

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		1/5/15 <i>enc</i>	Reporting Status (Check appropriate boxes)	<input checked="" type="checkbox"/> Incumbent	Calendar-Year Covered by Report	2015	New Entrant, Nominee, or Candidate	<input type="checkbox"/>	Termination Filer	<input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)		<p>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.</p> <p>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.</p> <p>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.</p> <p>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 assess as of any date you choose that is within 31 days of the date of filing.</p> <p>Schedule B--Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
Reporting Individual's Name		Last Name		First Name and Middle Initial		Department or Agency (If Applicable)		Executive Office of the President		Martin P			
Position for Which Filing		Title of Position		Liaison		Department of Justice		Executive Office of the President		Executive Office of the President			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		1600 Pennsylvania Ave, NW Washington, DC 20500		Telephone No. (Include Area Code)		202 456 1414		Title of Position(s) and Date(s) Held			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No		Signature of Reporting Individual			
Presidential Nominees Subject to Senate Confirmation		Not Applicable		Signature of Other Reviewer		Date (Month, Day, Year)		4-9-16		Other Review (If desired by agency)			
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 Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		5/13/16		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		Date (Month, Day, Year)		6/8/16		Office of Government Ethics Use Only		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)			
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		6/8/16		Agency Use Only		4/11/2016 <i>enc</i>			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		6/8/16		OGE Use Only		11/11/2016 <i>enc</i>			
(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"/>							

Reporting Individual's Name

SCHEDULE A continued
 (Use only if needed)

Page Number

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Assets and Income

Valuation of Assets
 at close of reporting period

Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.

BLOCK A	BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
	Valuation of Assets at close of reporting period										Income: type and amount												
1	Valuation of Assets at close of reporting period										Income: type and amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
	Valuation of Assets at close of reporting period										Income: type and amount												
1	SPDR S&P Regional Banking ETF										None (or less than \$1,001)												
2	The Technology Sel SEC SPDR FD										\$1,001 - \$15,000												
3	Vanguard Dividend Appreciation										\$15,001 - \$50,000												
4	Conoco Phillips (sold 7/23)										\$50,001 - \$100,000												
5	Exxon Mobil Corp (sold 5/21)										\$100,001 - \$250,000												
6	Kinder Morgan INCORP (sold 8/21)										\$250,001 - \$500,000												
7	Morgan Stanley Bank NA										\$500,001 - \$1,000,000												
8	Morgan Stanley Money Mkt Fund										Over \$1,000,000*												
9	Vanguard 401 K										\$1,000,001 - \$5,000,000												

* 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.

per filer (DF)

Reporting Individual's Name

SCHEDULE A continued

(Use only if needed)

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Assets and Income	Valuation of Assets at close of reporting period												Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																												
																									BLOCK A						BLOCK B						BLOCK C				
													Type				Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria															
												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	\$100,001 - \$1,000,000	Over \$1,000,000*			\$1,000,001 - \$5,000,000	Over \$5,000,000													
1 US Senate Credit Union	None (or less than \$1,001)																																								
2 US Senate Credit Union	\$1,001 - \$15,000																																								
3 US Senate Credit Union	\$15,001 - \$50,000																																								
4 US Senate Credit Union	\$50,001 - \$100,000																																								
5 Wells Fargo	\$100,001 - \$250,000																																								
6 BB&T	\$250,001 - \$500,000																																								
7 2BDRM Condo N Myrtle Beach, SC	\$500,001 - \$1,000,000																																								
8 1BDRM Condo N Myrtle Beach, SC	Over \$1,000,000*																																								
9	\$1,000,001 - \$5,000,000																																								

* 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

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

Example	Central Athletes Common	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 - \$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	Certificate of divestiture		
1	Touring & Rubicom/asset underlying Fire Policy (stock)		X	4/30/15	X													
2	Whites Select Self Fund (substantially realized as purchase on 2/18/10)		X	5/6/15	X													
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.

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 Book 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		

2015-11-15

Reporting Individual's Name

SCHEDULE C

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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.

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)															
						1991	1999	8%	10%	25 yrs.	on demand	\$10,000 - \$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
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs.									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.

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	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	7/85
2			
3			
4			
5			
6			

Reporting Individual's Name

SCHEDULE D

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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			
1	Natl. Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State			President Partner	6/92 7/85	Present 1/00
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

non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. 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
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
2		
3		
4		
5		
6		