>			<b>Department or Agency (If Applicable)</b>			
	SAP FOR PRESIDENTIAL PERSONNEL			EOP/WHO			
<b>Location of Present Office</b> (or forwarding address)	<b>Address (Number, Street, City, State, and ZIP Code)</b>				<b>Telephone No. (Include Area Code)</b>		
	1650 PENNSYLVANIA AVE NW, WASHINGTON, D.C. 20				(202) 395-1624		
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b>	<b>Title of Position(s) and Date(s) Held</b>						
	DIRECTOR FOR MULTILATERAL AFFAIRS, NATIONAL SECURITY COUNCIL (05/2013-12/2014)						
<b>Presidential Nominees Subject to Senate Confirmation</b>	<b>Name of Congressional Committee Considering Nomination</b>			<b>Do You Intend to Create a Qualified Diversified Trust?</b>			
	Not Applicable			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Certification</b>	<b>Signature of Reporting Individual</b>				<b>Date (Month, Day, Year)</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>Other Review</b> (If desired by agency)	<b>Signature of Other Reviewer</b>				<b>Date (Month, Day, Year)</b>		
<b>Agency Ethics Official's Opinion</b>	<b>Signature of Designated Agency Ethics Official/Reviewing Official</b>				<b>Date (Month, Day, Year)</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>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"/>							
<b>Agency Use Only</b>							
<b>OGE Use Only</b>							

**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:**

**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.

Reporting Individual's Name  
LE MON, CHRISTOPHER J

SCHEDULE A

Page Number

2 of 7

BLOCK A		BLOCK B		BLOCK C	
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.	
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.	None <input type="checkbox"/> 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 or your spouse).	Type	Amount	Date (Mo., Day, Yr.) Only if Honoraria	Other Income Type & Actual Amount (Specify Type & Actual Amount)
Examples	Central Airlines Common	None			
	Doe Jones & Smith, Hometown, State	None			
	Kempstone Equity Fund	None			
	IRA: Heartland 500 Index Fund	None			
1	(S) Georgetown University Law Center	None (or less than \$1,001)			Spouse salary
2	(J) Citibank Personal Banking Accounts	\$1,001 - \$15,000			
3	(J) Rental Apartment #1, Washington, D.C.	\$15,001 - \$50,000			
4	(J) Rental Apartment #2, Washington, D.C.	\$50,001 - \$100,000			
5	Vanguard Total Stock Market Index Fund	\$100,001 - \$250,000			
6	(J) Vanguard Emerging Markets Stock Index Fund	\$250,001 - \$500,000			
		\$500,001 - \$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	None (or less than \$201)			
	Excepted Trust	\$201 - \$1,000			
	Qualified Trust	\$1,001 - \$2,500			
	Dividends	\$2,501 - \$5,000			
	Rent and Royalties	\$5,001 - \$15,000			
	Interest	\$15,001 - \$50,000			
	Capital Gains	\$50,001 - \$100,000			
		\$100,001 - \$1,000,000			
		Over \$1,000,000*			
		\$1,000,001 - \$5,000,000			
		Over \$5,000,000			

\* 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 LE MON, CHRISTOPHER J	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 3 of 7
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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 A	BLOCK B										BLOCK C																						
	Type										Amount										Date (Mo., Day, Yr.)  Only if Honoraria												
	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)	
1					X							X									X												
2				X								X										X											
3			X									X										X											
4			X									X										X											
5					X							X												X									
6			X									X										X											
7				X								X										X											
8												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.

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

Reporting Individual's Name  
 LE MON, CHRISTOPHER J

**SCHEDULE B**

Page Number  
 4 of 7

**Part I: Transactions**

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

Identification of Assets

1	2	3	4	5	Transaction Type (x)		Date (Mo., Yr.)	Amount of Transaction (x)
					Purchase	Sale		
Example	(j) Vanguard Total Stock Market Index Fund						2/1/99	
	(j) Vanguard Total International Stock Index Fund						04/07/2014	
	(j) Vanguard Emerging Markets Stock Index Fund						04/07/2014	
	(j) Vanguard Total International Stock Index Fund						07/08/2014	
	(j) Vanguard Total Stock Market Index Fund						07/08/2014	

\*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.

None

Source (Name and Address)	Brief Description	Value
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Leather briefcase (personal friend)	\$385
1		
2		
3		
4		
5		

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

Reporting Individual's Name LE MON, CHRISTOPHER J	<b>SCHEDULE B continued</b> (Use only if needed)	Page Number 5 of 7
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**Part I: Transactions**

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											
		Purchase	Sale	Exchange		\$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	Certificate of divestiture
1	(J) Vanguard Emerging Markets Stock Index Fund		X		07/08/2014		X										
2	(D) Vanguard Age-Based Growth Fund 529	X			10/30/2014	X											
3	(D) Vanguard Age-Based Growth Fund 529	X			07/10/2014	X											
4	(D) Vanguard Age-Based Growth Fund 529	X			10/30/2014	X											
5	(S) Vanguard 2040 Target Investment Fund	X			12/08/2014	X											
6	(S) Vanguard 2040 Target Investment Fund	X			11/10/2014	X											
7	(S) Vanguard 2040 Target Investment Fund	X			10/10/2014	X											
8	(S) Vanguard 2040 Target Investment Fund	X			09/10/2014	X											
9	(S) Vanguard 2040 Target Investment Fund	X			08/11/2014	X											
10	(S) Vanguard 2040 Target Investment Fund	X			07/08/2014	X											
11	(S) Vanguard 2040 Target Investment Fund	X			06/09/2014	X											
12	(S) Vanguard 2040 Target Investment Fund	X			05/08/2014	X											
13	(S) Vanguard 2040 Target Investment Fund	X			04/08/2014	X											
14	(S) Vanguard 2040 Target Investment Fund	X			03/05/2014	X											
15	(S) Vanguard 2040 Target Investment Fund	X			02/07/2014	X											
16	(S) Vanguard 2040 Target Investment Fund	X			01/10/2014	X											

\*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.

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

Reporting Individual's Name  
 LE MON, CHRISTOPHER J

**SCHEDULE B continued**  
 (Use only if needed)

Page Number  
 of

**Part I: Transactions**

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)	Identification of Assets																
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Purchase	\$1,001 - \$15,000																		
Sale	\$15,001 - \$50,000																		
Exchange	\$50,001 - \$100,000																		
	\$100,001 - \$250,000																		
	\$250,001 - \$500,001 - \$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																		
	Certificate of divestiture																		

\*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.





Reporting Individual's Name  
 LE MON, CHRISTOPHER J

**SCHEDULE D**

Page Number

7 of 7

**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 Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State		Non-profit education	President	6/92	Present
		Law firm	Partner	7/85	1/00
1					
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 not report the U.S. Government as a source. You need not report the U.S. Government as a source.

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

None

Source (Name and Address)		Brief Description of Duties
Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Hometown, State		Legal services
		Legal services in connection with university construction
1		
2		
3		
4		
5		
6		