OGE Form 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT 5 C.F.R. Part 2634

Porm Approved: OMB No. 3209 - 0001

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			Comments of Reviewing Officials (II	Use Only	nt Hthice	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).	Agency Ethics Official's Opinion	(If desired by agency)	OtherReview	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.	Certification	to Senate Confirmation	-	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above))ffice g address)	Tocation of	Position for Which Filing		Individual's Name		Date of Appointment, Candidacy, Election, or Nomination (Wonth, Day, Year)	U.S. Office of Government Ethics
(Check		(Check box if filing exte	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature	(Tachel Dewell	Signature of Designated Agency Ethics Official/Reviewing Official	Jobble my	Signaturk of Other Reviewer (/		Signature of Reporting Individual	Not Applicable	Name of Congressional Committee Considering Nomination	Senier Policy Advisor (July 2014-Feb. 2015	The White House, Washington, DC 20502	Address (Number, Street, City, State, and ZIP Code)	SPECIAL ASSISTANT TO THE PRESIDENT	Title of Position	RAYNOR	Last Name	Reporting Incumbent Calendar Year New Status (Check Appropriate Kenner Covered by Report Nom Cane)	AW
(Check box if comments are continued on the reverse side)	¥ (5)	(Check box if filing extension granted & Indicate number of days	1661)		Date (Month, Day, Year)	174/16	fficial Date (Month, Day, Year)	5/4/16	Date (Month, Day, Year)	gril 14, 2016	Date (Month, Day, Year)	Yes X No	Do You Intend to Create a Qualified Diversified Trust?	4-66.2015)	202,395.1066	Telephone No. (Include Area Code)	WHITE HOUSE OFFICE	Department or Agency (If Applicable)	JESSICA J.	First Name and Middle Initial	New Entrant, Termination Termination Late (IrAppu- Nominee, or Fuer able) (Month, Day, Year) Candidate	
OGE Use Only	Agency Use Only	of filing.	the preceding two calendar years and the current calendar year up to the date	arrangements as of the date of filing.	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	any date you choose that is within 31 days of the date of filing.	reporting period is the preceding calendar	Schedule B-Not applicable. Schedule C. Part I (Liabilities)-The	31 days of the date of filing.	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 year up to the date of filing. The incident is the file of the content of the date of the content is the file of the content of the date of the content o	ATCU TEGOTECH	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	where you must also include the riting year up to the date you file. Part II of Schedule I) is not applicable.	I of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is the rescaling calendar year except Part	[O A \$400 tcc.	than 30 days after the last day of the filing extension period, shall be subject	filed, or, if an extension is granted, more	Hee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is remilied to be	

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Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

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OGE Use Only]				
Agency Use Only					
of filing.	icate number of days)	(Check box if filing extension granted $\&$ indicate number of days	(Check box if filin		
the preceding two calendar years and the current calendar year up to the date		this sheet)	is required, use the reverse side of	(If additional space	Comments of Reviewing Officials (
arrangements as of the date of filing.					9
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Date (Month, Day, Year)			Signature	Office of Covernment Ethics
year and the current calculative pear up to any date you choose that is within 31 days of the date of filing.		е			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).
reporting period is the preceding calendar	Date (Month, Day, Year)	ing Official	of Designated Agency Ethics Official/Reviewing	Signature of Do	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)		ther Reviewer	Signature of Other Reviewer	Other Review
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					ICERTIFY 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)		of Reporting Individual	Signature of Re	Certification
Candidates for President and					
Nominees, New Entrants and	⊠ ₹	Yes		Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Create a Qualified Diversified Trust?	Do You Intend to	Name of Congressional Committee Considering Nomination	Name of Congr	
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			Title of Position(s) and Date(s) Held Senior Policy Advisor (July 2014 - Feb. 2015)	Title of Position Senior Policy A	Position(s) Held with the Federal Government During the Preceding 12 Months (II 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.	202.395.1066		The White House, Washington, DC 20502	The White Hous	
II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Numb	Location of
Reporting Periods Incumbents: The reporting period is	OFFICE	WHITE HOUSE O	STANT TO THE PRESIDENT	SPECIAL ASSISTANT TO	Position for Which Filing
to a \$200 ree.	gency (If Applicable)	Department or Agency	n	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	J	JESSICA		RAYNOR	Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initia		Last Name	1
Any individual who is required to file this report and does so more than 30 days		Nominee, or Candidate	\boxtimes	Status (Check Appropriate Boxes)	or Nomination (<i>Month, Day, Year</i>) 02/23/2015
Fee for Late Filing	Termination Termination Date (If Appli-	New Entrant,	Incumbent Calendar Year	Reporting	Date of Appointment, Candidacy, Election,

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

Reporting Individual's Name RAYNOR, JESSICA J											SC			HEDULE	I													1		2
Assets and Income		at	V _a	lu	ati of r	epo no	Valuation of Assets at close of reporting period	Ass	et	iod						Cho	Income checked,		tyı	th oth	nd er e	am	y i		nt.	nt. If "I s need	nt. If "Nor s needed i	type and amount. If "None (nt. If "None (or l	type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item.
BLOCK A					BL	BLOCK B	В															В	BLOCK C		K C	KC	K C	KC	KC	KC
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 period, or which generated more than \$200 in income during the reporting period, together with such income.												CHARLES THE COMMENTS OF STREET	ent Fund		English (1997)	Li Tarris Grander	Type	е	2 \$201)	1 ΨΔΟ1)	1 10 5 5 5 5 5				0				00 Amount	00 Amount
with such income. 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).	None (or less than \$	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,00	\$250,001 - \$500,00	\$500,001 - \$1,000,0	Over \$1,000,000*	\$1,000,001 - \$5,000	\$5,000,001 - \$25,00	\$25,000,001 - \$50,0	Over \$50,000,000	Excepted Investmen	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$5,001 - \$15,000	14 // //	\$15,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000	\$15,001 - \$50,000	\$15,001 - \$50,000 \$50,001 - \$100,000	\$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,0	\$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000*
Central Airlines Common				×												×					×	EV.					-3-2			
Examples Doe Jones & Smith, Hometown, State			×														256							4 4						
Kempstone Equity Fund		Ш			×					H	Ш		×	\bigsqcup		1		H	-			×		4						
IRA: Heartland 500 Index Fund							×				e A		×			200427	W. All	1877				-	×		U. I	Unar				
Wells Fargo Savings & Checking Accounts					X				direct.								~	×	×	^					Light.					
2 McKinsey Profit Sharing Retirement Plan and Money Purchase Pension Plan			X										A LEWIS						V	×				. 1						
The plan does not disclose underlying assets to investors and has not made an exception							TATES		17-5%				2.1		eš .			Figure 4								1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

s Name	SCHEDULE A conti (Use only if needed)
Assets and Income	Valuation of Assets at close of reporting period
BLOCK A	втоск в
	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
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OGE Form 278 (Rev. 12/2011) 5 C.F.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

1							
71	Reporting Individual's Name RAYNOR, JESSICA J	SCHEDULE B	ULE B			Page Number 4 of 7	
	Part I: Transactions Report any purchase, sale, or exchange hy your spouse or dependent	Do not report a transaction involving property used solely as your personal	None X				
	children during the reporting period of any		Transaction Type (x)		Amount of	Amount of Transaction (x)	
	amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.		urchase ale kchange	Date (Mo., Day, Yr.)	,001 - ,5,000 5,001 - ,50,000 60,001 - ,00,000 00,001 - ,50,000 250,001 - ,600,000	L,000,000 /er ,000,000* .,000,001 - 5,000,001 - 25,000,001 0,000,000	ertificate of vestiture
T	Identifica	dentification of Assets	Si		\$1 \$2 \$2 \$2 \$2 \$2 \$2	\$1 \$1 \$1 \$2 \$5	\$5 Ce
-	Example Central Airlines Common		×	2/1/99	×		
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T	4						
	5						
	*This category applies only if the underlying ass	*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	ı. If the underl	ying asset is e	ither 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

(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, 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 dates, and the nature of expenses provided. Exclude anything given to you by

Examples

Frank Jones, San Francisco, CA Nat'l Assn. of Rock Collectors, NY, NY

Leather briefcase (personal friend)

Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)

Brief Description

Source (Name and Address)

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.

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Value \$500 \$385

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16	15	14	12	11	10								Part I:	Reporting Individual's Name RAYNOR, JESSICA J
											Identific		Transactions	ual's Name
		-									Identification of Assets			
											Purchase	Tr		SCHEDULE B conti (Use only if needed)
											Sale	Transaction Type (x)		contin eeded)
		H -									Exchange	on on		
											Date (Mo., Day, Yr.)			ued
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						,					\$50,001 - \$100,000			
											\$100,001 - \$250,000	Amo		
											\$250,001 - \$500,000	Amount of Transaction		
											\$500,001 - \$1,000,000	of Tr		
				1167.44							Over \$1,000,000*	ansac		rage Number
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											\$25,000,001 - \$50,000,000			7
			 	-	-						 			
											Over \$50,000,000 Certificate of divestiture			

C)	4	ω	2	1	тхашртез	Empl		durin your Check durin	to any	Par	Report
					L	First District Bank, Washington, DC	Creditors (Name and Address)	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Report liabilities over \$10,000 owed to any one creditor at any time	Part I: Liabilities	Reporting Individual's Name RAYNOR, JESSICA J
					Promissory note	Mortgage on rental property, Delaware	Type of Liability	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	automobiles, household furniture	a mortgage on your personal residence	Si
					1999	1991	Incurred			None X	SCHEDULE C
					10%	8%	Rate	Interest			JLE (
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							\$5	0,000,000			

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 ___

		4	W			201		
6	5	44	3	2	1 Continue McKinse	Example		
					Continue 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	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Status and Terms of any Agreement or Arrangement	
					McKinsey Profit Sharing Retirement Plan and Money Purchase Pension Plan	Doe Jones & Smith, Hometown, State	Parties	
					07/13	7/85	Date	

RA Rep

orting Individual's Name SCHEDULE D Page Number 7 of 7	
	SCHEDULE D
	Page

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

> organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

any cor	any corporation, firm, partnership, or other business enterprise or any non-profit Organization (Name and Address)	Type of Organization	Position Held
·a	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education P	President
Examples	1	Law firm P	Partner
2			
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Part	Part II: Compensation in Excess of \$5,000 Paid by One Source	00 Paid by One Source	Do not complete this part if you are an Incumbent, Termination Filer, or Vice
Report	Report sources of more than \$5,000 compensation received by you or your	our non-profit organization when	Presidential or Presidential Candidate

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

need not report the U.S. Government as a source. services generating a fee or payment of more than \$5,000. You None

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

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