

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) Last Name Olinsky	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report (Boxes)	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name		First Name and Middle Initial Benjamin C.					
Position for Which Filing		Title of Position Department or Agency (if Applicable) White House Office					
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 190 EEOB, 1650 Pennsylvania Ave. NW, Washington, DC 20502					
Position(s) Held with the Federal Government During the Preceding 12 Months (if Not Same as Above)		Title of Position(s) and Date(s) Held Senior Policy Advisor for Labor and Workforce, April 2014 to present					
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		Date (Month, Day, Year)		10/6/2015	
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)		6/14/2015	
Agency Ethics Official's Opinion 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 of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		6/14/2016	
Office of Government Ethics Use Only		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.

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Reporting Individual's Name
 Olinsky, Benjamin C.

SCHEDULE A continued
 (Use only if needed)

Page Number
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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.																
	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)	\$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				
	Type	Amount																											
1	Dividends																												
2	Rent and Royalties																												
3	Interest																												
4	Capital Gains																												
5	Qualified Trust																												
6	Excepted Trust																												
7	Excepted Investment Fund																												
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.

Reporting Individual's Name: **Olinsky, Benjamin C.** Page Number: _____ of _____

SCHEDULE C

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 - \$150,000	\$150,001 - \$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 John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x												
2																				
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
	Example	Terms		
1	I continue to participate in my former employer's defined contribution plan (401k). Neither former employer nor I contribute additional funds to the plan.	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State Center for American Progress, Washington, DC	7/85 05/13
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SCHEDULE D		Page Number _____ of _____			
Reporting Individual's Name Olinsky, Benjamin C.					
<p>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 <input type="checkbox"/></p>					
Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	18th Street Singers, Washington, DC	Non-profit choir	Member, Board of Directors	09/2004	04/2014
2	Center for American Progress, Washington, DC	Non-profit think tank	Senior Fellow	05/2013	04/2014
3					
4					
5					
6					
<p>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 source generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None <input type="checkbox"/></p>			Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.		
Examples	Source (Name and Address)	Brief Description of Duties			
	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Hometown, State	Legal services Legal services in connection with university construction			
1	Center for American Progress, Washington, DC	Full-time employee providing policy research and analysis			
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