

OGE Form 278 (Rev. 12/2011) **Executive Branch Personnel Public Financial Disclosure Report** Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 9/11/2012		Termination Date (if Applicable) (Month, Day, Year)	
Reporting Status (Check Appropriate Boxes)		Termination Filer <input type="checkbox"/>	
Last Name		New Entrant, Nominee, or Candidate <input type="checkbox"/>	
First Name and Middle Initial		Calendar Year Covered by Report 2014	
Joshua D		Incumbent <input checked="" type="checkbox"/>	
Department or Agency (if Applicable)		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
White House Office of Legislative Affairs		Name of Congressional Committee Considering Nomination	
Telephone No. (Include Area Code)		Not Applicable	
202-456-1414		Signature of Reporting Individual	
Title of Position(s) and Date(s) Held		Date (Month, Day, Year) 5/15/15	
Special Assistant to the President for Legislative Affairs		Signature of Other Reviewer	
Address (Number, Street, City, State, and ZIP Code)		Date (Month, Day, Year)	
1600 Pennsylvania Ave., NW Washington, DC 20502		Date (Month, Day, Year) 6/11/15	
Presidential Nominee Subject to Senate Confirmation		Signature	
Not Applicable		Signature	
Certification		Signature of Designated Agency Ethics Official/Reviewing Official	
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)	
Other Review (if desired by agency)		Signature	
Agency Ethics Official's Opinion		Signature	
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).		Signature	
Office of Government Ethics Use Only		Signature	
Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)		Signature	
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		Signature	
Agency Use Only		Signature	
OGE Use Only		Signature	

Supersedes Prior Editions.

Reporting Individual's Name
 Pollack, Joshua D

SCHEDULE A

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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 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.																			
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	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 \$25,000,001 - \$50,000,000	Over \$50,000,000	Dividends	Rent and Royalties	Interest	Capital Gains	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	
None <input type="checkbox"/>																														
Examples																														
Central Airlines Common																														
Doe Jones & Smith, Hometown, State																														
Kempstone Equity Fund																														
IRA: Heartland 500 Index Fund																														
1 International Business Machines Common Stock																														
2 Capital One Bank, N.A. Savings Account																														
3 Capital One Bank, N.A. Checking Account																														
4 Capital One Bank, N.A. Savings Account (joint)																														
5 Capital One Bank, N.A. Checking Account (joint)																														
6 King & Spalding Charles Schwab 401(k) Plan; Oakmark Equity and Inc. Fd.																														

* 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
Pollack, Joshua D

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.

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.

None

Identification of Assets

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)														
		\$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	\$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				
<input checked="" type="checkbox"/> Purchase	2/1/99															
<input checked="" type="checkbox"/> Exchange	12/2014	X														
<input checked="" type="checkbox"/> Exchange	12/2014	X														

*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 Nat'l 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
 Pollack, Joshua D

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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)		Position Held	From (Mo., Yr.)		To (Mo., Yr.)
	Type of Organization	Non-profit education Law firm		6/92	7/85	
1	Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State		President Partner			
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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. 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), Moneytown, State		
2			
3			
4			
5			
6			