Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

		anagagaga kan beriara dan ga	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Use Only	Office of Government Ethics Signature	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).	AgencyEthics Official's Opinion Signature of Design	agency)	Other Reviewer Iff desired by	made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Certification Signature of Reporting Individual	to Senate Confirmation Not Applicable	Presidential Nominees Subject Name of Congression	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Present Office 1600 Pennsylvania (or forwarding address)	Location of Address (Number,	Filing National Security Advisor		Individual's Name Rice	Reporting Last Name	or Nomination (Month, Day, Year) Status (Check Appropriate Boxes)
(Check box if comments are continued on		(Check box if filing extension granted & indicate number o	ulred, use the reverse side of this sheet)			mide	of Designated Agency Ethics Official/Reviewing Official	3	iewer		Individual	Yes	Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualifi	Date(s) Held	1600 Pennsylvania Avenue NW, Washington DC	Address (Number, Street, City, State, and ZIP Code)	or. The White House	Department or Agency	Susan E	First Name and Middle Initial	2014 Candidate
continued on the reverse side)		icate number of days}			Date (Month, Day, Year)	5/22/15	Date (Month, Day, Year)	5/23/15	Date (Month, Day, Year)	4/15/15	Date (Month, Day, Year)	*	Create a Qualified Diversified Trust?			Telephone No. (Include Area Code)		gency (If Applicable)		iddle Initial	Filer Sable) (Month, Day, Year)
OGE Use Only	Agency Use Only	of filing.	the current calendar year up to the date	arrangements as of the date of filing.	Schedule C, Part II (Agreements or	year and the current calendar year up to any date you choose that is within 31 days of the date of fling.	reporting period is the preceding calendar	Schedule B-Not applicable.	as of any date you choose that is within 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	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	where you must also include the filing year up to the date you file. Part II of Chedule II is not applicable	If of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	to a \$200 fee.	than 30 days after the last day of the filing extension period, shall be subject	after the date the report is required to be filed, or, if an extension is granted, more	

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										Other income (Specify Type & Actual Amount)		Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C	12 of	Page Number
										Date (Mo., Day, Yr.) Only if Honoraria)1)" is item.	17	

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

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\$385	 		i I				!	j		Leather briefcase (personal friend)		Frank Jones, San Francisco, CA	examples	-
\$500		to duty)	ırelated	ivity ur	nal acti	5/99 (personal activity unrelated to duty)	ce 6/1.	nferen	it to national co	Airline ticket, hotel room & meals incident to national conference 6/15/		Nat'l Assn. of Rock Collectors, NY, NY		
Value						ption	Brief Description	Brief				Source (Name and Address)		
None X	No									authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by	nd reimbur ied. E xclu	authority, etc. For travel-related gifts and reimbursements, include travel itined dates, and the nature of expenses provided. Exclude anything given to you by	authori dates, a	ده . ۵
at he ons	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.	or depende ded as perso gating gifts \$140 or les	pouse provie f aggre worth	your s you; or oses or items	p to y purpo	es; receive relationship Also, for source, exc	elative their i dence, one s ions.	rom rint of s resident from resident s resid	received from relatives; independent of their rel the donor's residence. A total value from one so for other exclusions.	tems, transportation, lodging, totaling more than \$350 and from one source totaling more ndicate a basis for receipt, such \$\times\) \& 4111 or other statutory	tangible it ne source received fr elpful to in ler 5 U.S.C	tion, 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	food, ar food, o food, trav (2) trav than \$3	25055
•	th official trave	anaction wi		y Can Ci				5	Expenses	_	rseme	Gifts,	Part II:	ַ ד
				r held	eithei te	ing asset is appropriat	nderly lue, as	the us	nt children. If zher categorie	*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.	g asset is so the spouse	egory applies only if the underlying ler or jointly held by the filer with	This car by the f	۲.4 *
			100	×		05/30/14		×				ex Inc.	Cineplex Inc.	5
		- 1		×		05/14/14		×		-		Gibson Energy		4
		X				04/16/14		X	\ <u>\</u>			iShares MSCI EAFE Index ETF		Ų
		×				04/15/14		×				Transalta Corp		2
		X				09/24/14	•	X		3RITISH COLUMBIA	V ROYAL B	PROPERTY SALE - WATKISS WAY, VIEW ROYAL BRITISH COLUMBIA	PROP	ш
			×			2/1/99		<u> </u>	×			Example Central Airlines Common	Exampl	
\$25,000,00 \$50,000,00 Over \$50,000,0 Certificate divestiture	Over \$1,000,000 \$1,000,00 \$5,000,00 \$5,000,00 \$25,000,00	\$250,000 \$250,001 \$500,000 \$500,001 \$1,000,00	\$50,001 - \$100,000 \$100,001	\$15,001 ~ \$50,000	\$1,001 - \$15,000	(Mo., Day, Yr.)	Exchange	Purchase Sale		ate sales made pursuant to a ate of divestiture from OGE.	ion	Identificati	mount nclude	In ar i
00	1 - 00 8	Amount of Transaction				Date		Transaction Type (x)	<u> </u>			children during the reporting period of any real property, stocks, bonds, commodity	hildrer eal pro	re ch
					1			None [Do not report a transaction involving property used solely as your personal		Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Part Report a by you,	ح ۾ ل
17	13 of					:	5		SCHEDULE	SC		Reporting Individual's Name	Reporting Indi Rice, Susan E	Ric
	Page Number						7					S.S. CHICK OF GOVERNMENT PRINCE		,

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						Transfer of the second of the		CP Rail	McDonalds Corp.	McCormick & Co. Inc.	General Mills Inc.	Emera Inc.	ARC Resources Ltd.	Vanguard FTSE Emerging Mkts ETF	Cineplex Inc.	Identification of Assets		Part I: Transactions	Reporting Individual's Name Rice, Susan E
								X	×	×	×	×	×	×	×	Purchase Sale	Transaction Type (x)		SCHEDULE B contine (Use only if needed)
	A SAS		70.75				711		/ \		,	73			7	Exchange	ction (x)		la Ei
t with ye								10/28/14	10/28/14	10/28/14	10/28/14	10/28/14	10/28/14	10/30/14	06/10/14	Date (Mo., Day, Yr.)			ued
																\$1,001 - \$15,000			
	<u> </u>	<u> </u>							X	X		X	X		X	\$15,001 - \$50,000			
		1.45	3.5								X				i,	\$50,001 - \$100,000			
				$\overline{}$				X								\$100,001 - \$250,000	۸r		
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									10 (10 f) 10 (10 f)					X		\$250,001 - \$500,000	Amount		
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												1.2		X		\$500,001 - \$1,000,000 Over \$1,000,000*	of		17 20 60 7
	No. 1				1									X		\$500,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000	of Transaction		rage Number 14
					1							A A		X		\$500,001 - \$1,000,000 Over \$1,000,000* \$1,000,000 \$5,000,000 \$5,000,001 - \$25,000,001 \$50,000,000	of		14 of 17
					1											\$500,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 \$5,000,001 - \$5,000,001 \$25,000,001 -	of Transaction		약 [™]

5 C.F.R. Part 2634 U.S. Office of Government Ethics]					
Reporting Individual's Name Rice, Susan E	S	SCHEDULE C	LE C							Page Number	15	5 of 17	7	
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None X		-			Caregory of Amount or Value (x)	of Ar	noint o	or Valu	ie (x)			
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	automobiles, nousehold furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.		Interest Te	Term if	0,001 - 5,000 5,001 -	0,000 0,001 - 00,000	00,001- 50,000	50,001 - 00,000	00,001 - ,000,000	ver ,000,000*		,000,001 - 5,000,000	5,000,001 - 60,000,000	er 0,000,000
Creditors (Name and Address)	Type of Liability	Incurred I		ble	\$1 \$1	\$5	\$1 \$2	\$5	\$1	\$1	\$5	\$2	\$5	
Examples First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991		25 yrs.	+	 _×	1				Ļ	 		1
John Jones, Washington, DC	Promissory note	1999	10% on	on demand				*						
2														
3											N			
4											JA 1853.02			
on.								MAN SW	1810					Visit 1
*This category applies only if the liability is so with the 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 liab	ility is that	of the filer	Q.	a joint liability of the filer	lity of 1	he file						·
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 framer employer (including severance payments): (3) leaves	or Arrangements nents for: (1) continuing participation in an ,401k, deferred compensation); (2) continua- for (including severance nayments): (3) leaves	of absence	of absence; and (4) future employment. See instructions regaing of negotiations for any of these arrangements or benefits	uture er or any o	re employment. See instructions regarding the report- ny of these arrangements or benefits. Non	ent. Se arrang	e inst	cuctions or b	ns reg enefit	ardin s.	ıg the	e repo	ort- None	Ц
Status and Ter	Status and Terms of any Agreement or Arrangement						Parties	S					Date	lte
Example Pursuant to partnership agreement, w calculated on service performed throu	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	rtnership share		Doe Jones &	& Smith, Hometown, State	lometow	n, State						7/85	\$5
1 CONTINUING PARTICIPATION IN EMPLOYEE BEN FURTHER CONTRIBTIONS HAVE BEEN MADE BY	CONTINUING PARTICIPATION IN EMPLOYEE BENEFIT PLAN, TIAA-CREF. SINCE HER TERMINATION OF EMPLOYMENT, NO FURTHER CONTRIBTIONS HAVE BEEN MADE BY THE FILER OR THE EMPLOYER	OF EMPLOYMEN	 	BROOKINGS INSTITUTION	UTITSNI	NON		1					01/03)3
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Re	Reporting Individual's Name		COUTDINE		Page Number	
낊	Rice, Susan E		SCHEDULE D		16 of 17	f 17
П						
⊽ ਾਹ	Part I: Positions Held Outside U.S. Government	Jutside U.S. Gover		organization or educational institution. Exclude positions with religious,	with religious	ď.
sai tra	sated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of	of limited to those of an officer, desentative, employee, or consulta		social, fraternal, or political entities and those solely of an honorary nature.	nonorary	None
	Organization (Name and Address)	d'Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education		6/92	Present
Exa	Examples Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
1	RICE CAMERON FAMILY FOUNDATION		non-profit family foundation	Trustee	12/2008	Present
2						
ω						
4						
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Ų.	Part II: Compensation in Excess of \$5,000 Paid by One Sour	in Excess of \$5,00	00 Paid by One Source	Do not complete this part if you are an Incumbent, Termination Filer, or Vice	part if you ion Filer, o	are an r Vice
8 문 호 첫	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	ipensation received by you or you directly by you during any one names of clients and customers of business enterprise, or any other	. •	ayn rnn	lential Can You N	ididate. None 🔲
	Source (Name and Address)	Address)	Brie	Brief Description of Duties		
7	Doe Jones & Smith, Hometown, State		Legal services		 	
μ	Metro University (client of Doe Jones & Smith), Moneytown, State	ith), Moneytown, State	Legal services in connection with university construction	iction		
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