Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

5/11/2016 LAK	(Check box if comments are continued on the reverse side)	(Check box if comments are	
Agency Use Only			
of filing.	licate number of days ————)	fee ugived (Check box if filing extension granted & indicate number of days	p. 6, lines 1-3: late film, fee warved
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If
arrangements as of the date of filing.			Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)	Signature	nr Frhice
year and the current catendar year up to any date you choose that is within \$1 days of the date of filing.	4/2/2016	MA	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).
Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar	Date (Month. Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.			(If 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	may 11,2016		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.
Vice President:	Date (Month, Day, Year)	Signature of Reporting Individual	Certification
Nominees, New Entrants and Candidates for President and	Ē	NOT Applicable	
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	gressional Committee Considering Nomination	Presidential Nominees Subject
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	S) etile	Spokesperson, Department of State (February 2013 - March 2015) EATL	Position(s) Held with the Federal Government During the Preceding 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.	202-456-1414	1600 Pennsylvania Avenue NW	ice dress)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State , and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is	of the President	Director of Communications Executive Office of the President	Filing
10 a \$200 fee.	Department or Agency (If Applicable)	Title of Position Department or Ag	4
than 30 days after the last day of the filing extension period, shall be subject		Psaki Jennifer R.	l's Name
filed, or, if an extension is granted, more	fiddle Initial	Last Name First Name and Middle Initial	Reporting
	Termination Termination Date (IfAppli- Filer cable) (Month.Day, Year)	Reporting Incumbent Calendar Year Status (Check Appropriate Status App	Date of Appointment, Candidacy, Election. or Nomination (Month, Day, Year) 4/1/2015 ERC

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

U.S. Office of Government Ethics											_	Dagg	2	mho.	1				
Reporting individual's Name Psaki, Jennifer R.	SCHEDULE	OLE B										6	6	0	으 .	00			1
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None 🔲																	
by you, your spouse, or dependent children during the reporting period of any	residence, or a transaction solely between	Transaction	on					An	nou	nt of	Tra	ınsa	Amount of Transaction (x)	n (x	٥				
	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	chase		Yr.)	001 - 5,000	5,001 -),000),001 -)0,000	00,001 - 50,000	50,001 - 00,000	00,001 -	,000,000	er 000,000*	000,001 - 000,000		,000,001 - 5,000,000	5,000,001 - 0,000,000	er 0,000,000		rtificate of estiture
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*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as app	solely that of the filer's spouse or dependent childre se or dependent children, use the other higher categ	n. If the und ories of valu	lerlying ass ie, as appro	asset is either held propriate.	1er h	eld													
Part II: Gifts, Reimbursements,	ents, and Travel Expenses	S																	
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 nersonal friend, agency approval under 5 U.S.C. § 4111 or other statutory	当	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.	nent; given atives; rec eir relation nce. Also, one source	to you eived b aship to for pur , excluc	r ago y you you pose e ite	ency ur sp ; or s of ms	in c lous prov agg	onr e or ide rega	lect dej d as d as 140	ion peno g gi	wit deni rsor fts t ess.	h o t ch tal l to d	ffici ild hosj leter	ial t tota pita mii stri	rav illy lity ne t actio	el; at he ons			
authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by	ursements, include travel itinerary, inde anything given to you by	±	J												No.	None	X		1
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Frank Jones, San Francisco, CA	Leather briefcase (personal friend)									i	i	[i	i	j			\$385		1 1
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

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Reporting Individence Psaki, Jennifer R	Reporting Individual's Name Psaki, Jennifer R.	SC	SCHEDULE	TE C						×		1 480	rage Number	7 of	f 8	
Part I	Part I: Liabilities	a mortgage on your personal residence	None _													
Report lia	Report liabilities over \$10,000 owed to any one creditor at any time	unless it is rented out; loans secured by						Ca	tegor	of A	Category of Amount or Value	or Va	alue (x)	-(¢		
during th	during the reporting period by you,	or appliances; and liabilities owed to)*		-	1 -	00
Check the during th	your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions. See instructions for revolving charge accounts.			i S),001 - 5,000	5,001 -),000	0,001 - 00,000	00,001- 50,000	50,001 - 00,000	00,001 - 000,000	er 000,000	000,001	000,001	5,000,00 5,000,00 5,000,00	er 0,000,00
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$15	\$50	\$10	\$2.			Ov \$1		\$5	\$2	0v \$5
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Part]	Part II: Agreements or	or Arrangements														
Report yo employee tion of pa	our agreements or arrangements benefit plan (e.g. pension, 4011) then the plan benefit plan (e.g. pension) when the plant of the plant	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. Non-	e; and (4 gotiations) future s for any	employ of thes	ment e arra	. See unger	instr nents	or b	ns re enefi	gard its.	ling t	he re	eport- None 🗙	\times
	Status and Ter	Status and Terms of any Agreement or Arrangement							Parties						D	Date
Example	Pursuant to partnership agreement, v calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	ırtnership shar	e e	Doe Jones	& Smith, Hometown, State	, Home	town,	State						7/	7/85
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U.S. Office of Government Ethics					
Reporting Individual's Name Psaki, Jennifer R.	ž	SCHEDULE D		Page Number 8 of	8
Part I: Positions Held Outside U.S. Governmen Report any positions held during the applicable reporting period, whether compen- sered or not Positions include but are not limited to those of an officer, director,	Outside U.S. Government plicable reporting period, whether compent of 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	with religious, nonorary	
trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	resentative, employee, or consulta ther business enterprise or any no	nt of nature. n-profit		N	None X
Organization (Name and Address)	nd Address)	Type of Organization	Position Held	, Yr.)	To (Mo.,Yr.)
Nat'l Assn. of Roc		 	President	6/92	Present
Examples Doe Jones & Smith, Hometown, State			Partner	7/85	1/00
1					
2					
3					
4			-		
S					
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 one do not report the U.S. Go	in Excess of \$5,00 inpensation received by you or you directly by you during any one you during any one you during any other business enterprise, or any other	ווֹם	by One Source Incumbent, Termination Filer, or Vice 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.	part if you lon Filer, or lential Cand You No	u are an or Vice ididate.
Source (Name and Address)	(Address)	Brief	Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State Werro University (client of Doe Jones & Smith), Moneyrown, State	nith). Monevrown, State	Legal services Legal services in connection with university construction			
1					
2					
3					
4					
S					
6					