

Executive Branch Personnel FINANCIAL DISCLOSURE REPORT

(Date of Appointment, Candidacy, Election, or Re-election (Month, Day, Year)) 01/06/2014		Reporting Status Incumbent <input type="checkbox"/>	Calendar Year Covered by Report []	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year) 02/13/2015
Reporting Individual's Name Rodesta		Full Name and Middle Initial John D.		Department or Agency (If Applicable) WHO	
Position for Which Filing Counselor to the President		Title of Position WHO			
Location of Present Office (or forwarding address) 3743 Brandysine St. NW, Washington, DC 20009		Address (Number, Street, City, State, and ZIP Code) Telephone No. (Attach Area Code) 202-			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Period Held			
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination: Do You Intend to Create a Qualified Divorced Trust?			
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) 3/12/15	
Other Review (If desired by Agency)		Signature of Other Reviewer Terry Sheu		Date (Month, Day, Year) 3/12/15	
Agency Ethics Officer's Opinion On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (attach to any comments in the box below).		Signature of Department Agency Ethics Official [Signature]		Date (Month, Day, Year) 4/2/15	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)	
Comments of Reporting Officials (If additional space is required, use the reverse side of this sheet)					
CDs, cash, ERFs, real estate, no apparent conflicts. 268					
(Check box if filing extension granted & indicate number of days) <input type="checkbox"/>					
(Check box if comments are explained on the reverse side) <input type="checkbox"/>					
Schedule A - The reporting period for income (IR/OK C) is the 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 the 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.					
Agency Use Only 3/12/15 OGE USE ONLY					

Reporting Individual's Name
 Podesta, John D.

SCHEDULE A

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

Examples	BLOCK A							BLOCK B							BLOCK C							Other Income (Specify Type & Amount)	Date (Mo., Day, Yr.) Only if Honorary
	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	Over \$1,000,000*	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					
General Airpines, Conestoga																							
Rose James & Smith, Hightstown, State																							
Kempson Equity Fund																							
RCA Retirement Stock Index Fund																							
1 403(b) Fidelity Growth																							
2 403(b) Contra																							
3 403(b) Blue Chip																							
4 403(b) Magellan																							
5 401(k) Vanguard 2015 Target Date																							
6 SEP IRA Money Market, Cash, Bank Dep Citibank																							

* 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
 Podesta, John D.

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	BLOCK A										BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo, Day, Yr.) Only if Honorary										
	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.										Type																					
	Amount										Amount										Amount																					
1	(S) InterTerm Invest Grd IRA										None (or less than \$1,001)											Dividends																				
2	(S) Prime MMF IRA										\$1,001 - \$15,000											Rent and Royalties																				
3	(S) Total Int'l Stock IX IRA										\$15,001 - \$50,000											Interest																				
4	(S) Total Bond MKT IX IRA										\$50,001 - \$100,000											Capital Gains																				
5	(S) Total Stock MKT IX IRA										\$100,001 - \$250,000											None (or less than \$201)																				
6	(S) Wellesley Income IRA										\$250,001 - \$500,000											\$201 - \$1,000																				
7	(S) PNC Checking Account										\$500,001 - \$1,000,000											\$1,001 - \$2,500																				
8	(S) PNC Money Market/Savings Account										Over \$1,000,000*											\$2,501 - \$5,000																				
9	(d) Unimproved lots in Lee County, FL										\$5,000,001 - \$25,000,000											\$5,001 - \$15,000																				

* 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

Podesta, John D.

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.

Identification of Assets	Transaction Type (X)			Date (Mo., Day, Yr.)	Amount of Transaction (X)											Certificate of divestiture		
	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			
Example Central Airlines Common				2/1/99														
1 401(k) Blue Chip Growth - Roll over to IRA	X			6/6/14														
2 401(k) T. Rowe Health Sc - Roll over to IRA		X		6/6/14														
3 401(k) T. Rowe Sci and Tech - Roll over to IRA		X		6/6/14														
4 Vanguard Prime MMF IRA			X	6/6/14														
5 (S) Investment Company 457 Plan PIMCO Total Return - termination		X		7/15/14														

* 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.

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		

None

Filer's Name
 Podesta, John D.

Transactions continued
 (Use only if needed)

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1	Identification of Assets	Transaction Date (Mo./Day/Yr.)	Transaction Type (X)			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				
1	Traditional IRA Citibank Money Market Acct. - divested	09/09/14		X		X														
2	(J) T. Rowe Retirement 2010	10/09/14	X							X										
3	(J) T. Rowe Retirement 2010	10/24/14	X				X													
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				

* Extensions of the due date should be noted in the "Notice of Extension" section of this form.
 ** This category applies only if the underlying asset is solely that of your spouse or dependent child. If the underlying asset is either held by you or jointly held by you with your spouse or dependent children, use the other higher categories of value, as appropriate.

Reporting Individual's Name

Podesta, John D.

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.

Creditor (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)										
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	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	Over \$50,000,000
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.

None

Status and Terms of any Agreement or Arrangement		Parties	Date
Example	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
1	Retain 401(k) at Center for American Progress. Investment decisions are self-directed and the employer makes no ongoing contributions to the plan. (no further contributions made following my departure)	Center for American Progress, Washington, DC	1/4/2014
2	Retain 401(k) at Podesta Group. Investment decisions are self-directed and the employer makes no ongoing contributions to the plan. (no further contributions made following my departure)	Podesta Group, Washington, DC	6/2003
3	Teaching a class at Georgetown University Law Center without compensation. Title: Visiting Professor. (unpaid)	Georgetown University Law Center, Washington, DC	1/4/2014
4	Retain 403(b) at Georgetown University. Investment decisions are self-directed and the employer makes no ongoing contributions to the plan. (no further contributions made following my departure)	Georgetown University Law Center, Washington, DC	1/4/2014
5			
6			

Reporting Individual's Name

Podesta, John D.

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

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Natl Assn of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	Georgetown University Law Center, Washington, DC	Educational Institution	Visiting Professor of Law (Uncompensated)	1/2014	Present
2	Knox College, Galesburg, IL	Educational Institution	Life Trustee (Honorary - Uncompensated)	1/1/2012	Present
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

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

