

# Executive Branch Personnel Public Financial Disclosure Report

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

Form Approved:  
OMB No. 3209-0001

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report 2015	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	Termination Filer <input type="checkbox"/>	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.
Reporting Individual's Name Last Name: [Redacted] Platkin: Alexandra		First Name and Middle Initial Alexandra		Department or Agency (if Applicable) Executive Office of the President		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.  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.	
Position for Which Filing Special Assistant to the President for Research		Title of Position Executive Office of the President		Telephone No. (Include Area Code) 202-456-1414		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 assets as of any date you choose that is within 31 days of the date of filing.  Schedule B—Not applicable.  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.  Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.  Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.	
Location of Present Office (or forwarding address) 1600 Pennsylvania Ave, NW Washington, DC 20504		Title of Position(s) and Date(s) Held		Do You Intend to Create a Qualified Diversified Trust? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Presidential Nominees Subject to Senate Confirmation Name of Congressional Committee Considering Nomination Not Applicable	
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 Reporting Individual [Redacted]		Date (Month, Day, Year) 6/3/2016		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 assets as of any date you choose that is within 31 days of the date of filing.  Schedule B—Not applicable.  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.  Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.  Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.	
Other Review (if desired by agency)		Signature of Other Reviewer [Signature]		Date (Month, Day, Year) 6/9/2016		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)	
Office of Government Ethics Use Only		Signature of Designated Agency Ethics Official/Reviewing Official [Signature]		Date (Month, Day, Year) 6/13/16		Agency Use Only 4/15/2016	
Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		OGE Use Only	
(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  
 Platkin, Alexandra R

**SCHEDULE A**

Page Number

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.														
	BLOCK B										BLOCK C														
	None (or less than \$1,001)	\$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	Over \$50,000,000	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
Type	Dividends	Rent and Royalties	Interest	Capital Gains	Qualified Trust	Excepted Trust	Excepted Investment Fund	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	
None <input type="checkbox"/>																									
Examples																									
1 Connolly for Congress																									
2 Connolly for Congress 401k (Fidelity Advisory Balanced Fund)																									
3 Wells Fargo Checking/Savings Account																									
4 SunTrust Checking/Savings Account																									
5 Vanguard 401k-League of Conservation Voters (Underlying: Vanguard Value Index Signal)																									
6 5 cont. (Vanguard Growth Index Signal, DFA US Small Cap Value Portfolio I, Calvert Small Cap A																									

\* 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.

Reporting Individual's Name  
 Platkin, Alexandra R

## SCHEDULE A continued (Use only if needed)

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Date (Mo., Day, Yr.) Only if Honoraria						
	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																
	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																
	None (or less than \$1,001)	\$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	Over \$25,000,000	Over \$50,000,000	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	Other Income (Specify Type & Actual Amount)			
1 cont. Vanguard FTSE All-World ex-US Index Inv. Vanguard Intermediate-Term Treasury Inv)																											
2 Vanguard 500 Index Fund																											
3																											
4																											
5																											
6																											
7																											
8																											
9																											

\* 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**

**SCHEDULE B**

Reporting Individual's Name  
**Platkin, Alexandra R**

**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)														
				Purchase	Sale	Exchange	\$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	Vanguard 500 Index Fund pz	x	2/1/99	x														
2			6/19/15															
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			



Reporting Individual's Name  
 Platkin, Alexandra R

## 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.

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 - \$150,000	\$150,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,000 - Over	\$1,000,000 - Over	\$5,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - Over		
	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand															
1	American Education Services Gate Loan, Harrisburg, PA	Student Loans	2003	3.76	20 yrs.	X														
2	Navient Private Loan Trust, Wilmington, DE	Student Loans	2003	3.75	30 yrs.		X													
3	Sallie Mae Bank, Newark, DE	Student Loans	2003	6.38	30 yrs.		X													
4	Department of Education, Washington, DC	Student Loans	2001	2	20 yrs.		X													
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
	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.			
1	League of Conservation Voters 401(k)-contributions no longer made by former employer.		Doe Jones & Smith, Hometown, State LCV and Platkin	7/85 07/11
2				
3				
4				
5				
6				

## SCHEDULE D

### 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		6/92	Present
1	Nat'l Assn of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State			President Partner	7/85	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.

None

Examples	Source (Name and Address)		Brief Description of Duties
	Legal services	Legal services in connection with university construction	
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Hometown, State		
2			
3			
4			
5			
6			