

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/> <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate	Termination Filer	Termination Date (If Applicable) (Month, Day, Year)
7/10/13 WW				2015			
Reporting Individual's Name		Last Name		First Name and Middle Initial		Termination Date (If Applicable) (Month, Day, Year)	
Rhodes		Rhodes		Benjamin		J	
Position for Which Filing		Title of Position		Department or Agency (If Applicable)		Termination Date (If Applicable) (Month, Day, Year)	
Assistant to the President, Deputy National Security Advisor		Assistant to the President, Deputy National Security Advisor		National Security Council			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)		Termination Date (If Applicable) (Month, Day, Year)	
1600 Pennsylvania Ave. NW, Washington, DC 20009 WW		1600 Pennsylvania Ave. NW, Washington, DC 20009 WW		202-450-1414			
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		Department or Agency (If Applicable)		Termination Date (If Applicable) (Month, Day, Year)	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Termination Date (If Applicable) (Month, Day, Year)	
Not Applicable		Not Applicable		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Certification		Signature of Reporting Individual		Date (Month, Day, Year)		Termination Date (If Applicable) (Month, Day, Year)	
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]		5/20/16			
Other Reviewer (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)		Termination Date (If Applicable) (Month, Day, Year)	
[Signature]		[Signature]		5-21-16			
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Termination Date (If Applicable) (Month, Day, Year)	
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).		[Signature]		6-2-16			
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Termination Date (If Applicable) (Month, Day, Year)	
[Signature]		[Signature]		[Date]		[Date]	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
P2, lines 1-6 marked E/F P.3, lines 1-9 box. KHE							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
<p>Fee 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 required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.</p> <p>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.</p> <p>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.</p> <p>Nominees, New Entrants and Candidates for President and Vice President:</p> <p>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.</p> <p>Schedule B--Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>							
Agency Use Only							
5/20/16 KHE							
OGE Use Only							

Reporting Individual's Name
 Rhodes, Benjamin J

SCHEDULE A

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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

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.		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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria											
		BLOCK B										Type		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*	\$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			
Examples																																		
Central Airlines Common																																		
Doe Jones & Smith, Hometown, State				x																														
Kempstone Equity Fund							x																											
IRA: Heartland 500 Index Fund											x																							
Goldman Sachs Lrg Cap Val A			x																															
Janus Overseas Fund T			x																															
Legg Mason Oppourtunity Trust C				x																														
Thornburgh Intl Value A			x																															
Ashton/Optim Mid Cap N				x																														
Fidelity Dividend Growth Fund			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
 Rhodes, Benjamin J

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	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	Royce Premier Inv	X										X							X																
2	Thornburgh International Value A		X									X							X																
3	Artisan International Inv		X									X							X																
4	Franklin Mutual Global Discovery A		X									X							X																
5	CREF Inflation-Linked Bond R3		X									X							X																
6	CREF Stock R3			X								X							X																
7	TLAA-CREF Lifecycle Fund 2045 Fund - Institutional Class		X									X							X																
8	Spouse - TRP Emerging Europe		X									X							X																
9	Spouse - TRP Africa & Middle East		X									X							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.

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

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 Rhodes, Benjamin J

SCHEDULE B

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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 *www*

Example	Identification of Assets	Transaction Type (x)	Date (Mo., Yr.)	Amount of Transaction (x)													
				\$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		
1	Central Airlines Common	Purchase	2/1/99			x											
2																	
3																	
4																	
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 *www*

Source (Name and Address)	Brief Description	Value
Examples Natl Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1		
2		
3		
4		
5		

Reporting Individual's Name
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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.

	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)													
						1991	1999	1991 - 1999	\$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	Over \$50,000,000
Examples	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs. on demand			X											
1																			
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
1	TIAA CREF defined contribution retirement plan (former employer does not contribute to this plan)	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	7/85
2				
3				
4				
5				
6				

SMITHSONIAN INSTITUTE

6/02

Reporting Individual's Name
 Rhodes, Benjamin J

SCHEDULE D

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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.)
				7/85	Present 1/00
1	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92	Present 1/00
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 source. Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

Source (Name and Address)

Brief Description of Duties

None

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