

Executive Branch Personnel Public Financial Disclosure Report

Reporting Status (Check Appropriate Boxes) <input type="checkbox"/> Incumbent Covered by Report <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate Termination Date (If Applicable) (Month, Day, Year)		Termination <input type="checkbox"/> Filer <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name Last Name: Peri First Name and Middle Initial: Sarada K. Department or Agency (If Applicable): WHO		Termination <input type="checkbox"/> Filer <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate Termination Date (If Applicable) (Month, Day, Year)	
Position for Which Filing Title of Position: SAP & Senior Presidential Speechwriter Telephone No. (Include Area Code): 202-456-2548		Termination <input type="checkbox"/> Filer <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate Termination Date (If Applicable) (Month, Day, Year)	
Location of Present Office (or forwarding address) Address (Number, Street, City, State, and ZIP Code): 157 EEOB, Washington DC 20502		Termination <input type="checkbox"/> Filer <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate Termination Date (If Applicable) (Month, Day, Year)	
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 Presidential Speechwriter -- 9/2014 - 2/1/2016		Termination <input type="checkbox"/> Filer <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate Termination Date (If Applicable) (Month, Day, Year)	
Presidential Nominees Subject to Senate Confirmation		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.		Date (Month, Day, Year): 7/19/2016	
Other Review (If desired by agency)		Date (Month, Day, Year)	
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).		Date (Month, Day, Year): 9/15/2016	
Office of Government Ethics Use Only		Date (Month, Day, Year)	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) Late filing fee waived.			
(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"/>			
Agency Use Only		Agency Use Only	
7/19/2016 KTK		OGE Use Only	

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

SCHEDULE B

Reporting Individual's Name
Peri, Sarada K.

Part I: Transactions

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

Example Central Airlines Common

	Transaction Type (X)	Date (Mo., Day, Yr.)	Amount of Transaction (X)												
			\$15,001 - \$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	Purchase	2/1/99			x										
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	Natl 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			

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 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,000* Over	\$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	\$500,000,001 - \$1,000,000,000
1	Firstmark Services/SLF V-2015 Trust 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		Student loan (unsubsidized federal loan)	2005	2.625	15 yrs	X												
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
		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	West Wing Writers 401K, Great-West Lifetime 2045 Fund T1 (MXRLX) - I continue to participate, but neither I nor West Wing Writers contributes any additional money.	West Wing Writers, Washington DC	03/10	
3				
4				
5				
6				

SCHEDULE D

Reporting Individual's Name
 Peri, Sarada K.

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	Communications firm		6/92 7/85	Present 1/00
1	West Wing Writers, Washington, DC		Communications firm	Principal	03/2010	9/2014
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. None

Examples	Source (Name and Address)	Brief Description of Duties
1	West Wing Writers	speechwriting
2	Unable to obtain client list from West Wing Writers	
3	I do not know this information and cannot recall which clients would have met the threshold calculated by OGE	
4		
5		
6		