U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

U/ II/ 2016 FAC	(Check box if comments are continued on the reverse side)
Agency Use Only	(cueck box it titlis extension Brancer or market of reals,
of filing.	The straight of the straight o
the preceding two calendar years and the preceding two calendar years and	Comments of Reviewing Officials (II additional space is required, use the reverse side of this sheet)
arrangements as of the date of filing.	Use Only
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Office of Covernment Ethics Signature Signature
any date you choose that is within 31 days of the date of filing.	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to law comments in the few behaviors).
reporting period is the preceding calendar	Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year)
Schedule B-Not applicable. Schedule C. Part I (Liabilities)-The	(If desired by agency) S 1/3/16
as of any date you choose that is within 31 days of the date of filing.	Other Review Signature of Other Reviewer Date (Month, Day, Year)
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	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.
Vice President:	Certification Signature of Reporting Individual Date (Month, Day, Year)
Candidates for President and	
Nominees New Entrants and	
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.	Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust?
Termination Filers: The reporting	Position(s) Held with the Federal Title of Position(s) and Date(s) Held
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	tty, State, and ZIP Code)
Reporting Periods Incumbents: The reporting period is	Position for Which Deputy Assistant to the President Legislative Affairs Senate Executive Office of the President Filling
to a S200 rec.	Title of Position Department or Agency (If Applicable)
than 30 days after the last day of the filing extension period, shall be subject	Individual's Name Paone Martin P
filed, or, if an extension is granted, more	Last Name
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Date of Appointment, Candidacy, Election. Reporting or Nomination (Month, Dav, Year) Status (Check Appropriate Boxes) (Check Appropriate Boxes)

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Reporting Individual's Name	-	Assets and Income	BLOCK A	ou, 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. 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 source but not the source to the the source but not the amount of earned income of more than \$1,000 (except report the source but not the source but not the source but not the source but not the amount of earned income of more than \$1,000 (except report the source).	Central Airlines Common	ples Doe Jones & Smith, Hometown, State	Kempstone Equity Fund	IRA: Heartland 500 Index Fund	Accenture PLC Ireland CLA	American Water Works	Apple Inc	Cigna Corporation Com	Coco Cola Company	Hain Celestial Group Inc
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

U.S. Office of Government Ethics Reporting Individual's Name	SCHEDULE	JLE	ᅜ								Pagglumber	Jum	ber of		73	9
Part I: Transactions Report any purchase, sale, or exchange by your spouse or dependent	Do not report a transaction involving property used solely as your personal	None	Ш													
construction of any challenge period of any real property stocks bonds commodity	residence, or a transaction solely between vou. your spouse, or dependent child.	Trans Typ	Transaction Type (x)		П			Amo	Amount of Transaction)f Tra	unsac	tion	(X			11
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	rchase	change	Date (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*	,000,001 -	5,000,001 - 25,000,000	5,000,001 - 0,000,000	ver 50,000,000	ertificate of vestiture
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Part II: Gifts, Reimbursements,	ients, and Travel Expenses	S														
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		. Gover	rumen relativ f their	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	by yo	nt or	in co	or d	otion epen as pe	with dent	h off chil	icial d tot ospit	trav tally	el;		
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. anything given to you by		or sites	m one	total value from one source, exclude items worth \$140 or less. See instructions for other exclusions. None	ude it	ems	worth	1 514	Oor	less	See	inst	No	ctions None	X)	1
Source (Name and Address)		Brie	Brief Description	iption	September 19					-				<	Value	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99	confere	nce 6/	15/99 (personal activity unrelated to duty)	l activ	ry un	relater	T 00 d	uty)	1	1		_	65	\$500	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)							NA COLUMNICA DE LA COLUMNICA D						10	\$385	manufacture.
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						Example		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	*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.							Examples -	C	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	Dart I. I tabilities	Reporting Individual's Name	U.S. Office of Government Ethics
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		10 Jp = 17 to 100 00 00 00 00 00 00 00 00 00 00 00 00				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	II: Agreements or Arrangements vour agreements or arrangements for: (1) continuing particle benefit plan (e.g. pension, 401k, deferred compensation); payment by a former employer (including severance payment by a former employer (including severance payment).	ability is dren, mai							a,DC	SS)	you, lren. clude	wed			
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						Smith, Hometown, State		ployment. See instructions rega these arrangements or benefits	joint li								\$5	5,001 - 0,000				
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OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

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