OGE Form 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT 5.C.F.R. Part 2634 U.S. Office of Government Ethics

Form Approved: OMB No. 3209 - 0001

of the date of filing. Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing. Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. Agency Use Only OGE Use Only	licate number of days)				
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any date you choose that is within 31 days	6/10/15	(제한 기술) 한 한 학교 (제한 기술) 기술(16) (제한 기술)	X	Mach	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).
reporting period is the preceding calendar	Date (Month, Day, Year)	ing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Designates	Agency Ethics Official's Opinion
Schedule B-Not applicable with Schedule C. Part I (Liabilities)—The	6/10/15		hall Butto	Mari	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing	Date (Month, Day, Year)	Sometime of the state of the st	iewell	Signature of Other Reviewer	Other Review
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	5/15/15				I CERTIFY that the statements I have made on this form and all attached
erec recorder.	Date (Month, Day, Year)	() The state of t	Individual	Signature of Reporters Individual	Certification
Vice President:					
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	Don'ou mend de Greate a Qualified Diversified Trust!	_	Name of Congressional Committee Considering Nomination		
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:			Date(s) Held 2/1/2013-5/18/2014	Title of Position(s) and Date(s) Held Senior Counsel, HHS, 12/1/2013-5/18/2014	Position(s) Held with the Pederal Government During the Preceding 12 Months (II Not Same as Above)
where you must also include the filing year up to the date you file. Fart II of Schedule D is not applicable.	202-456-7414		1600 Pennsylvania Ave, NW, Washington DC 20500	1600 Pennsylvania Ave,	Office gaddress)
a Code) The preceding calendar year except rain	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Number, Stree	Location of
Reporting Periods Incumbents: The reporting period is		OHW	Dep. Asst. to the President and Dep. WH Counsel	Dep. Asst. to the Presid	Position for Which Filing
to a \$200 fee.	Department or Agency (If Applicable)	Department or A		Title of Position	,
than 30 days after the last day of the filing extension period, shall be subject		Jennifer		O'Connor	Individual's Name
filed, or, if an extension is granted, more	fiddle Initial	First Name and Middle Initial		Last Name	
		Candidate	2014	riate	
	Termination Termination Date (If Appli- Filer (able) (Month, Day, Year)	New Entrant.	Incumbent Calendar Year Covered by Report	Reporting Inc.	Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)

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

Reporting Individual's Nam O'Connor, Jennifer M.	Reporting Individual's Name O'Connor, Jennifer M.												H	CHEDULE	2	H	1	>	1					ı									2 of 17
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For you, your spo report each asset production of inc value exceeding \$1 ing period, or whi in income during t with such income.	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.	\$1,001))	0),000			·····			ent Fund						Туре	ре	ре	ре	ре	ре	n \$201)	n \$201)	n \$201)	n \$201)	Amount 0,000 unt	Amount 0,000 unt	Amount 0,000 unt	201) 200 200 200 200 200 200 200 200 200 20
For yourself, amount of ear than from the report the sou income of mo actual amour your spouse). None	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 actual amount of any honoraria over \$200 of your spouse).	None (or less than	\$1,001 - \$15,000	\$15,001 ~ \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25,	\$25,000,001 - \$5	Over \$50,000,000	Excepted Investm	Excepted Trust	Qualified Trust		Dividends	Rent and Royaltie	Rent and Royaltie Interest	Rent and Royaltie Interest Capital Gains	Rent and Royaltie Interest Capital Gains None (or less than	Rent and Royaltie Interest Capital Gains None (or less than \$201 - \$1,000	Rent and Royaltie Interest Capital Gains None (or less that \$201 - \$1,000 \$1,001 - \$2,500	Rent and Royaltie Interest Capital Gains None (or less than \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000	Rent and Royaltie Interest Capital Gains None (or less that \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000	Rent and Royaltie Interest Capital Gains None (or less that \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,00	Rent and Royaltie Interest Capital Gains None (or less than \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,00	Rent and Royaltie Interest Capital Gains None (or less that \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$1,000	Rent and Royaltie Interest Capital Gains None (or less than \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,00 \$50,001 - \$100,0 \$100,001 - \$1,000 Over \$1,000,000	Rent and Royaltie Interest Capital Gains None (or less that \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,0 \$100,001 - \$1,000 Over \$1,000,000* \$1,000,001 - \$5,000	Rent and Royaltie Interest Capital Gains None (or less than \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,00 \$50,001 - \$100,0 \$100,001 - \$1,000 Over \$1,000,000	Rent and Royaltie Interest Capital Gains None (or less that \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,0 \$100,001 - \$1,000 Over \$1,000,000* \$1,000,001 - \$5,000
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5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

Reporting Individual's Name O'Connor, Jennifer									~ 30	H	2범 🛭	SCHEDULE (Use only		~	if >	A continued if needed)	nt lec		ne I	φ											age.)	Page Number 4 of 17	7
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* 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.	VOYA 401k - VY Invesco Comstock	VOYA 401k - Voya Intermediate Bond	VOYA 401k - VOYA Money Market	Wilmerhale Defined Benefit Plan - 300+ participants - managed by the firm	Revere Bank Checking Account	Vanguard Target Retirement 2045 (VTIVX)	Vanguard Strategic Equity Inv. (VSEQX)	Vanguard Life Strategy Growth Inv. (VASGX)	CSA IRA - Sunamerica Focused (FDSAX)			BLOCK A	Assets and Income		O'Connor, Jennifer	Reporting Individual's Name
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Reporting Individual's Name O'Connor, Jennifer M.	SCHEDULE	OLE B					1					9 of	17		
Part I: Transactions		:]													
	Do not report a transaction involving property used solely as your personal	None	1000												<u></u>
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real property, stocks, conds, commonly yes futures, and other securities when the amount of the transaction exceeded \$1,000. to Include transactions that resulted in a loss. ce	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	rchase le	change (Mo., Day, Yr.)	,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001 - 50,000	50,001 - 00,000	,000,001 - ,000,000	,000,000*	,000,001 - ,000,000	5,000,001 - 25,000,000 5,000,001 -	5,000,001 0,000,000 /er	0,000,000 rtificate of	vestiture
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4 CSA IRA - Alistate (ALL)		×	2/24/14	×		15.							<u> </u>		
5 CSA IRA - JP Morgan Chase (JPM)		×	1/23/14	×						<u> </u>				<u> </u>	<u></u>
Part II: Gifts, Reimburseme	Expe	S				;		<u>†</u> .			17:21	trave.	-		
For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and (2) travel-related cash reimbursements received from one source totaling more than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary,	sh ,	the U.S. Government; greceived from relatives; independent of their rel the donor's residence. A total value from one so for other exclusions.	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.	our ag l by yo to yo uurpos lude it	gency our sp u; or tes of ems	in c youse prov aggr worth	onne ; or c ided egat 1 \$14	ction lepen as poing g	wit nden erson jifts less	h off t chil nal h no de to de	icial de tor ospit term	travel; tally tality at taine the tructions	K Beat ∴ Z	2)	
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Frank Jones, San Francisco, CA	Leather briefcase (personal friend)												\$385	35	
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Reporting Individual's Name O'Connor, Jennifer M.	SCHEDULE B conti (Use only if needed)	Continu eeded)		ued							Page	Page Number	4	17	
Part I: Transactions															
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categ 1e file	SCA IRA - General Motors (GM)	SCA IRA - Fireeye (FEYE)	SCA IRA - Facebook (FB)	SCA IRA - Diebold (DBD)	SCA IRA - Comcast (CMCSK)	SCA IRA - Citigroup (C)	SCA IRA - Big Lots (BIG)	RA -	SCA IRA - American Airlines (AAL)	IRA -	RA-	SCA IRA - The Growth Fund of America mutual fund	Intentionally left blank	Fifth Third Banccorp (FITB)	RA -					t I	g Indiv	01 (10
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*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.	Capitol Securities - Bell South Telecom (GJH)	Capitol Securities - Raymond James (RJF)	Capitol Securities - Prudential Financial Inc. (PRU)	Capitol Securities - Metlife (MET)	Capitol Securities - JPMorgan Chase (JPM)	Capitol Securities - Integrys Energy (TEG)	Capitol Securities - Allstate (ALL)	SCA IRA - SUNCOR ENERGY (SU)	SCA IRA S&P 500 ETF (SPY)	SCA IRA - POWERSHARES QQQ TR U	SCA IRA ISHARES MSCI EAFE INDEX FUND ETF (EFA)	SCA IRA - GOOGLE (GOOG)	SCA IRA - EMC CORP (EMC)	SCA IRA - DICKS SPORTING GOODS (DKS)	SCA IRA - COSTCO	SCA IRA - APPLE (AAPL)	Identification of Assets		Part I: Transactions	Reporting Individual's Name O'Connor, Jennifer	U.S. Office of Government Ethics
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OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual.

U.S. Office of Government Ethics			
SCHE	DULE B continued Use only if needed)	Page Number 14 of 17	
Part I: Transactions			
	Transaction Type (x)	Amount of Transaction (x)	
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1 Capitol Securities - Stanley Black and Decker (SWK)	× 6/3/14	X	
2 Capitol Securities - Prudential PLC (PRU)	× 6/3/14	×	
3 Capitol Securities - Nextera Energy (NEE)	× 6/3/14	×	
4 Capitol Securities- Public Storage (PSA)	× 6/3/14	×	
S Capitol Securities - News Corp.	X 6/10/14	×	
6 Intentional left blank			
Capitol Securities - Alger Spectra Fund (SPECX)	X 6/4/14	×	
8 Capitol Securities - First Eagle Fund (FEFAX)	X 6/4/14	×	
9 Capitol Securities - Eventide Gilead Fund (ETAGX)	X 12/31/14	X	
10 Capitol Securities - Hodges Small Cap Fund (HDPSX)	× 6/4/14	X	
Capitol Securities - RS Investors Fund	X 6/9/14	X	
Capitol Securities- Sunamerica Focused Fund (FDSAX)	X 6/4/14	X	
Capitol Securities - Thornburg International Growth Fund (TIGAX)	6/4/14	X	
14 Strategic Capital Advisors Lumber Liquidators Holdings Inc.	× 9/11/14	×	
15 Strategic Capital Advisors U.S. Steel Corp.	× 9/11/14		
Strategic Capital Advisors American Funds AMCAP F2 (AMCFX)	× 5/29/14	X	
*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.	nt children. If the underlying asset ther categories of value, as appropri	is either held late.	

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Capital Securities RS Investors Fund	×	$\overline{}$		12/19/14	X								North Control		
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		(continued) interest only.	I retain my Wilmerhal defined benefit plan, which is managed by a committee of the firm. The plan prescribes a joint and survivor annuity, or a lump sum payment to be rolled over to an IRA. No contributions are being made. It is earning	Wilmerhale NY Life 401k. I am able to choose among available mutual funds to invest the existing balance. (Mutual funds are disclosed on Schedule A.) I am not able to make contributions to this retirement fund.	WilmerHale partnership share (anticipated) - \$45,700 of partnership income for 2014 was withheld to satisfy tax liabilities in future years. Payment will be made in 2 years.	Pursu calcu				egory aj spouse					Capital One Visa Card	John Jo	First Dis	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	Part I: Liabilities	O'Connor, Jennifer M.	Reporting Individual's Name
		st only.	hal defin sum pay	ie 401k. edule A.)	ership sh vill be ma	ant to p lated on		eemen it plan by a f	gre	oplies o or depe					Card	nes. Was	strict.Bani	s (Name	ting p dependencest amo	over s	bil	×	I's Name
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			nanaged an IRA. I	ıg availab ∩tribution) of partn	ill receiv 1gh 1/00	Status and Terms of any Agreement or Arrangement	for: (1 , defer	Arrangements	lely tha			•		cred	Pron	Mort		or applia certain re See instru accounts	unless	a mor		
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			the firm. e being r	invest th	2014 was	ment of	Arran	particip ition); aymen	nts	pouse o ories, as					credit card (paid in full each month)		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.	unless it is rented out; loans secured by	a mortgage on your personal residence		
			The plai	e existin	withheld	capital a	gement	yation (2) cor (s); (3)		r depen approf					nonth)		elaware	ility	ies owe instruc /ing ch	ns seco	nal res		
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			t and sur	al funds a	dilities in	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.		f abser 1g of n		If the li					2014	1999	1991	Incurred	Date		None	SCHEDULE	
			vivor	ē	future	are		of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non-		*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 with the spouse or dependent children, mark the other higher categories, as appropriate.					15.9%	10%	 ₈₈	Rate	Interest		L		
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nnor, Jennifer M.	SCHEDOLE D	17 of 17

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

Examples Doe Jones & Smith, Hometown, State Nat'l Assn. of Rock Collectors, NY, NY Organization (Name and Address) Non-profit education Law firm Type of Organization President Partner Position Held From (Mo., Yr.) 6/92 7/85 None To (Mo., Yr. Present 1/00 \times

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

you uneculy provided the services generating a fee or payment of more than \$5,000. You

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

pora	poration, firm, partnership, or other business enterprise, or any other	need not report the U.S. Government as a source.	None
	Source (Name and Address)	Brief Description of Duties	
i lac		Legalservices	
7	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	
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