

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Termination Date (If Applicable) (Month, Day, Year)	
09/08/2015			
Reporting Individual's Name			
Clinsky			
Position for Which Filing			
Special Asst. to the President for Labor & Workforce Policy			
Location of Present Office (or forwarding address)			
Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Ave NW, Washington, DC 20500			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)			
Special Assistant to the President for Labor and Workforce Policy, September 2015 to present Senior Policy Advisor for Labor and Workforce, April 2014 to September 2015			
Presidential Nominees Subject to Senate Confirmation			
Name of Congressional Committee Considering Nomination <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Not Applicable			
Certification			
(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			
Date (Month, Day, Year)			
4/15/2016			
Signature of Other Reviewer			
Date (Month, Day, Year)			
6/14/2016			
Agency Ethics Official's Opinion			
Signature of Designated Agency Ethics Official/ Reviewing Official			
Date (Month, Day, Year)			
6/14/2016			
Signature			
Date (Month, Day, Year)			
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 _____) <input type="checkbox"/>			
(Check box if comments are continued on the reverse side) <input type="checkbox"/>			

**Fee for Late Filing**  
 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 Periods**  
 Incumbents: 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.  
 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 Schedule D is not applicable.

**Nominees, New Entrants and Candidates for President and Vice President:**  
 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 as of any date you choose that is within 31 days of the date of filing.  
 Schedule B--Not applicable.  
 Schedule C, Part I (Liabilities)--The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days 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**

**SCHEDULE A**

Reporting Individual's Name  
Olinsky, Benjamin C.

Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C 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																							
	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	None (or less than \$201)	Dividends	Rent and Royalties	Interest	Capital Gains	Type	\$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 Bank of America checking account	X																	X																
2 Center for American Progress 401k w/Vanguard, Vanguard Target Retirement 2045 fund	X																	X																
3 Millennium Trust Company (cash savings account)	X																	X																
4 Fidelity Traditional IRA (Fidelity Freedom 2045)	X																	X																
5 Fidelity ROTH IRA (Fidelity Freedom 2045)		X																X																
6																																		

\* 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.

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

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Reporting Individual's Name  
**Olinsky, Benjamin C.**

1	Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C 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							
														Amount											Other Income (Specify Type & Actual Amount)						
																										Type					
		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	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						
2																															
3																															
4																															
5																															
6																															
7																															
8																															
9																															

\* 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.

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

Reporting Individual's Name  
 Olinsky, Benjamin C.

**SCHEDULE B**

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**Part I: Transactions**

Report any purchase, sale, or exchange by you, your spouse, or dependent 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.

Do not report a transaction involving property used solely as your personal 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.

None

Identification of Assets

Transaction Type (X)	Date (Mo., Day, Yr.)	Amount of Transaction (X)												
		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$250,000,000	\$250,000,001 - \$500,000,000	Over \$500,000,000	Certificate of Divestiture	
Purchase														
Sale														
Exchange														
	2/1/99													
	1/7/15	X												

Example	Central Airlines Common
1	Involuntary rollover from John Hancock 401k lifecycle 2045 fund to Vanguard Retirement 2045 fund
2	
3	
4	
5	

\*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.

**Part II: Gifts, Reimbursements, and Travel Expenses**

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and (2) travel-related cash reimbursements received from one source totaling more than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$140 or less. See instructions for other exclusions.

None

Source (Name and Address)	Brief Description	Value
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1		
2		
3		
4		
5		





Reporting Individual's Name: **Olinisky, Benjamin C.** Page Number: \_\_\_\_\_ of \_\_\_\_\_

## SCHEDULE D

### 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.

None

Examples	Organization (Name and Address)	Type of Organization		Position Held	From (Mo., Yr.) To (Mo., Yr.)			
		Non-profit education	Law firm		6/92	7/85	Present	1/00
	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State			President Partner	6/92	7/85	Present	1/00
1								
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

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

None

Examples	Source (Name and Address)	Brief Description of Duties
	Doe Jones & Smith, Hometown, State Metro University (Client of Doe Jones & Smith), Moneytown, State	
1		
2		
3		
4		
5		
6		