Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	eck box If comments are	(Ch		and a second
Agency Use Only					
of filing.	(cate number of days)	(Check box if filing extension granted & indicate number of days	(Check box if filing o		
Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date		s sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	f additional	Comments of Reviewing Officials (1
arrangements as of the date of filing.					Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)			Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	4/29/16		Richel Bourel	ET)	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)	ıg Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature	Agency Ethics Official's Opinion
Schedule B-Not applicable.	4/28/16	\ \ \		1	agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		Senature of Other Reviewer	Signature	Other Review (If desired by
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 assert	4/18/14				ICLEVILEY 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)	The second secon	Signature of Reporting Individual	Signature	Certification
Nominees, New Entrants and Candidates for President and	No.	Yes	C	Not Applicable	CO DEPARTS CONTRACTOR
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?		Name of Congressional Committee Considering Nomination	Name of C	Presidential Nominees Subject
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			SAP and Director of Correspondence	SAP and D	Government During the Preceding 12 Months (If Not Same as Above)
Schedule D is not applicable,			Title of Position(s) and Date(s) Held	Title of Po	Position(s) Held with the Federal
where you must also include the filing year up to the date you file. Part II of	202-456-2173		1650 Pennsylvania Avenue, NW, Washington, DC 20502	1650 Penn	Present Office (or forwarding address)
the preceding calendar year except Part	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (?	Location of
Reporting Periods Incumbents: The reporting period is		White House	SAP and Director of Correspondence	SAP and D	Filing
to a \$200 fee.	Department or Agency (If Applicable)	Department or Ag	sition	Title of Position	†) (
than 30 days after the last day of the filing extension period, shall be subject	O.	Fiona		Reeves	Individual's Name
after the date the report is required to be filed, or, if an extension is granted more	liddle Initial	First Name and Middle Initial		Last Name	Reporting
Any individual who is required to file this report and does so more than 30 days	THE	Candidate	×	(Check Appropriate Boxes)	06/24/2013
Fee for Late Filing	Termination Termination Date (IfAppli-	New Entrant,	ln	Reporting	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)

Reporting Individual's Name		200000000000000000000000000000000000000	OCCUPANT OF THE PARTY OF THE PA	1	-																										Dawn Mines	
Reeves, Fiona O.												S	H	SCHEDULE	12	F	9	A					ĺ								2 of	
Assets and Income			at	Cla	lua	fri	Valuation of Assets at close of reporting period	of.	ass ass	et	iod		-				Ch In	Income: type checked, no ot	ne:	ng g	oth Se s	er	an	700	nt.	If,	led No	ne in	Blo Blo	Ck lg	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.)" is em.
BLOCK A						BLO	BLOCK B	B					ACCURATION AND ADDRESS OF THE PARTY OF THE P			_							-	Į,	BLOCK C			35				
For you, your spouse, and dependent children, report each asset held for investment or the	1,9	10.75		Carl A		4.55 K		Halmar.			18 FOR T	dine vi			1/05.			Туре	0	+		-		-	1	- ≥	Amount	ᇤ	771	1		
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.		1 \$1,001)				-		- Charles and the second second second		the second variables	-		The same of the sa	ent Fund			A state of the estate	5	Patrick of the later	¢201\	1 \$201)	SPATAGES				and the second second		,,000	00.000	00,000		Date (Mo., Day,
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		(or less than	01 - \$15,000	001 - \$50,000	001 - \$100,00	,001 - \$250,0	,001 - \$500,0	,001 - \$1,000	\$1,000,000*	00,001 - \$5,0	00,001 - \$25,	000,001 - \$50	\$50,000,000	ted Investme	oted Trust	fied Trust	ends and Royaltie		al Gains	(or less than		- \$1,000 1 - \$2,500	1 - \$5,000	1 - \$15,000	01 - \$50,000	01 - \$100,00	001 - \$1,000	\$1,000,000*	0,001 - \$5,0	\$5,000,000	(Specify Type & Actual Amount)	Yr.) Only if Honoraria
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Reeves, Fiona O.									S	SCHEDULE (Use only		Se J	EDULE A conti (Use only if needed)	Y [1]	if n	continued needed)	1ti	D D	1e	<u> </u>											of	
Assets and Income		עם	2<	alt	of	rel	000	Li A	pose	Valuation of Assets at close of reporting period	۵			I		CH	1ec	ê B	д т.	Income: type checked, no ot	the	r ei	H H) Lis	ne ne	ede	dion	n B	or l	ess k C	and amount. If "None (or less than \$201)" i her entry is needed in Block C for that item.	1)" is tem.
BLOCK A						BLOCK B	S	W.															ם	BLOCK C	0							
							44.31										Тур	pe				7 1			A		Amount	751	7			
	ess than \$1,001)	15,000	\$50,000	\$100,000	- \$250,000	\$500,000	\$1,000,000	0,000*	1 - \$5,000,000	- \$25,000,000	01 - \$50,000,000	00,000	nvestment Fund	rust	rust		oyalties		ns - The Committee	ess than \$201)	000	2,500	,000	5,000	50,000	100,000	\$1,000,000	0,000*	- \$5,000,000	0,000	Other Income (Specify Type & Actual	Date (Mo., Day, Yr.) Only if
	None (or le	\$1,001 - \$.	\$15,001 - :	\$50,001 - :	\$100,001 -	\$250,001 -	\$500,001 -	Over \$1,00	\$1,000,001	\$5,000,001	\$25,000,00	Over \$50,0	Excepted In	Excepted T	Qualified T	Dividends	Rent and R	Interest	Capital Gai		\$201 - \$1,0	\$1,001 - \$2	\$2,501 - \$5	\$5,001 - \$1	\$15,001 - \$	\$50,001 - \$	\$100,001 -	Over \$1,000	\$1,000,001	Over \$5,00	יחוסמיזר)	TIOTOTATIO
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U.S. Office of Government Ethics OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

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

4 Part amount of the transaction exceeded \$1,000 Reeves, Fiona O children during the reporting period of any by you, your spouse, or dependent Report any purchase, sale, or exchange Reporting Individual's Name Include transactions that resulted in a loss. futures, and other securities when the real property, stocks, bonds, commodity Central Airlines Common Transactions Identification of Assets certificate of divestiture from OGE to indicate sales made pursuant to a Check the "Certificate of divestiture" block you, your spouse, or dependent child. residence, or a transaction solely between property used solely as your personal Do not report a transaction involving SCHEDULE None Transaction Type (x) Purchase 团 Sale W Exchange Date (Mo., Day, Yr.) 2/1/99 \$1,001 -\$15,000 \$15,001 \$50,000 \$50,001 -\$100,000 \$100,001 \$250,000 Amount of Transaction \$250,001 \$500,000 \$500,001 -\$1,000,000 Over \$1,000,000* Page Number \$1,000,001 \$5,000,000 \$5,000,001 -\$25,000,000 X of \$25,000,001 \$50,000,000 Over \$50,000,000 Certificate of divestiture

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

> 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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						Example	
					Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
						sonal activity unrelated to duty)	Brief Description
					\$385	\$500	Value

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

na ((Use only if needed)	leeded)							of.	
Part I: Transactions										
	Transaction Type (x)	tion x)			Amı	Amount of Transaction	Trans	action	(X	
	hase	ange Das	Date (Mo., Day, Yr.)	000 001 - 000 001 - 0,000	0,001 - 0,000	0,001 - 0,000 0,001 -	00,000	00,001 - 00,000	00,001 - 000,000 000,001 -	000,000
Identification of Assets	Pure	Ехс	\$1.6	\$15 \$50	\$10 \$25	\$50	Ove	-	\$25	850
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Reporting Individual's Name					The state of the s		Charles and			CONTRACTOR OF THE PERSON OF TH	1		No.	Managadoo	-
Reeves, Fiona O.	SC	SCHEDULE	E								rage	rage Number	of .		
	a mortgage on your personal residence	None													
	automobiles, household furniture		descriptions				O	Category of Amount or Value	of Ar	nount	or Va	lue (x)		Name of the last	
ou, en. lude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.				001 - 000		001 - ,000	,001- ,000	,001 - ,000	,001 - 00,000	00,000	00,001- 00,000	0,001 -	00,001 -	00,000
Creditors (Name and Address)	Type of Liability	Date Incurred R	Interest Rate	Term if applicable	\$10, \$15,	\$50,	\$100	\$250	\$500		Over \$1,0	\$1,0 \$5,0			Over
Examples First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			×	1		1	5				
L	Promissory note	1999		on demand	j	j	-		× i	1	į	1	1	1	Ţ
Sallie Mac, Wilkes Barre, PA	Student Loans	2004	4.5%	п-а		X		_		-					
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د								- Sp. 26 - 14							
								CO-MISSIST							
Ch	e e							=1 10 / 0		\perp					
*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.	ely that of the filer's spouse or dependent childre ne other higher categories, as appropriate.	n. If the liabil	lity is the	ıt of the file	er or a	oint li	abilit	of th	e filer	The state of the s	The state of the s				I
Part II: Agreements or A	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	or: (1) continuing participation in an deferred compensation); (2) continualuding severance payments); (3) leaves	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.	and (4 tiations	for any c	nploy if thes	ment. e arra	See	instru ients	or be	nefit	gardi is.	ng th	le rep	None X	X
Status and Term	Status and Terms of any Agreement or Arrangement							Parties	- Augustina				0.000		Date
Example Pursuant to partnership agreement, will calculated on service performed through	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	nership share		Doe Jones d	& Smith, Hometown, State	Home	town,	state						7.	7/85
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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, any corporation, firm, partnership, or other business enterprise or any non-profit trustee, general partner, proprietor, representative, employee, or consultant of Part I: Positions Held Outside U.S. Government Reeves, Fiona O Reporting Individual's Name Nat'l Assn. of Rock Collectors, NY, NY Organization (Name and Address) Non-profit education SCHEDULE organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. Type of Organization U Position Held Page Number From (Mo., Yr.) To (Mo., Yr. None 9 M

S 4 Examples Doe Jones & Smith, Hometown, State Law firm President 6/92 Present 1/00

Part II: Compensation in Excess 0f \$5,000 Paid

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

ру non-profit organization when One Source

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

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

Legal services in connection with university co	6	Vi	4	ω	2	1		Examples	
Legal services in connection with university construction.				±			Metro University (client of Doe Jones & Smith), Moneytown, State	Doe Jones & Smith, Hometown, State	Source (Name and Address)
							Legal services in connection with university construction	Legalservices	Brief Description of Duties