Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics Fee for Late Filing Termination Date (If Appli-Termination Date of Appointment, Candidacy, Election, Reporting Status Incumbent Calendar Year New Entrant. Any individual who is required to file Filer X cable) (Month, Day, Year) Nominee, or or Nomination (Month, Dan, Year) Covered by Report (Check Appropriate this report and does so more than 30 Candidate 81912015 Boxes) 2015 days after the date the report is required to be filed or, if an extension is First Name and Middle Initial Last Name granted, more than 30 days after the Reporting Individual's Name Martz Stephanie A. last day of the filing extension period, shall be subject to a \$200 fee. Department or Agency (If Applicable) Title of Position Reporting Periods Position for Which Filing Office of White House Counsel Senior Counsel and Special Assistant Incumbents: The reporting period is the preceding calendar year except Part Telephone No (Include Area Code) Address (Number, Street, City, State, and ZIP Code) II of Schedule C and Part I of Schedule Location of Present Office D where you must also include the filing 202-456-1414 1600 Pennsylvania Ave., NW, Washington DC 20502 (or forwarding address) year up to the date you file Part II of Schedule D is not applicable Position(s) Held with the Federal Title of Position(s) and Date(s) Held 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 Do You Intend to Create a Qualified Diversified Trust? Name of Congressional Committee Considering Nomination of Schedule D is not applicable Presidential Nominees Subject to Senate X No Yes Confirmation Nominees, New Entrants and Candidates for President and Date (Month. Day, Year) Signature of Reporting Individual Certification Vice President: I CERTIFY that the statements I have 10/21/2015 Schedule A-The reporting period made on this form and all attached for income (BLOCK C) is the preceding schedules are true, complete and correct calendar year and the current calendar to the best of my knowledge year up to the date of filing. Value Date (Month, Day, Year) Signature of Other Reviewer assets as of any date you choose that is within 31 days of the date of filing. Other Review 11/8/2016 (If desired by Schedule B-Not applicable. agency) Date (Month, Day, Year) gnature of Designated Agency Ethios Official/Reviewing Official Schedule C, Part I (Liabilities)-Agency Ethics Official's Opinion On the basis of information contained The reporting period is the preceding calendar year and the current calendar in this report, I conclude that the filer is 2016 year up to any date you choose that is in compliance with applicable laws and within 31 days of the date of filing. regulations (subject to any comments Date (Month, Day, Year, in the box below) Schedule C. Part II (Agreements or Synature Arrangements)-Show any agreements Office of Government Ethics or arrangements as of the date of filing. Use Only Schedule D-The reporting period is Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) the preceding two calendar years and (Check box if filling extension granted & indicate number of days the current calendar year up to the date of filing Agency Use.Only 10/21/2018 OGE Use Only (Check box if comments are continued on the reverse side)

Reporting Individual's Name Stephanie A. Martz	=11=11											S	CI	ΗE	DU	JLI	E A	<u> </u>												Page Number	
Assets and Income			a		lua se o	f rep		ing p		od											amou eded i				r tha		m.	\$20	1)" i	s checked,	
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. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spous report the source but not the amount of earned income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse).	\$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		Rent and Royalties			None (or less than \$201)	\$201 - \$1,000	\$2.501 - \$5.00d	\$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)	Date (Mo., Dav. Yr.) Only if Honoraria
Examples Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund		-	x.	x	<u>x</u>				-	 			×			x		_	-			x	x							Law Partnership income \$130,000	
WilmerHale LLP (spouse) 2 Citibank Checking and Savings Account 3 WilmerHale LLP Defined Benefit Pensio					x													x		x	x									income	
Plan (spouse) 4 Catalyst Small Cap Insider Buying A (CTVAX)		×	3			×							х							×											
Matthews Asia Growth & Income Fund (MACSX) Matthews Pacific Tiger Fund (MAPTX) This category applies only if the asset/income		10.45	x		Flori					dant	obil-	dren	X	he s	ppat	inco	me i	c ait	ner	X	X fthe	filer	orio	intly	held						

Reporting Individual's Name Stephanie A. Martz											SC		E D I (Use						ue	d											Page Number	ı
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1 AllianzGl NFJ Large Cap Value Fund			x										x							х												
2 Intentionally Blank																																
WilmerHale 401(k) plan (spouse)																																
-Causeway International Value Fund					x								x											x								
-RS Global Nat Resources Fund A					×								×											x							8	
-Aberdeen Emerging Markets Fund					×								×											x								
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1	-Hartford Midcap Fund Class Y				х									x											x									
2	-Franklin Emerg Mrkt Debt Opportunities Fund				x									×											x									
3	-American Cent Mid Cap Value Investor Fund				×									x											x									1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	-Amana Growth Fund				×									×											×									
5	-GRT Value Fund Class Advisor				×									x											×									-2
6	-Alpha Sector Premium					×								×								x												
7	American Century One Choice 2035			X										x								x												
8	Clearbridge Aggressive Growth					×								×								x												
9	Clearbridge Appreciation Fund			x					L,					×							that	×	0 (5)	er o	ioi	dly b	eld							40-1
*	This category applies only if the asset/income is s	olely	y tha	t of	the f	iler's	s spo	use	or de	epen	dent	chil	dren	. If	the	asse	t/inco	ome	is ei	her	that	of th	ne fil	er oi	joir	itly h	eld					L	1	_

1	porting Individual's Name ephanie A. Martz										5	SC					A (ntin	ue	d											Page	e Number 5	
	Assets and Income		-	at	Va clos	se o	tion f rep	orti	ing _[_			47.4.5		Inc no	oth	ne: ty er ent	pe try i	and is ne	ameede	ounted in	t. If	f "No	one C fo	r th	less at ite	em.	\$20	1)"	is ch	ecked,	
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		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)	Date (Mo., Dav. Yr.) Only if Honoraria
1	Clearbridge Mid Cap Core Fund Class A					×								×								×												
2	Xerox Corporation		х														×					х							000000000000000000000000000000000000000					
3	West Coast Lifewhole life		×																		×													
4	GE Capital Corporation			×													x						×								000000000000000000000000000000000000000			
5	Virginia 529 College Savings Plan:																												000000000000000000000000000000000000000					
6	American Funds Capital World Growth and Income			×										×								×												
7	American Funds Capital World Bond				×									×									×											
8	-American Funds EuroPacific Growth Fund				×									×									×									- 1 22 2		
9	-American Funds Growth Fund of Americ	за				×								×									×											
* b	This category applies only if the asset/income is the filer with the spouse or dependent children	s solel , mark	y tha	it of othe	the f r hig	iler's	s spo	use gorie	or des	epen valu	ident ie, as	chil	dre	n. If riate	f the	asse	t/inc	ome	is eit	her	that	of tl	ne fil	er o	r joii	ntly l	neld							

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1	-American Funds New Economy Fund			х										×								×												
2	American Funds SMALLCAP World Fund			x										x							х													
3	Colorado 529 College Savings Plan: CollegeInvest Scholars Choice:																																100	
4	ClearBridge Aggressive Growth Fund			x										x								x	4											
5	ClearbBridge Appreciation Fund		x		000000000000000000000000000000000000000		000000000000000000000000000000000000000							×								×	Scores de Constantes de Consta											
6	ClearBridge Small Cap Growth		x											×								×												
7	Royce Pennsylvania Mutual Fund		x											x								×												
8	Thornburg International Value Fund			×			000000000000000000000000000000000000000							x									×											
9	Western Asset Core Plus Bond Fund			x										×									x											
* by	This category applies only if the asset/income is s the filer with the spouse or dependent children, n	olely	y that	t of othe	the f	iler's	s spo	ouse gorie	or d	epen valu	iden ie, a	t chi	dren	n. If riate	f the	asse	t/inc	ome	is ei	ther	that	of t	he fi	ler o	г јоіг	itly l	neld							

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1	Western Asset Short-Term Bond Fund			×										x								×												
2	Western Asset Global High Yield Bond Fund	ı	×											x							х								1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
3	Western Asset Inflation Indexed Plus Bond Fund		x		_									×							x													
4	Legg Mason BW Diversified Large Ca Fund	0		x										x								×												
5	Mutual of NY Whole Life Insurance		×														x				х													
6	Mutual of NY Whole Life Insurance		×														x				x													
7	Mutual of NY Whole Life Insurance		×														x				x													
8	Met Life Whole Life Insurance				000000000000000000000000000000000000000	×									000000000000000000000000000000000000000		×						x											
9	Family 1991 Trust (settlor is father in law/spouse is beneficiary) This category applies only if the asset/income	io solo	,,,,) staff	the C	X	SDC.	uca /	or de	ner	den*	chil	dran	If	X	acce	lines	me	IC AT	her	x		ne fil	er o	ioir	ıtlu k	neld							
b	this category applies only if the assertincome the filer with the spouse or dependent children	n mark	y uii cthe	othe	r hig	her o	apo	orie:	s of	valu	e. as	ann	roni	i. 11 riate		انادمه		,,,,,,	.5 61		aiut	01 1		J. 0	. , , , , ,									

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		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		Capital Gains	None (or less than \$201)	5201 - 51,000	\$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)		Date (Mo., Dav, Yr.) Only if Honoraria
1	Family ILIT	T																																	
2	Intentionally left blank																																29. 20.		575-7W0
3	-Nuveen Limited Term Municipal Bond Fund					x								×										×											
4	Vanguard Short-Term Tax-Exempt Fund					×								×								x													
5	-Dreyfus Emerging Markets Debt Local Currency Fund					×								x							×														
6	-Dreyfus International Bond Fund			x										x								×													
7	-PIMCO Emerging Markets Bond Fund					×								х											x										
8	PIMCO Foreign Bond Fund				x									x									x												ī j
9	Artisan Mid Cap Fund; Institutional					×								×							x												27.25		
* by	This category applies only if the asset/income is the filer with the spouse or dependent children,	solel	y tha	t of	the fi	iler's	spo	use o	or de	epen valu	dent	chile	dren ropr	. If	the a	isset	/inco	me	is eit	her	that	of th	e file	er or	join	tly h	neld								7111

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		ss than \$1,001)	2,000	50,000	100,000	\$250,000	\$500,000	\$1,000,000	*0000	51,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	000,000	Excepted Investment Fund	rust	Frust			ypc	ins	ss than \$201)	90	200	000	2,000	50,000	0			\$1,000,001 - \$5,000,000	0,000		Other Income (Specify Type & Actual Amount)	Date (Mo., L Yr.)	Dav.) / if
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.1	Artisan Mid Cap Fund					×								×							x												5011		
2	Ishares Micro-Cap ETF				x								000000000000000000000000000000000000000	×								×													
3	Ishares Russell 1000 Growth ETF					×								×										×											
4	Ishares Russell 1000 Value ETF					×								x									x												
5	JP Morgan Mid Cap Value Fund-Class I					×								×									x												
6	T Rowe Price Small Cap Value Fund					×								×							×														
7	–Artisan International Fund						×							×					0000000000					x											
8	- Oakmark International Fund					×								×										×											
9	Oakmark International Small Cap					×				1				×										×											
* by	This category applies only if the asset/income is the filer with the spouse or dependent children,	solely	y tha	t of othe	the f	iler's	s spo	use gorie	or d	epen valu	iden ie, a	t chi	ldre prop	n. I	f the	asse	t/inco	me	is ei	ther	that	of th	ne fil	er o	r joir	ntly l	neld								

Reporting Individual's Name Stephanie A. Martz											SCI			UL e onl					ue	d											Page N	umber	10	
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1 —Oppenheimer Developing Mkt-Y						×							×				*****					×												
2Templeton Frontier Markets Fund				×									×									×												
3Vanguard FTSE Emerging Markets ETF				х									×									x										232		
4ASGI Corbin Multi Strategy Fund						x							×						х						x									
5AQR Managed Futures Strategy Fund					×								×							×														
6 —Partners Group Private Equity LLC						×							×						x						*									
7 Intentionally left blank																															Adla			
8Goldman Sachs Commodity Strategy					×								x											×							-			
9																																-		
* This category applies only if the asset/income is so by the filer with the spouse or dependent children, m	olely nark	that	of i	the fi	iler's her o	spo	use o	or de	epen valu	dent e, as	chile app	iren ropr	. If iate.	the a	isset	/inco	me	is eit	her	that	of th	ne fi	ler o	r joir	ntly l	held								

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	Assets and Income			at	Va t clos	se o	tion f rep	orti	ing p								Inc no c										r tha		m.	\$20	1)" i	is checked,		
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		None (or less than \$1,001)		\$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 Rayalties	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 - \$1,600,000	Over \$1,000,000*	\$1,606,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount		Date (Mo., Dav. Yr.) Only if Honoraria
1	Aberdeen High Income Fund					×								×											X							- 18:		
2	American Century Tax Free Bond Fund	ı				×								×											X									
3	Eaton Vance Rate Fund				×									×											×									
	Intentionally left blank				000000000000000000000000000000000000000																												16	
5	Pacific Life Whole Life Insurance								×										x										х				THE NEW	
6	Family ILIT (cont.)				000000000000000000000000000000000000000																													
7	Amazon.com Inc		×												0.0000000000000000000000000000000000000		х					x												-
8	Chipotle Mexican Grill		x		000000000000000000000000000000000000000												х					x												
9	McDonald's Corp		×														x					x												
* bv	This category applies only if the asset/income the filer with the spouse or dependent children	is solel n, mark	y that	at of othe	the f	iler's	s spo	use o	or de	epen valu	dent e, as	chil app	dren	. If	the a	asset	/inco	me	is ei	ther	that	of th	ne fil	er o	joir	ıtly l	ield							

	oorting Individual's Name ephanie A. Martz							-			S	SC			UI e on				ntin	ue	d											Page Number)
	Assets and Income			at	Val	se of	f rep	orti	ng p		od					- 2000110000	Inc no o	om	i e: ty	ype try i	and is ne	ame	ount d in	. If	"No ock	one C fo	r tha	ess to	m.	\$20	1)" i	s checked,	
\vdash	BLOCK A					E	3LOC	CK B									_	T	ype									_	ount				
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	850,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	81,000,001 - 85,000,000	\$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)	Date (Mo Dav. Yr.) Only if Honoraria
1	Starbucks Corp		×								•						×					x											
2	-Priceline Group		x														×					×											
3	Tiffany		х														×						×										
4	Altria Group		х														x						x									- 10	
5	Coca Cola Co		×														×						×										
6	Costco Wholesale Corp		х												000000000000000000000000000000000000000		×						×										
7	Kimberly Clark Corp		×														×						×										
8	Kraft Foods Corp		×														×						х										
9	Mead Johnson Nutrition		x														×					x											
* by	This category applies only if the asset/incor, the filer with the spouse or dependent child	ne is solel	y tha	at of othe	the fi	iler's her c	spo	use c	or de	peno value	lent e, as	chil app	dren	ı. If riate	the	asset	/inco	ome	is ei	her	that	of th	e fil	er o	r joir	itly l	neld						

1	porting Individual's Name ephanie A. Martz										\$	SC:					A of		ntin	ue	d		•					•				Page	e Number	13	
	Assets and Income			at	Val t clos		f rep	orti	ng p										ne: t								r th		em.	\$20)1)" i	is ch	ecked,		
H	BLOCK A						BLOC	I B										T	ype										ount		,			\Box	
		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*	\$1,600,001 - \$5,600,000	\$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	550,001 - \$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)		Date (Mo., Dav, Yr.) Only if Honoraria
1	Pepsico Inc		x														x						х												
2	Philip Morris		×														×						×												
3	General Mills		×		8												×					×							000000000000000000000000000000000000000				á		
4	Procter and Gamble		×														×					×													
5	-Reynolds American		×														×					х											_		
6	Chevron Corp		х												330000000000000000000000000000000000000		x					×													
7	Under Armour		×												000000000000000000000000000000000000000		x					×													
8	MobileEye		×														×					×													
9	Intentionally left blank																										000000000000000000000000000000000000000								
* b	This category applies only if the asset/incory the filer with the spouse or dependent child	me is solel dren, mark	y that	at of othe	the fi	iler's her c	spor	use o	or de	pen valu	dent e, as	chil	drer	n. If riate	the	asse	t/inco	ome	is ei	ther	that	of th	ne fil	er o	r joii	ntly l	held								

	orting Individual's Name Stephanie A. Martz											SC					A of		ntin _{d)}	ue	d											Page Number	14	
Assets and Income Valuation of Assets at close of reporting period BLOCK A BLOCK B Income: type and amount. If "None (or no other entry is needed in Block C for the state of the state													or th	ess at ite	em.	\$20	1)" i	s checked,																
-	BLOCK A BLOCK B Type Amoun															1																		
		None (or less than \$1,001)		\$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*	51,000,001 - \$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	55,001 - \$15,000	\$15,001 - \$50,000	S50,001 - S100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Incom (Specifi Type & Actual Amoun	e y & I	Date (Mo., Dav. Yr.) Only if Honoraria
1	-Schwab Charles Corp		x														×					×												
2	-Kinder Morgan		x														x					x												
3	Allergan Inc		x														x					x												
4	Athenahealth Inc		×														x				x													
5	Alexion		x														×				×													
6	Biomarin Pharmaceutical Inc		x														×				×												2.	
7	-Celgene Corp Com		×														×				×													
8	Cerner Corp Com		×														×				x													7.
9	Illumina Inc		x														x				×													
* by	This category applies only if the asset/incon the filer with the spouse or dependent child	ne is solel ren, mark	y tha	at of othe	the f	iler's	s spo	use gorie	or des	epen valu	ident ie, a	chil	drei	n. If riate	the	asse	t/inc	ome	is eit	her	that	of th	ne fi	ler o	r joi	ntly	held							

	orting Individual's Name										SC	СН			L E nly i				ue	d										Page Number	;
	Assets and Income				Val						l							e: ty										\$20	1)" is	s checked,	
	BLOCK A			00000000		В	LOC	KВ	100	99901	lesses.	900		32. 1	Possess											 OCI					
		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*	S1,800,001 - \$5,000,000	\$5,000,001 - \$45,000,000 \$7\$,000,001 - \$50,000,000	Over \$50 000 000	Excented Investment Fund	Excepted Trust	Qualified Trust	Dividends	i Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	85,001 - \$15,000	\$15,001 - \$50,000	000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav. Yr.) Only if Honoraria
1	-Salesforce Com Inc		×													×				x											
2	Splunk Inc		×													×				x											
3	–Visa Inc – Class C		x													×				×											
4	VMWare Inc		×													×				×				000000000000000000000000000000000000000							
5	AT&T		x													×					×										
6	Verizon Communications		х													×					x			-							
7	American Electric Power		×													×				x											
8	–Dominion Res Inc		x													×				×											
9	Duke Energy Holding		x													х					×			000000000000000000000000000000000000000							

	oorting Individual's Name ephanie A. Martz										S	SCI							itin	ue	d											Page	Number 1	6)
	pharms 7 t. Mar E												(Use	onl	y II	nee	aea	1)																
	Assets and Income				Val	se of	f rep		ng p		od						Inc no c	om othe	e: ty	pe :	and s ne	amo	ount d in	t. If	f "Nock	one C fo	r th	at it	than em.	\$20	1)" i	s ch	ecked,		
H	BLOCK A		_			: 	SLOC	I	-			*****			1			Ty	pe	П									ount					Т	
		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		Capital Gains	None (or less than \$201)	\$201 - \$1,600	\$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		\$1,000,001 - \$5,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount)		Date (Mo., Dav. Yr.) Only if Honoraria
1	Johnson & Johnson		×														x						x												
2	Merck & Co		×														×					x													
3	Intentionally left blank																																		
4	Intentionally left blank																																		
5	Equinix Inc		х														x				×														
6	Google Inc		x														x				×														
7	LinkedIn Corp		×														x				×														
8	Facebook		×														x				×												- 20		
9	Qualcomm Inc		×														x	,,,,,			x														
* by	This category applies only if the asset/income the filer with the spouse or dependent children	is solely	tha the	t of 1 other	the fi r high	ler's her c	spoi	use o	or de	peno value	lent e, as	child appr	lren. opri	If tate.	he a	sset/	inco	me	is eitl	ner t	that	of th	e fil	er oi	joir	ıtly l	neld								

1	porting Individual's Name ephanie A. Martz											SC					A of neo			ue	d											Page	Number	17	
_	Assets and Income BLOCK A				Val clos	e of	f rep		ing								Inc	com		ype try i	and is ne	amo	ount d in	t. If	"No	one (r tha	ess t	em.	\$20	1)" i	s che	ecked,		
H	BLOCK A						SLO		,									T	уре										ount						
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	850,001 - \$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)		Date (Mo., Dav. Yr.) Only if Honoraria
1	Southern Co		х														×						x												
2	-Ace Ltd		×														x					×													
3	Arm Holdings		×														х					x													
4	-BCE Inc		×														x				x												***************************************		
5	BP PLC		×														x					×													
6	Glaxosmithkline		x														×					x													
7	National Grid		×														×					x													
8	Royal Dutch Shell		x														×					х													
9	-Schlumberger		×														x				×														
* by	This category applies only if the asset/income the filer with the spouse or dependent childr	e is solely en, mark	y tha the	t of	the fi r high	ler's ner c	spo	use o	or do s of	epen valu	dent ie, as	chil apr	ldrer orop	n. II riate	f the	asse	t/inc	ome	is ei	her	that	of th	e fil	er oi	joir	itly h	eld						11.		

ł	porting Individual's Name ephanie A. Martz										:	SC					A of neo			ue	d											Page Number	3
	Assets and Income			at	Va t clos	se o	f rep	of porti	ing								Inc	oth	ne: ty	ype try	and is ne	am	ount	t. II	f "N ock	one C fo	r th	less at ite	em.	\$20	1)" i	s checked,	
H	BLOCK A		Г				ВСО											Т	ype										ount				
		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)	Date (Mo., Dav. Yr.) Only if Honoraria
1	Total SA		×														x					×											
2	Unilever PC		×														×				×												
3	Vodafone Group PC		x														×					x											
4	-ServiceNow Inc		х														×				х												
5	American Tower		x														×					х											
6	HCP REIT		×														x					x											
7	-Health Care REIT Inc		x														x					x											
8	Realty Income		x		300000000000000000000000000000000000000												×					х											i
9	Intentionally left blank																																
* b	This category applies only if the asset/incory the filer with the spouse or dependent child	ne is solel Iren, mark	y tha the	at of othe	the f	iler's	s spo	ouse gorie	or d	epen valu	ident ie, a	t chi s apr	dre prop	n. I	f the	asse	t/inc	ome	is ei	her	that	of tl	ne fil	er o	r joi	itly l	held						

18	porting Individual's Name ephanie A. Martz										ì	SC					A if ne		ntin _{d)}	ue	d											Page	Number 19)
	Assets and Income			a		se o	tion of re		ing										ne: t								or th	at ite		\$20	1)" i	is che	ecked,	
	DDOCK.																	ī	ype	200000		Tesses			_	lossess:			ount			т —		
		None (or less than \$1,001)		\$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	Onalified 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)	Date (Mo., Dav, Yr.) Only if Honoraria
1	-Ventas		x													ľ	x					x												
2	Voya Real Estate						×							×			x							х										
3	Intentionally left blank																																	
4	Voya International Real Estate Fund					×								x			x							×									7.200	
5	VA 529 Cont: Investment Co. of America				x									x			×						x											
6	CO 529 Cont: QS Batterymarch US Large Cap Equity Fund			×										×			x						x										SO	
7	CO 529 Western Asset Liquid Reserve		x											x			×				x													
8	ILIT Fidelity Advisors Emerging Markets				×									x			×					×												
9	ILIT - PPL Corporation		×																		×													
*	This category applies only if the asset/income is the filer with the spouse or dependent children,	solel; mark	y tha	at of othe	the l	filer'	s spo	ouse gorie	or d	eper	ideni ie, a	t chi	drer	n. II riate	the	ass	et/inc	ome	is ei	her	that	of t	ne fi	er o	r joi	ntly l	neld	1	ü		3			

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U.S.	Office of Government Ethics																		
Rep	orting Individual's Name													Page N	lumber				
Ste	phanie A. Martz		SCHED	ULE	В											2	20		
Pa	rt I: Transactions							ľ	None										
Rep	oort any purchase, sale, or exchange by you	ı,	Do not report a transaction involving property		ansact							Amoi	ınt of T	ransact	ion (x)				
you	r spouse, or dependent children during the od of any real property, stocks, bonds, con	reporting	used solely as your personal residence, or a transaction solely between you, your spouse, or	\vdash	Гуре (х Г	() 	Date				Γ	Π		Γ		Т			
futt	ires, and other securities when the amount	of the	dependent child. Check the "Certificate of				(Mo.,				١.				ا	 <u>.</u> 8	<u>-</u> 8	8	ō
	saction exceeded \$1,000. Include transact	tions that	divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	lase		ange	Day, Yr.)	_ e	<u>-</u> 8	- 00	<u>.</u> 8	1000	. 100)00'c	00'0	00,00	0,00	0,00	icate
rest	ılted in a loss.	.1		Purchase	Sale	Exchange		15,00	\$15,001	\$50,001 -	\$100,001	250,	\$500,001 - \$1,000,000	Over \$1,000,000	\$5,000,000	\$5,000,001	\$25,000,001 \$50,000,000	Over \$50,000,000	Certificate of divestiture
	Example Central Airlines Common	Identification	OI Assets	X	0,	-	2/1/99	8 8	8 8	x	<i>γ</i> ο <i>γ</i> ο	8 8	SA SA	0 %	SS	88	8 8	<u> </u>	
1	Western Asset Liquid Resources			x			various	×											
2	QS Battery March			×			various	×											
L				↓ ^								 					<u> </u>		
3	Legg Mason BW Div Large Cap Fund	i		×			various	×											
4	Western Asset Short Term Bond Fur	nd		×			various	×			_								
5																			
* T	l his category applies only if the underlying	asset is solely that	of the filer's spouse or dependent children. If the under	rlying	isset is	eithe	r held							84					
			ent children, use the other higher categories of value, as	аррго	огіаце.														
	art II: Gifts, Reimbursem			ala a T	10.0		nent; given	to Hou	- 00000	ı in co	nnacti	on wit	h offic	al trav	el·				
For	you, your spouse and dependent children, , and the value of: (1) gifts (such as tangib	report the source,	a brief descrip- tation, lodging.	recei	ved fr	om rel	latives: recei	ved by	vour s	pouse	or dep	endent	child	totally					
foo	d or entertainment) received from one sou	rce totaling more	than \$350 and	inde	ender	it of th	neir relations	ship to	you; or	provi	ded as	persor	nal hos	pitality	at				
(2)	travel-related cash reimbursements receive n \$350. For conflicts analysis, it is helpful	ed from one source	e totaling more	the d	onor's value	from	ence. Also, one source,	tor pu exclud	rposes c e items	or aggr worth	regatin \$140	g gins or less	. See i	nstruc	tions				
las r	personal friend, agency approval under 5 U	J.S.C. § 4111 or o	ther statutory			clusio			••		• • • • • • • • • • • • • • • • • • • •								.
aut	hority, etc. For travel-related gifts and reines, and the nature of expenses provided.	nbursements, inclu	ude travel itinerary,													1	None	Х	
dat	<u> </u>		I solution to you by		Bri	ef Des	cription										T	Value	
	Source (Name and Address Examples Nat'l Assn. of Rock Collectors, N		Airline ticket, hotel room & meals incident to national confe	rence 6				related	to duty)									\$500	
	Frank Jones, San Francisco, CA		Leather briefcase (personal friend)															\$385	
1	K-1						*	_											
2				-		-													
3																_			
4																		-	
5																			
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5 C.F.R. Part 2634

Reporting Individual's Name Stephanie A. Martz	SCI				continu	ed						Page 1	Number		22		
Part I: Transactions																	
		1	ansact							Amo	unt of T	`ransac	tion (x)				
		Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	5,001 -	00,000	\$100,001 - \$250,000	50,001 - 00,000	- 100,000,	er,000,000*	,000,000,	\$5,000,001 - \$25,000,000	5,000,0001 -	Over \$50,000,000	Certificate of
4	ntification of Assets	<u> </u>	S	ΔÛ		€ € 1	\$5	\$5	\$1	\$2	\$5	Ó ₩	\$1	\$5	\$5	0 %	0 ÷
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5 Mobileye			×		7/20/15												
⁶ Oakmark Fund	Ŋ.	х			2/15/15	×											
7 Alpha Sector Premium		х			2/15/15	×											
8 Aberdeen Global High Income		х			various		х										
9 Artisan Mid Cap		x			various	×											
Artisan International		х			various	х											
Dreyfus Emerging Mkt Debt		x			various				×								
12 GlaxosmithKline		x			various	х						-					
13 Philip Morris Int'l		×			6/29/15	х											
14 Proctor & Gamble		x			6/29/15	x											
¹⁵ PimCo Comm. Real Estate			х		various				х								
16 MFS Muni High Income Fund			×		various			х									
* This category applies only if the under	crlying asset is solely that of the filer's spouse or or with the spouse or dependent children, use the other.	depender hig	ient cl	hildre itegori	n. If the unde es of value, as	rlying a	asset is priate.	eithei	held								

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Reporting Individual's Name Stephanie A. Martz	SCF				continu	ed						Page 1	Number		23		
Part I: Transactions		(0)		.,								I					
			ansact							Amo	unt of T	ransact	tion (x)				
Identific	ation of Assets	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	.15,001 -	50,001 -	100,001 -	550,001 -	\$500,001 -	Over 51,000,000*	1,000,001 -	55,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of divestiture
Senior Housing Prop Trust	ation of Assets		x		various	X	69 69	91 91	99 99	67 67	9, 9,	U. #7	97 97	0, 0,	07 07	•	
² JP Morgan			x		various		х										
3 Ell International Property			x		vairous			x									
4 Goldman Sachs Commodity Strateg	ЗУ	х			various				х								
5 Williams Cos. Inc.			×		6/29/15	х											
6																	14
7										a							
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9	*	Г	-														
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15			\vdash														
16																	
* This category applies only if the underlying by the filer or jointly held by the filer with th	ng asset is solely that of the filer's spouse or che spouse or dependent children, use the oth	lepend er hig	lent cl	hildre tegori	n. If the unde	rlying a	asset is priate.	either	held								-

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Reporting Individual's Name					continu	ed						Page 1	Number				
Part I: Transactions																	
		Т	ransac Type (Amo	unt of T	ransac	tion (x)				
		Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	1,001 -	15,001 -	50,001 -	100,001 -	250,001 -	500,001 -	over 1,000,000*	1,000,001 -	\$5,000,001 - \$25,000,000	25,000,001 -	Over \$50,000,000	Sertificate of
1	entification of Assets		03			<u>₩</u> .	SA SA	₩ ₩	69 69	8 8	\$ \$	\ \sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signtiqnes}\sqrt{\sqrt{\sqrt{\sq}}}}}}}\signtiques}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}\sqrt{\sqrt{\sq}}}}}}}\signtiqnes}\sqrt{\sqrt{\si	<i>s s</i>	8 8	8 8	<u> </u>	-
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* This category applies only if the unc	derlying asset is solely that of the filer's with the spouse or dependent children.	spouse or depen	dent c	hildre ategor	n. If the unde	rlying a	asset is priate.	either	held								

OGE Form 278 (Rev. 12/2011) 5 C F.R. Part 2634 U.S. Office of Government Ethics Page Number Reporting Individual's Name **SCHEDULE C** 24 Stephanie A. Martz Part I: Liabilities None X Report liabilities over \$10,000 owed to any one personal residence unless it is rented out; Category of Amount or Value (x) loans secured by automobiles, household creditor at any time during the reporting period by you, your spouse, or dependent children. furniture or appliances; and liabilities owed to S1,000,000* S1,000,001 -S5,000,000 S5,000,001 -S25,000,000 -\$50,000,000 \$250,001 -\$500,000 \$500,001 -\$1,000,000 Check the highest amount owed during the certain relatives listed in instructions. \$10,001 -\$15,000 \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 \$250,000 reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Interest Term if Date applicable Creditors (Name and Address) Type of Liability Rate Incurred 1991 8% 25 yrs х First District Bank, Washington, DC Mortgage on rental property, Delaware Examples 1999 10% on demand х John Jones, Washington, DC Promissory note 2 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 of absence; and (4) future employment. See instructions regarding the reporting Report your agreements or arrangements for: (1) continuing participation in an of negotiations for any of these arrangements or benefits. employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves None Date Parties Status and Terms of any Agreement or Arrangement 7/85 Doe Jones & Smith, Hometown, State Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Example calculated on service performed through 1/00 Monument Policy Group 8/15 Agreement for future employment. 2 3

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