
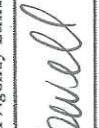
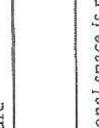


Executive Branch Personnel Public Financial Disclosure Report

Form Approved:
OMB No. 3209 - 0001

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

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 Filer <input type="checkbox"/>	Termination Date (if Applicable) (Month, Day, Year)	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 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.
Last Name and Middle Initial Leibenluft D.							
Title of Position DAP and Deputy Director, NEC							
Department or Agency (if Applicable) White House Office, EOP							
Telephone No. (Include Area Code) 202-456-1336							
Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue, Washington DC							
Title of Position(s) and Date(s) Held Special Assistant to the President for Economic Policy.							
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 <input type="checkbox"/>							
Signature of Reporting Individual 							
Date (Month, Day, Year) 5/14/16							
Signature of Other Reviewer 							
Date (Month, Day, Year) 5/17/16							
Signature of Designated Agency Ethics Official/Reviewing Official 							
Date (Month, Day, Year) 5/17/16							
Signature							
Agency Ethics Official's Opinion 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).							
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 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							

SCHEDULE A continued

(Use only if needed)

Page Number _____ of _____

Reporting Individual's Name
Leibentluft, Jacob D.

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										Date (Mo., Day, Yr.) Only if Honoraria						
	Valuation of Assets at close of reporting period										Amount											Other Income (Specify Type & Actual Amount)					
	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	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		
Dividends	Rent and Royalties	Interest	Capital Gains	Dividends	Qualified Trust	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	Dividends	Rent and Royalties	Interest	Capital Gains	Dividends	Rent and Royalties	Interest	Capital Gains	Dividends	Rent and Royalties	Interest	Capital Gains			
1 Vanguard Total Bond Market																											
2 Templeton Income Global Bond Adv																											
3 Vanguard MSCI US Total Market 2500																											
4 Vanguard FTSE All-World Ex-US																											
5 DoubleLine Core Fixed Income																											
6 Schwab Total Stock Market Index Select																											
7 Matthews Asian Growth and Income Instl																											
8 Vanguard Short-Term Bond Index Adm																											
9 Schwab Total Bond Market																											

* 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

Page Number
 of

SCHEDULE B

Reporting Individual's Name
 Leiblenluft, Jacob D.

Part I: Transactions

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.

None

Identification of Assets	Transaction Type (X)		Date (Mo., Day, Yr.)	Amount of Transaction (X)											
	Purchase	Exchange		\$1,001 - \$15,001	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$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	Certificate of Divestiture	
Example Central Airlines Common	X		2/1/99			X									
1 Matthews Asian Growth and Income Instl	X		2/20/15												
2 Schwab Total Bond Market	X		2/20/15												
3 Templeton Income Global Bond Adv	X		2/20/15												
4 Vanguard MSCI US Total Market 2500 ETF	X		2/20/15												
5 Vanguard FTSE All-World ex-US	X		8/12/15												

*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) Leather briefcase (personal friend)	\$500 \$385
1 New Yorker	New Yorker WHCD Cocktail Party Oct w Hotel in Washington, DC 4/24/15	\$500
2		
3		
4		
5		

1
 (P)
 (P)
 (P)

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

Reporting Individual's Name: **SCHEDULE B continued** Page Number of
Leibentluft, Jacob D. (Use only if needed)

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	\$1,000,001 - \$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	\$50,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Overt	Certificate of divestiture
1	Vanguard FTSE All-World ex-US	X			8/12/15	X														
2	Vanguard Total Bond Market	X			8/12/15			X												
3	Schwab Total Bond Market		X		8/12/15	X														
4	Schwab Total Bond Market		X		8/12/15	X														
5	Schwab Total Bond Market		X		8/12/15				X											
6	T. Rowe Price Equity Index 500	X			4/15/15	X														
7	DoubleLine Core Fixed Income	X			8/12/15				X											
8	Schwab Total Stock Market Index Select	X			8/12/15	X														
9	Ivy Asset Strategy C		X		8/12/15				X											
10																				
11																				
12																				
13																				
14																				
15																				
16																				

*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: **Leibenluft, Jacob D.** Page Number: _____ of _____

SCHEDULE C

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 accounts.

None

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.

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)									
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	\$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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
2															
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

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	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
2			
3			
4			
5			
6			

per filer (057)

per filer (055)

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.)	
				From (Mo., Yr.)	To (Mo., Yr.)
	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 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 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.

Examples	Source (Name and Address)	Brief Description of Duties
2		
3		
4		
5		
6		

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

None