Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	(Check box if comments are		
Agency Use Only				
of filing.	dicate number of days)	(Check box if filing extension granted & indicate number of		
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	f additional space is required	Comments of Reviewing Officials (i
arrangements as of the date of filing.			+	Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)		Signature	Office of Covernment Brhice
any date you choose that is within 31 days of the date of filing.	Alrolu	rell	Buchel Donel	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)	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Designated Age	Agency Ethics Official's Opinion
Schedule B-Not applicable. Schedule C. Part I (Liabilides)-The	413614		Addu war	(Ifdesired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		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	4-15-16			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:	Date (Month, Day, Year)	idual	Signatuye of Reporting Individual	Certification
Nominees, New Entrants and Candidates for President and	Z	res	Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Create a Qualified Diversified Trusti	Name of Congressional Committee Considering Nomination Do You Mend to Create a Quantized Diversified Liberty	Name of Congressional Com	Presidential Nominees Subject
at the date of termination. Part II of				
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends	P	(s) Held	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)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414	IW, Washington, DC, 20500	1600 Pennsylvania Avenue NW, Washington, DC, 20500	ice dress)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Dy State, and ZIP Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is		Special Assistant to the President and Principal Travel Aide WHO EOP	Special Assistant to the Presi	Position for Which Filing
to a SZOO fee.	Department or Agency (If Applicable)	Department or Ag	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	B	Joseph	Paulsen	Individual's Name
filed, or, if an extension is granted, more	Middle Initial	First Name and Middle Initial	Last Name	3
Any individual who is required to file this report and does so more than 30 days	Filer cable) (Month, Day, Year)	Covered by Report 2015	Status (Check Appropriate Boxes)	or Nomination (Month, Day, Year) 03/12/2012
tion for late tiling	Termination Termination Date (If Appli-		Renorting	2000

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* This c								,	Examples		production of incovalue exceeding \$1 ing period, or white in income during the with such income. For yourself, also amount of earned it than from the U.S. or report the source income of more that actual amount of your spouse).	or you, y			Paulsen, Joseph B	7
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.						Charles Schwab Bank Checking Account	JRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	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 actual amount of any honoraria over \$200 of your spouse).	For you, your spouse, and dependent children, report each asset held for investment or the	BLOCK A	Assets and Income	aulsen, Joseph B	- Tadaddaal's Nama
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											Date (Mo., Day, yr.) Only if Honoraria			() [†] is em.	7	

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									Date (Mo., Day, Yr.) Only if Honoraria			01)" is item.	7

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

For you, your spouse and dependent tion, and the value of: (1) gifts (such food, or entertainment) received from (2) travel-related cash reimbursemen than \$350. For conflicts analysis, it is as personal friend, agency approval authority, etc. For travel-related gifts dates, and the nature of expenses prodates, and the nature of expenses pro	*This category applies only if the underly by the filer or jointly held by the filer w	C W 4 N	Example Central Airlines Common	futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Identification	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	Reporting Individual's Name Paulsen, Joseph B
Part II: Gifts, Reimbursements, and Travel Expenses 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. 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, authority, etc. For travel-related gifts and reimbursements, include travel itinerary, authority, etc. For travel-related gifts and reimbursements, include travel itinerary.	the second of the colored process of the fill also second on the second of the second			on	Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child.	SCHEDULE
children. If the underlying asset r categories of value, as appropring asset r categories of value, as appropring the U.S. Government; given to received from relatives; received from relatives; received from relations and epondent of their relations the donor's residence. Also, for total value from one source, exported the control of their resolutions.			x 2/1/99	Purchase Sale Exchange Date Day, Yr.)	None X Transaction Type (x)	ULE B
children. If the underlying asset is either held in categories of value, as appropriate. ENSES 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			х	\$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 - \$250,000 - \$500,000 \$500,000 -	Amount	
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

15 4 Ľ, 12 ŏ Paulsen, Joseph B Reporting Individual's Name 16 Part I: *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 with the spouse or dependent children, use the other higher categories of value, as appropriate. Transactions Identification of Assets SCHEDULE B continued (Use only if needed) Purchase Transaction Type (x) Sale Exchange Date (Mo., Day, Yr.) \$1,001 -\$15,000 \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 \$250,000 Amount of Transaction (x) \$250,001 -\$500,000 \$500,001 -\$1,000,000 Over \$1,000,000* Page Number \$1,000,001 -\$5,000,000 5 0 1 \$5,000,001 -\$25,000,000 \$25,000,001 \$50,000,000 7 Over \$50,000,000 Certificate of divestiture

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Reporting Individual's Name Paulsen, Joseph B	SC	SCHEDULE C	CEC							Page	Page Number	6 of 7	
Part I: Liabilities	a mortgage on your personal residence	None X											
Report liabilities over \$10,000 owed to any one creditor at any time	unless it is rented out; loans secured by						Catego	ry of	noun	Category of Amount or Value	alue (x)	9	
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts			101 -	00 -	01 -		001 -	,001 - 10,000	0,000*	0,001-	0,001 - 00,000 00,001 -	00,000
Creditors (Name and Address)	Type of Liability	Date I	Interest Ter Rate app	applicable	\$15		\$10	\$25 \$50		Oye \$1,0		\$25 \$25	Ove
Constitution (state)		+			1	†		1			1	1	1
Examples First District Bank, Washington, DC	Mortgage on rental property, Delaware	1990	1	domand -	+	1,	+	1	Ì	1	1	-	
John Jones, Washington, DC	Promissory note	1999	0n 0	on demand				×					
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*This category applies only if the liability is s with the spouse or dependent children, marl	*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's spouse or dependent children, mark the other higher categories, as appropriate.	en. If the liabi	lity is that o	er	or a joint liability of the filer	nt liabi	lity of	the fil	ėr				
Part II: Agreements or Report your agreements or arrangements employee benefit plan (e.g. pension, 4011 tion of payment by a former employer (in	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	; and (4) fu	ature em	ployment. See instructions rega these arrangements or benefits	ent. So urrang	e inst	ructi ts or	ons re	egard its.	ing th	ne report	None X
Status and Te	Status and Terms of any Agreement or Arrangement					36.00	Parties	S					Date
Example Pursuant to partnership agreement, calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	rtnership share		Doe Jones & S	Smith, Ho	Hometown, State	n, Stati						7/85
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Reporting Individual's Name Paulsen, Joseph B		SCHEDULE D		Page Number 7 of 7
Part I: Positions Held Outside U.S. Governmen Report any positions held during the applicable reporting period, whether compen- sated 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	Outside U.S. Government pplicable reporting period, whether compennot limited to those of an officer, director, presentative, employee, or consultant of other business enterprise or any non-profit	organization or educational social, fraternal, or political nature.	institution. Exclude positions with religious entities and those solely of an honorary	with religious, honorary None
CALLY COAL CACAGO AND AND AND AND AND AND AND AND AND AND			Position Hold	
organization (Name and Address)	d Address)	Non-profit education	President	6/92 Present
Examples Doe Jones & Smith, Hometown, State		AND ADDRESS (ADDRESS) (ADDRESS (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS) (ADDRESS)	Partner	1
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Part II: Compensation in Excess of \$5,000 Pa 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	in Excess of \$5,00 pensation received by you or you directly by you during any one ames of clients and customers or outsiness enterprise, or any other	id.	by One Source Incumbent, Termination Filer, or Vice 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.	part if you are an ion Filer, or Vice lential Candidate. You None
Source (Name and Address)	Address)	Brief	Brief Description of Duties	
Examples Metro University (client of Doe Jones & Smith), Moneytown, State	th), Moneytown, State	Legal services in connection with university construction		STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,
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