U.S. Office of Government Edncs

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)	(Check box if comme				
Agency Use Only						•
				٤ ي	n 4/11/11	"Timely tited on 4/11/14. ww
the preceding two calendar years and the current calendar year up to the date of filing.	Ò	(Check box if filing extension granted $\&$ indicate number of days				*
Schedule D-The reporting period is			side of this sheet)	ed, use the reverse	nal space is require	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
Schedule C, Part II (Agreements or Arrangements)-Show any agreements or arrangements as of the date of filing.					ŗ	Office of Government Ethics Use Only
calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	6/16/2016			R	John John Market	in compliance with applicable laws and regulations (subject to any comments in the box below)
Schedule C, Part I (Liabilities)-	Date (Month, Day, Tear)		Signature of Designated Agency Ethics Official/Reviewing Official	ghaled Agency Eu	Signature of Desi	Agency Ethics Official's Opinion On the basis of information contained in this report. I conclude that the filer is
within 31 days of the date of filing. Schedule B-Not applicable.	į		1	*	W.A	(If desired by agency)
year up to the date of filing. Value assets as of any date you choose that is	Date (Month, Day, Year)			r 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						made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Nominees, New Entrants and Candidates for President and Vice President	Date (Month, Day, Year)			rting Individual	Signature of Reporting Individual	Certification
of Schedule D is not applicable.		Yes			'n	Presidential Nominees Subject to Senate Confirmation
at the date of termination. Part II	te a Qualified Diversified Trust?	Do You Intend to Create a (Name of Congressional Committee Considering Nomination	ional Committee	Name of Congress	
Termination Filers: The reporting period begins at the end of the period						Government During the Preceding 12 Months (If Not Same as Above)
Schedule D is not applicable.			3	Title of Position(s) and Date(s) Held	Title of Position(s	Position(s) Held with the Federal
If 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	202-456-1414		1600 Pennsylvania Avenue NW, Washington DC 20502	/ania Avenue f	1600 Pennsylv	Location of Present Office (or forwarding address)
the preceding calendar year except Part	Telephone No. (Include Area Code)		e, and ZIP Code)	Address (Number, Street, City, State, and ZIP	Address (Number	
Reporting Periods Incumbents: The reporting period is		White House		rity Advisor	National Security Advisor	Position for Which Filing
shall be subject to a \$200 fee.	(If Applicable)	Department or Agency (If A			Title of Position	
granted, more than 30 days after the last day of the filing extension period,		Susan, E			Rice	Reporting Individual's Name
to be filed, or, if an extension is		First Name and Middle Initial			Last Name	
this report and does so more than 30 days after the date the report is required		Candidate	2015		Boxes)	07/01/2013
Fee for Late Filing Any individual who is required to file	Termination Termination Date (If Appli- Filer cable) (Month, Day, Year)	New Entrant, Nomince, or	Calendar Year Covered by Report	Incumbent	Reporting Status (Check Appropriate	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)

OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

For yourself, also report the source and actual amount of carned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate, Examples actual acount of any honoraria over \$200 of income of more than \$1,000 (except report the with such income. For you, your spouse, and dependent children, Rice, Susan Reporting Individual's Name your spouse). production of income which had a fair market report each asset held for investment or the BANK OF NOVA SCOTIA COMMON BROOKFIELD ASSET MGT CLASS A LTD CANADIAN IMPERIAL BANK COMMERCE SPDR DOW JONES INDLETF UT ERR 1 None his category applies only if the asset/income is solely that of the filer's spouse or dependent children. IMPERIAL OIL LTD COMMON COMMON ISHARES MSCE EAFE Doe Jones & Smith, Hometown, State Central Airlines Common Kempstone Equity Fund IRA: Heartland 500 Index Fund Assets and Income BLOCK A ETF None (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$50,000 at close of reporting period Valuation of Assets \$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 SCHEDULE **Excepted Investment Fund** × × If the asset/income is either that of the filer or jointly held **Excepted Trust** Qualified Trust **Dividends** no other entry is needed in Block C for that item. Income: type and amount. If "None (or less than \$201)" is checked × × × × × × Rent and Royalties Type Interest Capital Gains None (or less than \$201) S201 - S1,000 \$1,001 - \$2,500 × \$2,501 - \$5,000 × \$5,001 - \$15,000 × × \$15,001 - \$50,000 × × \$50,001 - \$100,000 BLOCK C Amount \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 Over \$5,000,000 1000 Of 15 allocati Law Partnership rage Number (Specify Amount Type & Income Other N (Mo., Dav. Yr.) Only if Honoraria Date !

5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

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5 C.F.R. Part 2634 U.S. Office of Government Ethics

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Reporting Individual's Name	Assets and Income	BLOCK A		SPDR DOW JONES INDLETF UT SER 1	ENCANA CORPORATION COMMON	TRANSCANADA CORPORATION	BANK OF MONTREAL COMMON	BANK OF COMMERCE COMMON	BANK OF NOVA SCOTIA COMMON	BROOKFIELD ASSET MANAGEMENT CLASS A LTD VTG	GREAT WEST LIFECO COMMON	IMPERIAL OIL COMMON
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Page Number	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., Dav. Yr.) Only if Honoraria						i.			

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Rice, Susan 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 ROYAL TRUST CORP OF CANADA CON SPDR S&P 500 ETF TR UNITS ER 1 S&P VANGUARD FTSE EMERGING **CDN PACIFIC RAILWAY COMMON ROYAL BANK CDA COMMON ENBRIDGE INC COMMON** ISHARES MSC EAFE ETF **CENOVUS ENERGY COMMON** MARKETS ETF TORONTO DOMINION BANK COMMON **Assets and Income** BLOCK A None (or less than \$1,001) \$1,001 - \$15,000 \$15,001 - \$50,000 at close of reporting period Valuation of Assets \$50,001 - \$100,000 \$100,001 - \$250,000 × × BLOCK B \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) × × × **Excepted Investment Fund Excepted Trust** Qualified Trust no other entry is needed in Block C for that item. Dividends × × × × × × × × Income: type and amount. If "None (or less than \$201)" is checked Rent and Royalties Type × Interest Capital Gains None (or less than \$201) \$201 - \$1,000 S1,001 - S2,500 × \$2,501 - \$5,000 × \$5,001 - \$15,000 × × × × × × × \$15,001 - \$50,000 \$50,001 - \$100,000 BLOCK C Amount \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 Over \$5,000,000 Page Number Other Income (Specify Type & Actual Amount) S Date
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Reporting Individual's Name Rice, Susan		S	SCHEDULE A cont (Use only if needed)	A continued f needed)		ů.		6
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MCGRAW HILL FINANCIAL INC (dc)	×			×	×			
WALT DISNEY CO (dc)	×			×	×			
VANGUARD TOTAL STOCK MKT ETF (dc)	×			×	×			
9 UBS BANK USA DEP ACCT	×			×	×			

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5 C.F.R. Parl 2634
U.S. Office of Government Ethics

Rice, Susan Reporting Individual's Name by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate 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 follow) **BROOKINGS INSTITUTION DC** CREF GLOBAL EQUITIES CREF GROWTH CREF STOCK RETIREMENT PLAN (underlying assets EQUITY POOL SERIES O RBC PRIVATE CANADIAN MID CAP ISHARES S&P/TSX 60 INDEX ETF CREF SOCIAL CHOICE **CREF BOND MARKET** TIAA REAL ESTATE **Assets and Income** BLOCK A None (or less than \$1,001) \$1,001 - \$15,000 × × × × × \$15,001 - \$50,000 × × at close of reporting period Valuation of Assets \$50,001 - \$100,000 × \$100,001 - \$250,000 BLOCK B \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) × × × × × × × × **Excepted Investment Fund Excepted Trust** Qualified Trust Dividends no other entry is needed in Block C for that item. Income: type and amount. If "None (or less than \$201)" is checked × × 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 BLOCK C Amount \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 Over \$5,000,000 Page Number Other Income (Specify Type & Actual Amount) 9 Date (Mo., Dav. Yr.) Only if Honoraria

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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

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

Reporting Individual's Name Rice, Susan * 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 I: Transactions 4 13 = 6 ᇙ ដ ö 9 6 O 4 ω B N RBC PRIVATE CANADIAN MID CAP EQUITY POOL SERIES O RBC INTERNATIONAL EQUITY FUND SR O **RBC PRIVATE INCOME POOL SERIES O** ISHARES S&P/TSX 60 **ISHARES RUSSELL 1000 ETF RBC US MID CAP EQUITY FUND SERIES O RBC INTERNATIONAL EQUITY FUND SR O** ISHARES S&P/TSX 60 INDEX ETF ISHARES S&P/TSX 60 INDEX ETF **ISHARES RUSSELL 1000 ETF** dentification of Assets SCHEDULE B continued × × × × × × × Purchase (Use only if needed) Transaction Type (x) × × × Sale Exchange 3/11/2015 3/11/2015 3/11/2015 12/28/2015 12/29/2015 12/29/2015 12/29/2015 Date (Mo., Day, 3/11/15 12/24/15 12/24/15 3 \$1,001 -× × × \$15,000 \$15,001 -× \$50,000 \$50,001 -× × × \$100,000 \$100,001 -× × \$250,000 \$250,001 -Amount of Transaction \$500,000 \$500,001 -\$1,000,000 Over Page Number \$1,000,000* \$1,000,001 -Ē \$5,000,000 \$5,000,001 -\$25,000,000 \$25,000,001 -\$50,000,000 Over \$50,000,000 Certificate of divestiture

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Reporting Individual's Name

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171					CONTINUING PARTICIPATION IN EMPLOYEE BENEFIT PLAN, TIAA-CREF. SINCE HER TERMINATION OF EMPLOYMENT, NO FURTHER CONTRIBUTIONS HAVE BEEN MADE BY THE FILER OR THE EMPLOYER	Example		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	Dort II. Agreements or Arrengents as appropriate	* 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								by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your	Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period	Part I: Liabilities	Rice, Susan	Reporting Individual's Name
					YMEN	Pursu		agreem nefit pl y a for	A G	ory app						John Jones, Washington, DC	Cre	spouse ghest a iod. E	ities ov ny time	Liab	3	vidual's
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					SHAV	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	particip sation); nents);	fe	te filer						Promi		fumit certai See ii	perso loans			
55					E BEE	paymen	пу Адго	pation i (2) cor (3) leav	01163, 0	s spous						Promissory note		n relati nstructi	nal resi secure			
					N MA	t of cap	ement o	n an ntinuat	a alpha c	c or de						Promissory note		furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts	personal residence unless it is rented out; loans secured by automobiles, household			
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								of absence; and (4) future employment. See instructions of negotiations for any of these arrangements or benefits.		joint liability of the filer						on demand	applicable	Term if	×			
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Report Rice,	Reporting Individual's Name Rice, Susan		SCHEDULE D		Page Number	
Par Repor	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, displayed or not performed by the compensation of the compensat	le U.S. Government reporting period, whether not limited to those of an officer,	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.	ip, or other business enterprise or any ion. Exclude positions with religious, solely of an honorary nature		
					LAOILC	IF
	Organization (Name and Address)	and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Nat'l Assn. of Rock Collectors, NY, N'	K	Non-profit education	President	7/85	Present 1/00
<u>۔</u> ک	RICE CAMERON FAMILY FOUNDATION	NO	NON PROFIT FAMILY FOUNDATION	TRUSTEE	12/2008	PRESENT
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Par	t II: Compensation in Ex	Part II: Compensation in Excess of \$5,000 Paid by One Source	le Source	Do not complete this part if you are an	is part if you a	re an
Report busing the recorporate	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	ion received by you or your ly by you during any one year of if clients and customers of any s enterprise, or any other	non-profit organization when 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	incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. Bource. None	nation Filer, or sidential Candio	Vice idate.
	Source (Name and Address)	d Address)		Brief Description of Duties		
Examples	Doc Jones & Smith, H Metro University (clie	Smith), Moneytown, State	Legal services in connection with university construction	struction		
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