

Date of Appointment (Candidate, Election, or Nomination) (Month, Day, Year) 2/1/2013		Reporting Status (Check Appropriate Boxes)	<input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report 2014	New Entrant, Nominee, or Candidate	<input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<input type="checkbox"/>
Reporting Individual's Name Quillian		Last Name		First Name and Middle Initial Natalie		Department or Agency (If Applicable) H		
Position for Which Filing		Deputy Assistant to the President & Advisor to Chief of Staff White House						
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Ave NW, Washington DC 20502			Telephone No. (Include Area Code) 202-456-1414			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Date(s) Held						
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Certification		Signature of Reporting Individual			Date (Month, Day, Year) 4/15/15			
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 Other Reviewer			Date (Month, Day, Year) 6/9/15			
Other Reviewer (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official			Date (Month, Day, Year) 6/9/2015			
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			Date (Month, Day, Year)			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>						
(Check box if comments are contained on the reverse side) <input type="checkbox"/>		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. 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.						
Agency Use Only		OGE Use Only						

Reporting Individual's Name
 Quillian, Natalie

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SCHEDULE A continued
 (Use only if needed)

BLOCK A	Assets and Income	BLOCK B										BLOCK C																										
		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.	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria														
		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		\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	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				
1	Rollover IRA - Vanguard Dividend Appreciation ETF (VIG)		X																																			
2	Rollover IRA - Vanfund Mid Cap ETF (VO)		X																																			
3	Rollover IRA - Vanguard Total Intl Stock Index Fund ETF (VXUS)		X																																			
4	Rollover IRA - Vanguard Total Stock Market ETF (VTI)			X																																		
5	Rollover IRA - Pimco Total Return ETF (BOND)		X																																			
6	Roth IRA - Vanguard Prime Money Market Fund (VMMXX)			X																																		
7	Roth IRA - Vanguard Total Intl Stock Index Fund ETF (VXUS)		X																																			
8	Roth IRA - Vanguard Total Stock Market ETF (VTI)			X																																		
9	Roth IRA - Pimco Total Return ETF (BOND)		X																																			

* 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
 Quillian, Natalie

SCHEDULE A continued
 (Use only if needed)

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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										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria															
		Valuation of Assets at close of reporting period										Type		Amount																								
		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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	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							
1	D		X										X																									
2	D			X																																		
3	D		X																																			
4	D		X											X																								
5	J			X														X																				
6	J				X													X																				
7																																						
8	S				X																																	
9	S		X																																			

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Reporting Individual's Name
 Quillian, Natalie

SCHEDULE A continued
 (Use only if needed)

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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

		Valuation of Assets										Type			Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria								
		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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	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	
1	AA 80/20 - Artisan MidCap Value Fund (ARTQX)		X													X					X													
2	AA 80/20 - Columbia Acorn Fund (ACRNX)			X												X							X											
3	AA 80/20 - DoubleLine Emerging Markets Fixed Income (DLENX)			X												X						X												
4	AA 80/20 - DoubleLine Total Return Bond (DLTNX)			X												X						X												
5	AA 80/20 - Goldman Sachs Strategic Income (GZIRX)			X												X						X												
6	AA 80/20 - Harbor International Fund (HAINX)			X												X						X												
7	AA 80/20 - Invesco Equal Weight S&P 500 Index (VADAX)			X												X						X												
8	AA 80/20 - JP Morgan Large Cap Core Plus Fund (JCPRX)			X												X						X												
9	AA 80/20 - Metropolitan West High Yield (MWHYX)		X													X						X												

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Reporting Individual's Name
 Quillian, Natalie

SCHEDULE A continued
 (Use only if needed)

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																			
	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*	None (or less than \$201)	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		
1 AA 80/20 - Neuberger Berman Equity Income (NBHAX)		X							X				X	X														
2 AA 80/20 - PIMCO Commodity Real Return (PCRIX)		X							X				X	X														
3 AA 80/20 - PIMCO Emerging Markets Local Bonds (PELBX)	X								X			X	X	X														
4 AA 80/20 - PIMCO Total Return (PTTDX)		X							X			X	X	X														
5 AA 80/20 - PIMCO Unconstrained Bond (PFUX)	X								X		X		X	X														
6 AA 80/20 - Primecap Odyssey Aggressive Growth Fund (POAGX)		X							X			X	X	X														
7 AA 80/20 - Primecap Odyssey Growth Fund (POGRX)		X							X			X	X	X														
8 AA 80/20 - Schwab S&P 500 Select Fund (SWPPX)		X							X			X	X	X														
9 AA 80/20 - Vanguard Dividend Appreciate Index (VDADX)		X							X			X	X	X														

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Reporting Individual's Name
 Quillian, Natalie

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SCHEDULE A continued
 (Use only if needed)

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																										
	Valuation of Assets										Income: Type and Amount																										
	at close of reporting period										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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	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					
1 S	AA 80/20 - Vanguard Emerging Market Stock Index (VEMIX)	X											X			X			X	X																	
2 S	AA 80/20 - Vanguard Mid Cap Index (VMCIX)	X											X			X			X	X																	
3 S	AA 80/20 - Vanguard REIT Index (VGSNX)	X											X			X			X	X																	
4 S	AA 80/20 - Vanguard Small Cap Index (VSCIX)	X											X			X			X	X																	
5 S	AA 80/20 - Vanguard Total Bond Index (VBTLX)	X											X			X			X	X																	
6 S	AA 80/20 - Vanguard Total International Stock Index (VTISNX)	X											X			X			X	X																	
7 S	AA 80/20 - Western Asset Core Plus Bond (WACPX)	X											X			X			X	X																	
8 S																																					
9 S																																					

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Reporting Individual's Name
 Quillian, Natalie

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SCHEDULE B

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.

None

1	Identification of Assets	Transaction Type (x)	Date (Mo./Day./Yr.)	Amount of Transaction (x)										Certificate of divestiture		
				\$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	Purchase	2/1/99							x						
1	Vanguard 500 Index Portfolio	x	10/13/2014	x												
2	Vanguard Aggressive Age-Based Option: Vanguard Aggressive Growth Portfolio	x	10/13/2014	x												
3	Vanguard Aggressive Growth Portfolio	x	10/13/2014	x												
4	Vanguard Total Stock Market Portfolio	x	10/13/2014	x												
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	Airfare ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
1	Frank Jones, San Francisco, CA	Leather Briefcase (personal friend)	\$385
2			
3			
4			
5			

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

Reporting Individual's Name
 Quillen, Natalie

SCHEDULE B continued
 (Use only if needed)

Part I: Transactions

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Amount of Transaction (X)																							
																Transaction Type (X)			Date (Mo., Day, Yr.)	\$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								
																Purchase	Sale	Exchange																					
Identification of Assets																																							

*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.

Reporting Individual's Name
 Quillian, Natalie

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)														
						1991	1999	8%	10%	25 yrs. on demand	\$10,001 - \$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
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs. on demand					x										
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

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
			7/85
1	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	
2			
3			
4			
5			
6			

Reporting Individual's Name: Quillan, Natalie Page Number: 11 of 11

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.)
				6/92	Present
	Natl. Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law Firm	Partner	7/85	1/00
1					
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	Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.
	Doe Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		