

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		12/28/2014		Reporting Status (Check Appropriate Boxes)		<input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate		Calendar Year Covered by Report		2015		Termination Date (If Applicable)		Termination Filer <input type="checkbox"/> Termination Date (Month, Day, Year)					
Reporting Individual's Name				Rodriguez				First Name and Middle Initial				Julie							
Position for Which Filing				SAP and Senior Deputy Director of Public Engagement				Department or Agency (If Applicable)				EOP							
Location of Present Office (or forwarding address)				Address (Number, Street, City, State, and ZIP Code)				The White House, 1600 Pennsylvania Avenue NW, Washington, DC 20502				Telephone No. (Include Area Code)				202-456-2085			
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				Name of Congressional Committee Considering Nomination				Do You Intend to Create a Qualified Diversified Trust?							
Presidential Nominees Subject to Senate Confirmation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Signature of Reporting Individual				Date (Month, Day, Year)				3.14.16							
Certification 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 of Other Reviewer				Date (Month, Day, Year)				5/16/16							
Other Review (if desired by agency)				Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)				5/16/16							
Agency Ethics Official's Opinion 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				Date (Month, Day, Year)											
Office of Government Ethics Use Only				Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)				(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"/>							
Schedule A--The reporting period for income (BLOCK C) 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.				Schedule B--Not applicable.				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.				Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.							
Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.				Agency Use Only				OGE Use Only											

Reporting Individual's Name  
 Rodriguez, Julie C

**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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria									
BLOCK A		BLOCK B										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	Type			Amount												
																	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			X																												
	Doe Jones & Smith, Hometown, State				X																											
	Kempstone Equity Fund					X																										
	IRA: Heartland 500 Index Fund						X																									
1																																
2																																
3																																
4																																
5																																
6																																

\* 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.

Law Partnership  
 Income \$130,000



Reporting Individual's Name  
 Rodriguez, Julie C

**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.

None

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)											
						\$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	
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991-1999	8%	2.5 yrs. on demand			X									
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	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			

Reporting Individual's Name  
 Rodriguez, Julie C

**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.)
1	Natl. Assn. of Rock Collectors, NY, NY Doe, Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.  
 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. None

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