OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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Agency Use Only			
	(cate number of days)	(Check box if filing extension granted & indicate number of	
of filing.	]		
the preceding two calendar years and the current calendar year up to the date		nal space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (II additional space is required, use the reverse side
arrangements as of the date of filing.  Schedule D—The reporting period is			Use Only
Arrangements)—Show any agreements or	Date (Month, Day, Year)	re de la companya de	Office of Government Ethics   Signature
year and the current carethal is within 31 days of the date of filing.	3/17/15	her I have	On the basis of information contained in this expert, 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	AgencyEthicsOfficial'sOpinion Signatu
Schedule C. Part I (Labilities)—The	25	Sec 3/6/305	
Schedule BNot applicable			(II desired 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	
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	2/21/2015		I.C.R.T.III'Y that the statements 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)	Signature of Reporting Individual	Ш
Candidates for President and			The state of the s
Nominees, New Entrants and	<u>₹</u>		Presidential Nominees Subject Not Applicable
at the date of termination, Part II of Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination   Do You Intend to Co	
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and er		Title of Position(s) and Date(s) Held.  Deputy Research Director, White House, Executive Office of the President	Position(s) Held with the Federal Government During the Preceding Deputy 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-	1650 Pennsylvania Ave, NW Washington, DC 20504	ice idress)
the preceding calendar year except Part I of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State , and ZIP Code)	Location of Addres
Reporting Periods Incumbents: The reporting period is	f the President	It to the President for Research	Filing Special
to a \$200 Iee.	Department or Agency (If Applicable)	Title of Position Department or Age	· Anna
than 30 days after the last day of the filing extension period, shall be subject	30 (A)	Alexandra	Individual's Name Platkin
filed, or, if an extension is granted, more	ddle Initial	ne First Name and Middle Initial	Last-Name
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (17Appar Filer Cable) (Month, Day, Year)	riate Calendar Year New Entrant, Covered by Report Nominee, or Candidate	cr Nomination (Month, Day, Year)  Check Appropriate (Check Appropriate Appropriate Control of Check Appropriate Control of Check Appropriate Check Appropria

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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Repoi Platkin,	Reporting Individual's Name Platkin, Alexandra R											[20	Ö	H	SCHEDULE	Ū	LE	>	<b>Market</b>												<del></del>	age	Page Number  2 of	
			1																															
	Assets and Income		ا ہو	_5<	ose	of	io re	por	tin A	Valuation of Assets close of reporting peri	Valuation of Assets at close of reporting period	ğ						nc he	Income: checked,		no Tyj	e aoth	ınd er ı	ant	77	nt. s n	If "	No.	ne in	(or Blo	ck les	s tl C fo	type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item.	" is m.
	BLOCK A					l-set	30.18	BLOCK B																-	BLOCK C	K C								
For your report product value eing per in incoming with su	For you, 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.		4-70-0-1							00.000	****		X 10,5, 1,2	nt Fund					Type		\$201)	Α. (1.01)	Marie 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STANDARD .					<u> </u>					Date (Mo., Day,
For yo amour than fr report incompactual your s	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).	್ಲಿಕ್ ಟ್ರಿಕ್ ಡಿ ೬ None (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25,	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investm	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less that	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,00	\$50,001 - \$100,0	\$100,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	Over \$5,000,000		Type & Actual Amount) H	Only if Honoraria
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Reporting Individual's Name

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										Other Income (Specify Type & Actual Amount)			type and amount. If "None (or less than \$201)" is no other entry is needed in Block C for that item.	of	Page Number
										Date (Mo., Day, Yr.) Only if Honoraria			1)" is tem.		

## Platkin, Alexandra R Reporting Individual's Name Part I: Transactions SCHEDULE W Page Number of

children during the rep by you, your spouse, or dependent Report any purchase, sale, or exchange amount of the transacti futures, and other secu real property, stocks, bo Include transactions tha

Example

Central Airlines Co

property used solely as your personal Do not report a transaction involving

None X

porting period of any residence, or a transaction solely between	Tran	Transaction	on					Amo	Amount of Transaction (x)	Tran	sactio	)n (x)			
bonds, commodity you, your spouse, or dependent child. urities when the Check the "Certificate of divestiture" block tion exceeded \$1,000. to indicate sales made pursuant to a hat resulted in a loss. certificate of divestiture from OGE.	chase	e 7	hange	Date (Mo., Day, Yr.)	001 <del>-</del> 5,000	5,001 - 0,000	),001 - )0,000 )0,001 -	50,000 50,001 -	00,000 00,001 -	,000,000 er	000,000*	,000,000	5,000,000 5,000,001 - 0,000,000	er 0,000,000	rtificate of estiture
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<sup>\*</sup>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

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 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 dates, and the nature of expenses provided. Exclude anything given to you by authority, etc. For travel-related gifts and reimbursements, include travel itinerary, (2) travel-related cash reimbursements received from one source totaling more

> the U.S. Government, given to your agency in connection with official travel; 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 independent of their relationship to you; or provided as personal hospitality at received from relatives; received by your spouse or dependent child totally for other exclusions.

None



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	The state of the s			Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)	
				Leather briefcase (personal friend)	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	Brief Description	
				\$385	\$500	Value	

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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	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	j ; ;	Intere		Term if	0,001 - 5,000 5,001 -	0,001 - 0,000 0,001 -		00,000	00,000	00,000	00,000	00,000 00,001- 50,000 50,001 - 00,000 00,001 - ,000,000 ver ,000,000* ,000,001-	00,000 00,001- 50,000 50,001- 00,000 00,001- ,000,000 er ,000,000- ,000,001- ,000,001- ,000,001-	00,000 00,001- 50,000 50,001- 00,000 00,001- ,000,000 er ,000,000* ,000,001- ,000,000-
Creditors (Name and Address)	Type of Liability	Incurred	Rate	ļ	ole	\$1	\$5		\$1 \$1	\$1 \$2 \$2	\$1 \$2 \$2 \$5 \$5	\$10 \$2 \$2 \$5 \$5 \$5 \$1	\$1 \$2 \$2 \$5 \$5 \$1 Ov \$1	\$1 \$2 \$2 \$5 \$5 \$1 Ov \$1 \$5	\$11 \$2 \$2 \$55 \$5 \$1 Ov \$1 \$5 \$2 \$5 \$2 \$2 \$2 \$2 \$5 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2
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John Jones, Washington, DC	Promissory note	1999	10%	on	demand						×				
American Education Services Gate Loan, Harrisburg, PA	Student Loans	2003	3.76		20 yrs.		X								
Navient Private Loan Trust, Wilmington, DE	Student Loans	2003	3.75		30 yrs.		$\times$								
Sallie Mae Bank, Newark, DE	Student Loans	2003	6,38		30 yrs.			ŀ							
Department of Education, Washington, DC	Student Loans	2001	2		20 yrs.		X								
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Part II: Agreements	or Arrangements					roraj			int liability	int liability of the	Int liability of the filer	Int Hability of the filer	Int liability of the filer	Int liability of the filer	Int Hability of the filer
eport your agreements or arrangem mployee benefit plan (e.g. pension, on of payment by a former employe	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 absoing of	of absence; and (4) ing of negotiations	id (4) f tions f		roraj			nt liability	nt liability of the	at liability of the filer	at liability of the filer	nt liability of the filer	at liability of the filer	at liability of the filer
Status an	Status and Terms of any Agreement or Arrangement				uture er or any o	r or a j			t liability	t liability of the	t liability of the filer	t liability of the filer	t liability of the filer  this literary of the filer  t	rding the	t liability of the filer  t liability of the filer  rrangements or benefits. None
Example Pursuant to partnership agreem calculated on service performed	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	partnership :			uture er or any o	r or a j		mt ii	nt liability  ent. See it arrangem	nt liability of the ent. See instructional arrangements of the parties	nt liability of the filer ent. See instructions arrangements or ber Parties	nt liability of the filer ent. See instructions regar arrangements or benefits.  Parties	nt liability of the filer  ent. See instructions regarding arrangements or benefits.  Parties	rding the	rding the rep
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U.S. Office of Government Ethics				No. Plans
Reporting Individual's Name Platkin, Alexandra R		SCHEDULE D	72	Page Number  of
Part I: Positions Held Outside U.S. Governmen 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.	Held Outside U.S. Government ring the applicable reporting period, whether compense but are not limited to those of an officer, director.	nt	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary	rith religious, norary
trustee, general partner, proprietor, representative, employee, or consultant of	resentative, employee, or consultant of	<del></del>		None X
Organization (Name and Address)	md Address)	Type of Organization	Position Held	, Yr.) T
Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92 Present
Examples Doe Jones & Smith, Hometown, State	Law firm	IM	Partner	7/85 1/00
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Part II: Compensation	in Excess of \$5,000	Paid by One Source	Do not complete this part if you are an Incumbent, Termination Filer, or Vice	part if you are an on Filer, or Vice
Report sources of more than \$5,000 cc business affiliation for services provide the reporting period. This includes the corporation, firm, partnership, or othe	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		ayn	ou None 🔀
Source (Name and Address)	d Address)		Brief Description of Duties	
Examples Doe Jones & Smith, Hometown, State	     	Legal services  Tegal services in connection with university construction	uction — — — — — — — — .	
1 SECTION CONTRACTORY CONTRACTORY DATE OF CONTRACTORY				
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