Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: ONB No. 3209 - 0001

Third Annalatement Franklines fileding							
02/17/2009	Status (Check Appropriate Boxes)	X	Covered by Report	Nominee, or Candidate	Filer	cable)(North, Dey: Year)	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days
Reporting	Last Name			First Name and Hiddle Initial	iddle initial		after the date the report is required to be
l's Name	Rodriguez		X	Roberto J.			than 30 days after the last day of the filing extension period, shall be subject
	Title of Pasition			Department or Agency (If Appl.	ency (If Appl	(cable)	to a \$200 fee.
Piling Piling	Deputy Assistant to the President	the President		Domestic Policy Council, EOP	auncil, EOP		Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)	Street, City, Str	re, and ZIP Code)		Telephone No.	o. (Include Area Code)	the preceding calendar year except Part
Present Office (or forwarding address)	1600 Pennshyania Ave NW, Washington DC	Ave NW, Wash	Inglon DC		202-456-1414		where you must also include the filing year up to the date you file, fart it of
Position(s) Held with the Federal Government During the Preceding 12 Nonths (II Not Same as Above)	Title of Position(s) and Date(s) Held	and Date(s) Hu	ā				Schedule D is not applicable. Termination Filers: The reporting period begins at the end of the period
							at the date of termination. Part II of
Presidential Nominees Subject	Name of Congression	onal Committee	Name of Congressional Committee Considering Nomination	tion Do You Intend to C	Treate a Qualif	Do You Intend to Create a Qualified Diversified Trust?	Schedule D is not applicable,
_	Not Applicable			☐ Yes		ठ	Nominees, New Entrants and
Ш	Signature of Reporting Individual	ing Individual			Date (Mont	th, Day, Year)	Vice President:
TLEKT ITY (TAX the STATEMENTS Thave made on this forms and all attached schedules are true, complete and correct to the best of my knowledge.					14	14/16	Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year and of films. Value assets year in to the date of films.
OtherReview	Signature of Other Reviewer	Reviewer			Date (Mont	Date (Month, Day; Year)	as of any date you choose that is within 31 days of the date of filing.
agency)	of the same of the	1			6/1	5116	Schedule B-Not applicable.
Agency Ethics Official's Opinion	Signature of Design	ialed Agency E	Signature of Designated Agency Ethics Official/Reviewing Official	ng Official	Date (Mont	Date (Month. Day, Year)	Schedule C. Part I (Liabilities)-The reporting period is the preceding calendar
On the basis of information rootained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	tone	M	,		6	15/2016	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	Signature				Date (Monti	th. Day: Year)	Schedule C, Part II (Agreements or
Use Only							arrangements as of the date of filing.
Comments of Reviewing Officials (If additional space is required, use the	f additional space is	required, use	the reverse side of this sheet)	is sheer)			the current calendar years and the current calendar years and
			(Check bax if filing	(Check bax if filing extension granted & indicate number of	cate number o	(days ——)	of Aling.
							Agency Use Only
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효극	(S) IRA: Vanguard Explorer Fund	(S) IRA: Vanguard Small-Cep Index Fund	(S) IRA: Vanguard European Stock Index Fund	(S) National Education Association	Sun Life Financial (whole life) (personal life insurance)	Bank of America (personal savings)			Examples		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. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the source but not the amount of earned actual amount of any honoraria over \$200 of your spouse).	် ရှိ			Reporting Individual's Name Rodriguez, Roberto J.	
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate,	.≥	₹	₽.	Natio	Sun Life Financial (whoi (personal life insurance)	ě.		T 1	- 1	_	Doug of the control o	5			Jez, i	
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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

CO. CHIEF OF COLUMNS LAND																
Reporting individual's Name Rodriguez, Roberto J.	SCHEDULE	ULE B									Page Number 5	umb 5	으릭	<u>_</u>		
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None X				ľ										
real property, stocks, bonds, commodity	residence, or a transaction solely between you, your spouse, or dependent child.	Transaction Type (x)	3	П]	<u> </u> ≩	Amount of Transaction (x)	اجًا	阊		13	Į≛ Ì	11		
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.		Date Day, Yr.)	001 - 5,000	5,001 - 0,000),001 -)0,000	00,001 - 0,000	0,001 - 00,000	- 100,000	T	000,000*	000,000	000,001 -	.000,001 .000,000	,000,000	tificate of
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Part II: Gifts, Keimbursements,	ments, and Travel Expenses	S														
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	•	Governme d from related dent of their	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	by yo	ency our si	in c	onn	depc depc	onde	int c	Pig Pig			2 F		
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		total value from one for other exclusions.	total value from one source, exclude items worth \$140 or less. See instructions for other exclusions. None	<u> </u>	SELLIS	Word.	200	40 0	7 m	SS. S	ice i	nstr nstr	uctions None		X	
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U.S. Office of Government Ethics														
Reporting individual's Name Rodriguez, Roberto J.	SC	SCHEDULE C	EC							Page Number 7		2 2		
Part I: Liabilities	a mortgage on your personal residence	None X					7							
to any one creditor at any time	automobiles, household furniture	-		L			Catego	y of Ar	nount c	Category of Amount or Value (x)	e (x)			
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts			01.0	00 -		001- 000	001 - 000	0,000 0,000	0,000+	0,000	00,000	00,000	00,000
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Part II: Agreements or	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	or: (1) continuing participation in an k, deferred compensation); (2) continuation (2) reversing the severance payments); (3) leaves	of absence; and (4) future ing of negotiations for any	of absence; and (4) future ing of negotiations for any		employment. See instructions regarding the report- of these arrangements or benefits. Non	ent. Se	e instr ement	uction s or b	neflu Ses su	ardin _i s.	g the	repor	None	
Status and Te	Status and Terms of any Agreement or Arrangement						Parties					_	Date	
Example Pursuant to partnership agreement, to calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	rinership share	Doc.	Dae Janes & S	& Smith, Hometown, State	metow	ı, Sıate						7/85	
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