Form Approved: OMB No. 3209 - 0001

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	(Check box if comn	기술 설 : 		(Check box if filing extension granted & Indicate number of		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Aur		Signature of Designated Agency Ethics Official/Reviewing Official		Signature of Other Reviewer		Signature of Reporting Individual	licable Yes	Name of Congressional Committee Considering Nomination Do You In	Senior Policy Advisor (July 2014 - Feb. 2015) Policy Advisor (July 2013 - July 2014)	Title of Position(s) and Date(s) Held	The White House, Washington, DC 20502	Address (Number, Street, City, State, and ZIP Code)	SPECIAL ASSISTANT TO THE PRESIDENT WHITE H	Title of Position Bepartment or)R JESSICA J		riate Candidate	Incumbent Calendar Year New Entrant, Covered by Report Nominee, or	Branch Personnel PUBLIC	
]	(Check box if comments are continued on the reverse side)			d & Indicate number of days ————)				Date (Month, Day, Year)	4/17/15	Date (Month, Day, Year)		Date (Month, Day, Year)	03-30-2015	Date (Month, Day, Year)	s No	Do You Intend to Create a Qualified Diversified Trust?		- Johnson Spring Co.	202.395	Telephone No. (Include Area Code)	HOUSE OFFICE	nt or Agency (If Applicable)	J.	First Name and Middle Initial		Termination Termination Date (If Applifiler Cable) (Month, Day, Year)	FINANCIAL DISCLOSURE REPORT	
	6 6GE Use Only	3/30/15	Agency Use Only	C	 the current calendar year up to the date of filing. 	Schedule D-The reporting period is the preceding two calendar years and	arrangements as of the date of filing.	Schedule C, Part II (Agreements or	year and the current catendar year up to any date you choose that is within 31 days of the date of filing.	reporting period is the preceding calendar		as of any date you choose that is within 31 days of the date of filing.	Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets	Vice President:	Nominees, New Entrants and Candidates for President and	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.	where you must also include the filing year up to the date you file. Part II of	The preceding calendar year except Part If of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	ਿਸ਼ \$∠UU Iee.	than 30 days after the last day of the filing extension period, shall be subject	filed, or, if an extension is granted, more	this report and does so more than 30 days offer the date the report is required to be	Fee for Late Filing	REPORT Form Approved: OMB No. 3209 - 0	

Supersedes Prior Editions.

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

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Reportin	Reporting Individual's Name										\sim	.T.		ן ב	HEDULE		>												Pa	Page Number	
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M.M.	Assets and Income		ಖ	Valuation of Assets at close of reporting period	lua se c	Valuation of Assets close of reporting peri	por o u	dil.	sse g pe	ts mo	<u> </u>					In ch	Income: type and amount. If "None checked, no other entry is needed in	me ed,	i ty mo		and 1er	an ent	ry i	nt. s n	ed F. J.	Nor ed i	ne (or 1	ess k C	be and amount. If "None (or less than \$201)" in other entry is needed in Block C for that item.	r S
1	BLOCK A	•••				BLO	BLOCK B															Presi	BLOCK C	λ C							
For you, y report ea productic value exce	For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting yeriod, or which generated more than \$200 in income during the reporting period, together					4			,000	eramman er in ingeralisation	1,010		Fund				Type	ř		201)					─────────────	Amount	12			Other	Date
For yourself, abount of ear than from the report the south come of moactual amount your spouse).	For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).	H R CLP H 본 None (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0 \$250,001 - \$500,0	\$500,001 - \$300,0	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001,- \$2,5,	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investme	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500 \$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$1,000	Over \$1,000,000*	\$1,000,001 + \$5,0	Over \$5,000,000	Type & Actual Amount) Ho	Only if Honoraria
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* This by th	This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	ne is s hildre	olely n, m	, that ark ti	of t	he fil ther l	er's high	spot er ca	ise o	r de ries	penc of v	dent	chil as a	dren	opri	the ate.	assei	t/inc	om o		is either that of the filer or jointly held	r th:	at of	the	filer	or j	ointi	ly he	eld.		

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

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RAYNOR, JESSICA J.			···	o CII	Use only)	(Use only if needed)	needed	needed)	,			
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S.C.J.R. Part 2634
U.S. Office of Government Ethics

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

Teporting Individual's Name RA NOR, JESSICA J.	SCH	SCHEDULE B	Β 3					Page Number	umber of	
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None X								
children during the reporting period of any		n Transaction Type (x)	ction (x)			A	Amount of Transaction (x)	Tansacti) nc (x)	
Teal property, stocks, bonds, commonly futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture," block 00. to indicate sales made pursuant to a certificate of divestiture from OGE.	overbroom distribut	kchange	Date (Mo., Day, Yr.)	1,001 - (5,000 15,001 - 50,000	50,001 - 100,000 100,001 - 250,000	250,000 250,001 - 500,000 - 1,000,000	ver .,000,000* 1,000,001 - 5,000,000	5,000,000 5,000,001 25,000,000 25,000,001 -	0,000,000 ver 50,000,000
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Part II: Gifts, Reimbursements, and Travel	sements, and Travel Expenses	nses								
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		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.	nment; gelatives; their relatives. their relations. A dence. A n one son nions.	received received attonship lso, for purce, excl	by your agence by your of to you; or unposes of thems	y in con spouse o r provide f aggreg worth \$	ven to your agency in connection with official travel; received by your spouse or dependent child totally itionship to you; or provided as personal hospitality at lso, for purposes of aggregating gifts to determine the rce, exclude items worth \$140 or less. See instruction	th officent child on al hos s to detest s. See i	ial trave totally spitality a simine the nstructio	at at ins
authority, etc. For travel-related gifts and reimbursements, include travel itinerary, relates, and the nature of expenses provided. Exclude anything given to you by	reimbursements, include travel itinerary, d. Exclude anything given to you by								No ₁	None

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

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Reporting Individual's Name RAYNOR, JESSICA J.		SCHEDULE B conti	continued		Page Number	r Of
Part I: Transactions						
			Transaction			
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Reporting	Reporting Individual's Name	. S.	SCHEDULE	LE C					Pag	Page Number	of of		
Part	Part I: Liabilities	a mortgage on your personal residence	None X										
Report li	Report liabilities over \$10,000 owed	unless it is rented out; loans secured by automobiles, household furniture					Categ	Category of Amount or Value	ount or \	alue (x)]	$\left \cdot \right $	Ц
during t	our shouse, or dependent children.	or appliances; and liabilities owed to)	l <i>-</i>	00 🚚	00)0
Check to	herk the highest amount owed turing the reporting period. Exclude),001 5,000 5,001 - 0,000),001 00,000 00,001- 50,000	50,000 50,001 50,000	000,00	000,00 000,00	000,00 5,000,0		0,000,0
- 	Creditors (Name and Address)	Type of Liability	incurred R	Rate	applicable	\$15 \$15	\$10 \$10	\$2: \$5(\$1, Ove	\$1,	\$25	\$50 Ove	\$50
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to antipire	John Jones, Washington, DC	Promissory note	1999,	10%	on demand		8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	10 % E X 0		4 (9 wc			
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With the	tegory applies only if the liability is so e spouse or dependent children, mark	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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the liabi	ility is tha	at of the fil	filer or a join	a joint liability of the filer	f the filer					
Part	II: Agreements or	Arrangements											•
Report y employe tion of p	our agreements or arrangements e benefit plan (e.g. pension, 4011 ayment by a former employer (ir	Refort 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 this	of absence; and (4) futuring of negotiations for ar	;; and (4 otiations) future () for any	re employment. See instructions regarding the report- ny of these arrangements or benefits. Non	nent. See instructions rega arrangements or benefits.	struction nts or be	s regar nefits.	ling ti	ne repo	None	
Ten	Status and Ter	Status and Terms of any Agreement or Arrangement	-		e u		Раг	Parties				Date	
Example	Pursuant to partnership agreement, v	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	urtnership share		Doe Jones	& Smith, Ho	Hometown, State	te				7/85	
-de noontinu McKins	ie to participate in employee benefit plan (4th ey has not made any payments since end of	Positinue to participate in employee benefit plan (4the McKinsey Profit Sharing Retirement Plan and Money Purchase Pension Plan) but McKinsey has not made any payments since end of my employment with the firm	rchase Pension I	olan) but	McKinsey F Plan	McKinsey Profit Sharing Retirement Plan and Money Purchase Pension Plan	Retirement P	lan and Mo	ney Purch	ase Pen	sion	07/13	
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Reporting Individual's Name			Page Number	Marke Call a Million
形成NOR, JESSICA J.	SCHEDULE D		of	
Part I: Positions Held Outside U.S. Government	corganization or educational	institution. Exclude positions with religious	with religious	someonoone
keport any positions neid during the applicants reporting Pernos, was the compensation of the positions include but are not limited to those of an officer, director, frivites general nartner, proprietor, representative, employee, or consultant of frivites general nartner.	social, fraternal, or political nature.	entities and those solely of an honorary	honorary	
any corporation, firm, partnership, or other business enterprise of any non-produ	on-pront Type of Organization	Position Held	From (Mo., Yr.)	To (MoYr.)
Natil Acen of Rock Collectors NV NV	Non-profit education	President	6/92	_
Examples Doe Jones & Smith, Hometown, State	Lawfirm	Partner	7/85	1/00
McKinsey & Company	Consulting firm	Senior Associate; Business Analyst	08/2010	07/2013
41-2	The state of the s	***************************************		
5		- Apply Company		
	TW 1			
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 non-profit organization where the profit of the pro	00 Paid by One Source non-profit organization when	Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.	part if you ion Filer, o dential Cano	are an r Vice lidate.
the reporting period. This includes the names of clients and customers of any copyoration, firm, partnership, or other business enterprise, or any other	services generating a fee or need not report the U.S. Go	payment of more than \$5,000. You vernment as a source.		None
Source (Name and Address)	R	rief Description of Duties		
Doe Jones & Smith, Hometown, State Doe Jones & Smith, Momeyrown, State Metro University (client of Doe Jones & Smith), Moneyrown, State	Legal services in connection with university construction	iction — — — — — —		
TalMcKinsey & Company	Consulting services	į	`	
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