

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report	2015	New Entrant, Nominee, or Candidate	<input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name		Last Name		Lee		First Name and Middle Initial		Jesse C	
Position for Which Filing		Title of Position		SAP and Director of Rapid Response		Department or Agency (If Applicable)			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		1600 Pennsylvania Avenue NW, Washington, DC 20502		Telephone No. (Include Area Code)		202-456-1414	
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		White House, Executive Office of the President					
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Not Applicable		Do You Intend to Create a Qualified Diversified Trust?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certification		Signature of Reporting Individual		[Redacted]		Date (Month, Day, Year)		April 1, 2016	
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.		Signature of Other Reviewer		[Redacted]		Date (Month, Day, Year)			
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		[Redacted]		Date (Month, Day, Year)			
Agency Ethics Official's Opinion		Signature		[Redacted]		Date (Month, Day, Year)		4/22/16	
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).		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"/>					
Office of Government Ethics Use Only		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		(Check box if comments are continued on the reverse side) <input type="checkbox"/>					
Agency Use Only		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.					
Agency Use Only		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.					
Agency Use Only		Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.		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.					
Agency Use Only		OGE Use Only							

Reporting Individual's Name

Lee, Jesse C

SCHEDULE A continued

(Use only if needed)

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1	2	3	4	5	6	7	8	9	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.	Type											Amount											Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
																				None (or less than \$1,001)											Dividends											None (or less than \$201)												
																				\$1,001 - \$15,000											Rent and Royalties											\$201 - \$1,000												
																				\$15,001 - \$50,000											Interest											\$1,001 - \$2,500												
																				\$50,001 - \$100,000											Capital Gains											\$2,501 - \$5,000												
																				\$100,001 - \$250,000											None (or less than \$201)											\$5,001 - \$15,000												
																				\$250,001 - \$500,000											\$201 - \$1,000											\$15,001 - \$50,000												
																				\$500,001 - \$1,000,000											\$1,001 - \$2,500											\$50,001 - \$100,000												
																				Over \$1,000,000*											\$2,501 - \$5,000											\$100,001 - \$1,000,000												
																				\$1,000,001 - \$5,000,000											\$5,001 - \$15,000											Over \$1,000,000*												
																				\$5,000,001 - \$25,000,000											\$15,001 - \$50,000											\$1,000,001 - \$5,000,000												
																				\$25,000,001 - \$50,000,000											\$50,001 - \$100,000											Over \$5,000,000												
																				Over \$50,000,000																																		
																				Excepted Investment Fund																																		
																				Excepted Trust																																		
																				Qualified Trust																																		

* 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 Lee, Jesse C	SCHEDULE B
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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.

None

Identification of Assets	Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)																						
			\$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											
Example Central Airlines Common	x	2/1/99			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.

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			
1	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) Leather briefcase (personal friend)	\$500 \$385
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
 Lee, Jesse C

SCHEDULE B continued

(Use only if needed)

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Part I: Transactions

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	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				

*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
 Lee, Jesse C

SCHEDULE C

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Part I: Liabilities

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude

a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term If applicable	Category of Amount or Value (\$)													
						\$10,001 - \$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			
1	First District Bank, Washington, DC John James Washington DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs.			x											
2			1999	10%	on demand														
3																			
4																			
5																			

* 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 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) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None

Status and Terms of any Agreement or Arrangement		Parties	Date
Example	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1			
2			
3			
4			
5			
6			

