

Executive Branch Personnel Public Financial Disclosure Report

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 07/27/2014 | Reporting Status (Check Appropriate boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate | Calendar Year Covered by Report 2014 | Termination Piler <input type="checkbox"/> | Termination Date (If Applicable) (Month, Day, Year) | 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. |
| Reporting Individual's Name Last Name: Rodriguez First Name and Middle Initial: Roberto J. | | | | | |
| Position for Which Filing Title of Position: Deputy Assistant to the President Department or Agency (If Applicable): Domestic Policy Council, EOP | | | | | |
| Location of Present Office (or forwarding address) Address (Number, Street, City, State, and ZIP Code): 1600 Pennsylvania Ave NW, Washington DC 202-456-1414 | | | | | |
| Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) Special Assistant to the President, 2/2009-7/2014 | | | | | |
| Presidential Nominees Subject to Senate Confirmation Name of Congressional Committee Considering Nomination: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | |
| 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 Reporting Individual Date (Month, Day, Year): 4/29/2015 | | | | | |
| Signature of Other Reviewer | | | | | |
| Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year): 5/22/2015 | | | | | |
| 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). | | | | | |
| 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"/> | | | | | |
| Agency Use Only | | | | | |
| OGE Use Only | | | | | |

SCHEDULE A

Reporting Individual's Name
Rodriguez, Roberto J.

| Assets and Income | BLOCK B Valuation of Assets at close of reporting period | | | | | | | | | | BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. | | | | | | | | | | | | |
|----------------------------------------------------------------|----------------------------------------------------------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|------------------------------|-------------------|---------------------------|------------------|------------------------------------------------------------|
| | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | Over \$25,000,000 | 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 | Over \$100,001 - \$1,000,000 | Over \$1,000,000* | \$1,000,001 - \$5,000,000 | Over \$5,000,000 | Other Income (Specify Type & Actual Amount) |
| None <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| Examples | | | | | | | | | | | | | | | | | | | | | | | |
| Central Airlines Common | | | | | | | | | | | | | | | | | | | | | | | |
| Doe Jones & Smith, Hometown, State | | | | | | | | | | | | | | | | | | | | | | | |
| Kempstone Equity Fund | | | | | | | | | | | | | | | | | | | | | | | |
| IRA: Heartland 500 Index Fund | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Bank of America (personal savings) | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Sun Life Financial (whole life) (personal life insurance) | | | | | | | | | | | | | | | | | | | | | | | |
| 3 (S) National Education Association | | | | | | | | | | | | | | | | | | | | | | | |
| 4 (S) 401k: Vanguard European Stock Index Fund | | | | | | | | | | | | | | | | | | | | | | | |
| 5 (S) 401k: Vanguard Small-Cap Index Fund | | | | | | | | | | | | | | | | | | | | | | | |
| 6 (S) 401k: Vanguard Explorer Fund | | | | | | | | | | | | | | | | | | | | | | | |

* 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
 Rodriguez, Roberto J.

SCHEDULE A continued

(Use only if needed)

Page Number

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| Assets and Income | BLOCK B Valuation of Assets at close of reporting period | | | | | | | | | | | | BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. | | | | | | | | | | | | |
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| | BLOCK B Valuation of Assets at close of reporting period | | | | | | | | | | | | BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. | | | | | | | | | | | | |
| | BLOCK B Valuation of Assets at close of reporting period | | | | | | | | | | | | BLOCK C 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 | 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* | Over \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | Over \$50,000,000 | 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 | Over \$100,001 - \$1,000,000 | Over \$1,000,001 - \$5,000,000 | Over \$5,000,000 | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | |
| 1 (S) 401k: Vanguard U.S. Growth Investor Fund | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 (S) 401k: Vanguard High-Yield Corp Fund | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 403(b): Lincoln Variable Del Foundation Aggressive | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 403(b): Lincoln Blackrock Equity Dividend | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 403(b): Lincoln Variable Del Growth and Income | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 (S) IRA: Valic Fixed Account (money market acct) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 (S) IRA: Valic Stock Index Fund | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 (S) IRA: Valic Science and Technology Variable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 (S) Minnesota Life Advantus Index 400 MidCap (variable annuity) | | | | | | | | | | | | | | | | | | | | | | | | | |

* 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
Rodriguez, Roberto J.

SCHEDULE A continued

(Use only if needed)

| BLOCK A Assets and Income | BLOCK B Valuation of Assets at close of reporting period | | BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. | |
|------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| | Type | Amount | Type | Amount |
| 1 (S) Minnesota Life Adventus Index 500 (variable annuity) | <input type="checkbox"/> | None (or less than \$1,001) | <input checked="" type="checkbox"/> | None (or less than \$201) |
| | <input type="checkbox"/> | \$1,001 - \$15,000 | <input type="checkbox"/> | \$1,001 - \$2,500 |
| | <input checked="" type="checkbox"/> | \$15,001 - \$50,000 | <input type="checkbox"/> | \$2,501 - \$5,000 |
| | <input type="checkbox"/> | \$50,001 - \$100,000 | <input type="checkbox"/> | \$5,001 - \$15,000 |
| | <input type="checkbox"/> | \$100,001 - \$250,000 | <input type="checkbox"/> | \$15,001 - \$50,000 |
| | <input type="checkbox"/> | \$250,001 - \$500,000 | <input type="checkbox"/> | \$50,001 - \$100,000 |
| | <input type="checkbox"/> | \$500,001 - \$1,000,000 | <input type="checkbox"/> | \$100,001 - \$1,000,000 |
| | <input type="checkbox"/> | Over \$1,000,000* | <input type="checkbox"/> | \$1,000,001 - \$5,000,000* |
| | <input type="checkbox"/> | \$1,000,001 - \$5,000,000 | <input type="checkbox"/> | Over \$1,000,000* |
| | <input type="checkbox"/> | \$5,000,001 - \$25,000,000 | <input type="checkbox"/> | Over \$5,000,000 |
| | <input type="checkbox"/> | \$25,000,001 - \$50,000,000 | | |
| | Over \$50,000,000 | | | |
| | Excepted Investment Fund | <input checked="" type="checkbox"/> | | |
| | Excepted Trust | | | |
| | Qualified Trust | | | |
| | Dividends | | | |
| | Rent and Royalties | | | |
| | Interest | | | |
| | Capital Gains | | | |
| | | | Other Income (Specify Type & Actual Amount) | |
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* 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

SCHEDULE B

Reporting Individual's Name
Rodriguez, Roberto J.

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

Identification of Assets

Example Central Airlines Common

| Transaction Type (x) | Date (Mo., Day, 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 | |
| Purchase | 2/1/99 | | | | | | | | | | | | | |
| Exchange | | | | | | | | | | | | | | |
| Sale | | | | | | | | | | | | | | |
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*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 \$550. 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

| Source (Name and Address) | Brief Description | Value |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Examples Nat'l 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 |
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

SCHEDULE B continued
(Use only if needed)

Reporting Individual's Name
Rodriguez, Roberto J.

Part I: Transactions

| | Identification of Assets | Transaction Type (x) | | | Date (Mo., Day, Yr.) | Amount of Transaction (x) | | | | | | | | | | | | | |
|----|--------------------------|----------------------|------|----------|----------------------------|---------------------------|------------------------|-------------------------|--------------------------|--------------------------|----------------------------|----------------------|------------------------------|-------------------------------|--------------------------------|----------------------|-------------------------------|--|--|
| | | Purchase | Sale | Exchange | | \$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 | | |
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*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.

Reporting Individual's Name
 Rodriguez, Roberto J.

Page Number

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SCHEDULE C

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 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$10,000,000 | \$10,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | \$50,000,001 - \$75,000,000 | \$75,000,001 - \$100,000,000 | Over \$100,000,000 | | |
| | First District Bank, Washington, DC John Jones, Washington, DC | Mortgage on rental property, Delaware Promissory note | 1991 1999 | 8% 10% | 25 yrs. on demand | | x | | | | | | | | | | | | | |
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*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. | Dot Jones & Smith, Hometown, State | 7/85 |
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SCHEDULE D

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.) | |
|----------|-----------------------------------------------------------------------------|----------------------------------|----------------------|-------------------------------|---------|
| | | | | 6/92 | Present |
| | Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State | Non-profit education Law firm | President Partner | 7/85 | 1/00 |
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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. None

| Examples | Source (Name and Address) | Brief Description of Duties |
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