## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	. (Check box if comments are	
Agency Use Only			
of filing.	ticate number of days)	(Check box if filing extension granted & indicate number of days	
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If ad
arrangements as of the date of filing.			Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)	Signature	nt Ethics
year and the current catefular year up to any date you choose that is within 31 days of the date of filing.	8-4-15	CARA	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 low below).
reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency and Souticial/Reviewing Official	AgencyEthics Official's Opinion Sig
Schedule B-Not applicable.  Schedule C. Part I (Liabilities)—The	6/4/15	ALXIO S	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Signature of Other Reviewer	Other Review Sig
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	4/29/15		ICERTIFY that the statements have made on this form and call attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month, Day, Year)	Signature of Reporting Individual	Ц
Candidates for President and			
Nominees, New Entrants and	⊠ &		to Senate Confirmation Not
at the date of termination. Part it of Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination   Do You Intend to C	_
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends		Same as above	Position(s) Held with the Federal Government During the Preceding San 12 Months (If Not Same as Above)
year up to the date you file. Part II of Schedule D is not applicable.	5.02-100	TOW FEIRNING THE TREE, WOSHINGWILD CANAL	(or forwarding address)
where you must also include the filing	202.456	Description of 20502	
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	
Reporting Periods Incumbents: The reporting period is		Associate White House Counsel	Position for Which Ass
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than 30 days after the last day of the filing extension period, shall be subject		Sarah	Individual's Name Levine
filed, or, if an extension is granted, more	liddie Initial	Last Name First Name and Middle Initial	
Any individual who is required to file this report and does so more than 30 days	Filer able) (Month, Day, Year)	Status  Covered by Report  Cover	or Nomination (Month Day, Year)  (Check A: Boxes)
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## 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 innerary, 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
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						Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
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						\$385	\$500	Value

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Part I: Liabilities	a mortgage on your personal residence	None X			
Report liabilities over \$10,000 owed to any one creditor at any time	unless it is rented out; loans secured by automobiles, household furniture		Category	Category of Amount or Value (x)	
during the reporting period by you,	or appliances; and liabilities owed to			)  -  )  0	
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Part II: Agreements or	or Arrangements			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuition of payment by a former employer (including severance payments); (3) leav	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 eming of negotiations for any of		rding the rej	None X
Status and Te	Status and Terms of any Agreement or Arrangement		Parties		Date
Example Pursuant to partnership agreement, calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	crtnership share	Dae Jones & Smith, Hometown, State		7/85
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						Doe Jones & Smith, He Metro University (clic	Source (Name and Address)	Part II: Compensation in Excess of \$5,000 Paid 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						•	Doe Jones & Smith, Hometown, State	Organization (Name and Address) Nar'l Assn of Rock Collectors, NY, NY	Part I: Positions Held Outside U.S. Governmen 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	Reporting Individual's Name Levine, Sarah L
						ith), Moneytown, State	Address)	in Excess of \$5,00 pensation received by you or you directly by you during any one pames of clients and customers of business enterprise, or any other									Positions Held Outside U.S. Government positions held during the applicable reporting period, whether compent. Positions include but are not limited to those of an officer, director, teral partner, proprietor, representative, employee, or consultant of ution, firm, partnership, or other business enterprise or any non-profit	
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