

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

|   |  |            |  |   |                                    |                                 |  |  |                                     |  |                          |   |   |   |
|---|--|------------|--|---|------------------------------------|---------------------------------|--|--|-------------------------------------|--|--------------------------|---|---|---|
| Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)  |  | 09/06/2015 |  | Reporting Status (Check Appropriate Boxes)  | <input type="checkbox"/> Incumbent | Calendar Year Covered by Report |  | 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><br>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. |
| Reporting Individual's Name   |  |            |  | Menon   |                                    | First Name and Middle Initial   |  | Ajita  |                                     | T                                      |                          |   |   |   |
| Position for Which Filing   |  |            |  | Special Assistant to the President for Higher Education Policy  |                                    |                                 |  | Department or Agency (If Applicable)                   |                                     | White House                            |                          |   | <b>Reporting Periods</b><br><b>Incumbents:</b> 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.<br><b>Termination Filers:</b> 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.<br><b>Nominees, New Entrants and Candidates for President and Vice President:</b> |   |
| Location of Present Office (or forwarding address)  |  |            |  | 1600 Pennsylvania Ave NW Washington, DC 20500   |                                    |                                 |  | Telephone No. (Include Area Code)                      |                                     | 2024561414                             |                          |   |   |   |
| Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)  |  |            |  | None.   |                                    |                                 |  | Do You Intend to Create a Qualified Diversified Trust? |                                     | <input checked="" type="checkbox"/> No |                          |   |   |   |
| Presidential Nominees Subject to Senate Confirmation  |  |            |  | Not Applicable  |                                    |                                 |  |  |                                     |  |                          |   |   |   |
| Certification   |  |            |  | 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 Reporting Individual                      |                                     | [Redacted]                             |                          | Date (Month, Day, Year)                             | 4/26/16   |   |
| 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)                                |                                     | 5/19/16                                |                          |   |   |   |
| 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). |  |            |  | Signature   |                                    |                                 |  | Date (Month, Day, Year)                                |                                     |  |                          |   |   |   |
| 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 <u>90</u> )  |                                    |                                 |  |  |                                     |  |                          |   |   |   |
|   |  |            |  | (Check box if comments are continued on the reverse side)   |                                    |                                 |  |  |                                     |  |                          |   |   |   |



Reporting Individual's Name  
 Menon, Ajita T

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

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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. |                   |                          | Date (Mo., Day, Yr.) Only if Honoraria |   |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|--|-------------------|--------------------------|--|---|-----------|--------------------|----------|---------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|---------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|
|  | BLOCK B  |                    |                     |                      |                       |                       |                         |                   |                           |                            | BLOCK C  |                   |                          |  |   |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |                    |                     |                      |                       |                       |                         |                   |                           |                            | Type   | 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 | 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 |  |  |  |  |  |  |  |  |  |  |  |
| 1 - Fidelity Adv Intl Capital App-CL A       |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               | X                         |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 2 - Fidelity Adv Small Cap-CL A              |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               |                           | X               |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 3 - Fidelity Adv Dividend Growth Fd-CL A     |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               | X                         |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 4 - Fidelity Adv Stock Selector All Cap-CL A |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               | X                         |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 5 - Minnesota Life Variable                  |  |                    |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |  |   |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 6 - Ivy VIP Intl Core Equity                 |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               | X                         |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 7 - Ivy VIP Value                            |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               | X                         |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 8 - SFT Advantus Inx 400 Mid-Cp C2           |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               | X                         |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |
| 9 - SFT Ivy Growth Fund                      |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |  |   |           |                    |          |               | X                         |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |  |  |  |  |  |  |  |  |  |  |  |

\* 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  
 Menon, Ajita T

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

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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 B  |                    |                     |                      |                       |                       |                         |                   |                           |                            | BLOCK C  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
|                                   | Type   |                    |                     |                      |                       |                       |                         |                   |                           |                            | 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 | 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., Day, Yr.) Only if Honoraria |  |  |  |
| 1 - SFT Ivy Small Cap Growth Fund |  | X                  |                     |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |                |                 |           |                    |          | X             |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 2 Davis Fund                      |  |                    | X                   |                      |                       |                       |                         |                   |                           |                            |  |                   | X                        |                |                 |           |                    |          | X             |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 3 MG Trust                        |  | X                  |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |                |                 |           |                    |          | X             |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 4                                 |  |                    |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 5                                 |  |                    |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 6                                 |  |                    |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 7                                 |  |                    |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 8                                 |  |                    |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |
| 9                                 |  |                    |                     |                      |                       |                       |                         |                   |                           |                            |  |                   |                          |                |                 |           |                    |          |               |                           |                 |                   |                   |                    |                     |                      |                         |                   |                           |                  |   |  |  |  |  |

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Reporting Individual's Name  
 Menon, Ajita T

**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 (x) |                     |                      |                       |                       |                         |                   |                           |                            |                             |                   |  |  |
|----------|---|---|---------------|---------------|--------------------|---------------------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-----------------------------|-------------------|--|--|
|          |   |   |               |               |                    | \$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<br>John Jones, Washington, DC | Mortgage on rental property, Delaware Promissory note | 1991          | 8%            | 25 yrs. on demand  |                                 |                     | x                    |                       |                       |                         |                   |                           |                            |                             |                   |  |  |
| 2        | Federal Direct Student Loans                                      | Student loans (Combined)                              | 1999          | 6.8%          | 30 years           |                                 |                     |                      | x                     |                       |                         |                   |                           |                            |                             |                   |  |  |
| 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. | Doc Jones & Smith, Hometown, State | 7/85 |
| 2       |   |                                    |      |
| 3       |   |                                    |      |
| 4       |   |                                    |      |
| 5       |   |                                    |      |
| 6       |   |                                    |      |

Reporting Individual's Name  
 Menon, Ajita T

**SCHEDULE D**

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**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.

|   | Organization (Name and Address)   | Type of Organization             | Position Held        | From (Mo., Yr.) | To (Mo., Yr.)   |
|---|---|----------------------------------|----------------------|-----------------|-----------------|
| 1 | Natl Assn. of Rock Collectors, NY, NY<br>Doe Jones & Smith, Hometown, State | Non-profit education<br>Law firm | President<br>Partner | 6/92<br>7/85    | Present<br>1/00 |
| 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.  None

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