Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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		and Survey Surve	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Use Only	Office of Government Ethics	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).	Agency Ethics Official's Opinion	agency)	OtherReview	ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Certification	to senate continuation	Subject -	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Present Office (or forwarding address)	Location of	Filing Filing		l's Name	Reporting	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)
(Check hox if comments are continued on the reverse side) OGE Use Only			additional space is		Signature	Tachellowell	Signature of Design	Abblu	Signature of Other Reviewer		Signature of Reporting Individual	Not Applicable	Name of Congressio	Title of Position(s) and Date(s) Held	1600 Pennsylvania Ave., NW Washington, DC 20522	Address (Number, Street, City, State, and ZIP Code)	Assist, to the Preside	Title of Position	Monaco	Last Name	Reporting Status (Check Appropriate Boxes)
			required, use		***************************************	buell	ated Agency E	Wenn	Reviewer		ing Individual		nal Committee	and Date(s) Ho	Ave., NW Was	treet, City, St	ent for Homela				Incumbent
		(Check box If filing	the reverse side of th				Signature of Designated Agency Ethics Official/Reviewing Official	(Name of Congressional Committee Considering Nomination	e d	hington, DC 20522	ite . and ZIP Code)	and Security & Counte				Calendar Year Covered by Report 2015
		(Check box If filing extension granted & indicate number	is sheet)				ng Official					Yes					Assist. to the President for Homeland Security & Counterterr White House, Executive Office	Department or Agency (If App	Lisa	First Name and Middle Initial	New Entrant, Nominee, or Candidate
		dicate number o			Date (Mont	5/2	Date (Mont	140	Date (Mont	1/4	Date (Mont	×	Create a Qualifi		202-456-631	Telephone No.				Aiddle Initial	Termination Filer
the reverse side)		of days ———)			th, Day, Year)	116	Date (Month, Day, Year)	11/86	Date (Month, Day, Year)	18/14	Date (Month. Day. Year)	8	Do You Intend to Create a Qualified Diversified Trust?		7), (Include Area Code)	of the President	licable)	0.		Termination Date (If Applicable) (Month, Day, Year)
OGE Use Only	Agency Use Only	S. Tamb	the preceding two calendar years and the current calendar year up to the date	arrangements as of the date of filing.	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	year and the current catendar year up to any date you choose that is within 31 days of the date of filing.	reporting period is the preceding calendar	Schedule B-Not applicable.	as of any date you choose that is within 31 days of the date of filing.	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	Vice President:	Nominees, New Entrants and Candidates for President and	Schedule D is not applicable.	Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of	where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	If of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	to a SZOU fee.	than 30 days after the last day of the filing extension period, shall be subject	filed, or, if an extension is granted, more	Any individual who is required to file this report and does so more than 30 days

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* This c by th				PNC Ba	Fidelity IRA - Income Fund	Fidelity	50	V	Examples		production of inc value exceeding \$3; ing period, or whi in income during twith such income. With such income. For yourself, also amount of earned than from the U.S. report the source income of more the income of more the your spouse).	port ea				Monaco, Lisa O	Reportin,
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.				PNC Bank Cash Account	Fidelity IRA - Cash and Fidelity Equity Dividend Income Fund	Fidelity Equity Dividend Income Fund	IKA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	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 spouse, report the source but not the amount of earned income of more than \$1,000 (except report the your spouse). None \[\] None \[\]	For you, your spouse, and dependent children, report each asset held for investment or the	BLOCK A	Assets and Income		ISA O.	Reporting Individual's Name
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either that of the filer or jointly held	T.							I			\$100,001 - \$1,000,000	Amount		and amount. If "None her entry is needed in		8	
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d											Over \$5,000,000			k C		The g	Pa
								***************************************	Law Partnership Income \$130,000		Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" i checked, no other entry is needed in Block C for that item.		0	Page Number
								***************************************	-		Date (Mo., Day, Yr.) Only if Honoraria)" is em.	18	5	

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

Reporting Individual's Name Monaco, Lisa O. Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	SCHEDULE Do not report a transaction involving None property used solely as your personal	OLE B				0.00							Pag	Page N	Page Numb	Page Number	Page Number 3 of	oş.		oş.	oş.
children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	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.	Transaction Type (x)	hange X On	Date (Mo., Day, Yr.)		001 -	,000	5,000 5,001 - 0,000	5,000 5,001 - 0,000 0,001 - 00,000	5,000 5,001 - 0,000 0,001 - 00,000	5,000 5,001 - 0,000 0,001 - 00,000	5,000 5,001 - 0,000 0,001 - 00,000	5,000 5,001 - 0,000 0,001 - 00,000	5,000 5,001 - 0,000 0,001 - 00,000	0,000 0,001 0,000	0,000 0,001 0,000	Amount of Transaction (x)	0,000 0,001 0,000	0,000 (0,001 - 0,000 -	0,000 (0,001 - 0,000 -	Amount of Transaction (x)
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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	1	the U.S. Government; given received from relatives; receindent of their relation:	nent lativo	o &	given to yes; received	given to your a es; received by y	given to your agences; received by your or	given to your agency in series; given to your agency in	given to your agency in construction to your agency in construction to your spouse of clationship to you; or provid	given to your agency in connects; given to your agency in connects; received by your spouse or de	given to your agency in connection s; given to your agency in connection or depen	given to your agency in connection will serieved by your spouse or dependen selationship to you; or provided as person	given to your agency in connection with o s; received by your spouse or dependent of elationship to you; or provided as personal	given to your agency in connection with offices; given to your agency in connection with offices; received by your spouse or dependent child lead to you or provided as personal has	given to your agency in connection with official streetived by your spouse or dependent child tot relationship to your or provided as personal hospital	given to your agency in connection with official trace; given to your spouse or dependent child totally elationship to your spoused as personal hospitality.	given to your agency in connection with official traveles; given to your agency in connection with official traveles; received by your spouse or dependent child totally elationship to you; or provided as personal hospitality a	given to your agency in connection with official travel; given to your spouse or dependent child totally elationship to you; or provided as personal hospitality at	given to your agency in connection with official travel; sx; received by your spouse or dependent child totally relationship to your or provided as personal hospitality at	given to your agency in connection with official travel; sx; received by your spouse or dependent child totally relationship to you; or provided as personal hospitality at	given to your agency in connection with official travel; sx; received by your spouse or dependent child totally relationship to your or provided as personal hospitality at
(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,		the donor's residence. Also, total value from one source, for other exclusions.	one sons.	2 ~	Also, for pource, exc	Also, for purpo ource, exclude i	Also, for purposes ource, exclude items	Also, for purposes of agource, exclude items wo	Also, for purposes of aggregource, exclude items worth i	Also, for purposes of aggregatir ource, exclude items worth \$140	Also, for purposes of aggregating gource, exclude items worth \$140 or	Also, for purposes of aggregating gifts ource, exclude items worth \$140 or less	Also, for purposes of aggregating gifts to ource, exclude items worth \$140 or less. S	Also, for purposes of aggregating gifts to determine ource, exclude items worth \$140 or less. See in	Also, for purposes of aggregating gitts to determ ource, exclude items worth \$140 or less. See instructions	Also, for purposes of aggregating gifts to determine ource, exclude items worth \$140 or less. See instruc	Also, for purposes of aggregating gitts to determine th ource, exclude items worth \$140 or less. See instruction	Also, for purposes of aggregating gifts to determine the ource, exclude items worth \$140 or less. See instructions	for purposes of aggregating gifts to determine the exclude items worth \$140 or less. See instructions	Also, for purposes of aggregating gifts to determine the ource, exclude items worth \$140 or less. See instructions	Also, for purposes of aggregating gifts to determine the ource, exclude items worth \$140 or less. See instructions
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						Pursuant to partnership agreement, calculated on service performed thr	Status and To	Report your agreements or arrangements employee benefit plan (e.g. pension, 4011 tion of payment by a former employer (ir	ouse or dependent children, mar	ory applies only if the liability is:							John Jones, Washington, DC	First District Bank, Washington, DC	Creditors (Name and Address)	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Report liabilities over \$10,000 owed to any one creditor at any time	1.0	Ö.	Reporting Individual's Name
						Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Status and Terms of any Agreement or Arrangement	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		solely that of the filer's spouse or dependent child							Promissory note	Mortgage on rental property, Delaware	Type of Liability	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture		S	
				2		artnership share		of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. None		ren If the liability i							1999 10%	1991 8%	Incurred Rate		None X		SCHEDULE	
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					Metro University (client of Doe Jones & Smith), Moneytown, State	Examples Doc Jones & Smith, Hometown, State	Source (Name and Address)	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 other services generating a fee or need not report the U.S. Gorporation, firm, partnership, or other business enterprise, or any other							Examples Doe Jones & Smith, Hometown, State	Organization (Name and Address)	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	Monaco, Lisa O.	Reporting Individual's Name	U.S. Office of Government Ethics
					ith), Moncytown, State	The same and the s	Address)	in Excess of \$5,00 pensation received by you or you directly by you during any one y names of clients and customers of business enterprise, or any other								nd Address)	Outside U.S. Government pplicable reporting period, whether compensor limited to those of an officer, director, presentative, employee, or consultant of presentative, employee or any non-profit			
		e de la companya de l			Legal services in connection with university construction	Legal services	Brit	id		34					Law firm	Type of Organization		SCHEDULE D		
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