## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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OGE Use Only			
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Agency Use Only			
of filing.	ficate number of days)	(Check box if filing extension granted & indicate number of	·
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials
arrangements as of the date of filing.  Schedule DThe reporting period is			Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)	Signature	Office of Covernment Ethics
year and the tun rent carentar year up to any date you choose that is within 31 days of the date of filing.	\$/14/15	to the Marchael	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to are comments in the bax below).
reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	AgencyEthicsOfficial'sOpinion
Schedule B-Not applicable.  Schedule C. Part I (Liabilities)-The	5/14/15		(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Signature of Other Reviewer	OtherReview
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	3/17/15	ct	ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month, Day, Year)	Signature of Reporting Individual	Certification
Nominees, New Entrants and Candidates for President and	2	Not Applicable Yes	to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination	Presidential Nominees Subject
covered by your previous filing and ends at the date of termination. Part II of			
Termination Filers: The reporting period begins at the end of the period		Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414	1600 Pennsylvania Avenue, NW Washington, DC 20502	Present Office (or forwarding address)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is		SAP And Deputy Director of Intergovernmental Affairs White House	Position for Which Filing
to a \$200 iee.	gency (If Applicable)	Title of Position Department or Agency (If Applic	1
than 30 days after the last day of the filing extension period, shall be subject		Saenz Adrian	Individual's Name
filed, or, if an extension is granted, more	fiddle Initial	Last Name First Name and Middle Initial	
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (If Appli- Filer cable) (Month, Day, Year)	Ond Reporting Incumbent Calendar Year New Entrant, Status (Check Appropriate X Q Q / C Candidate	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 09/10/2013
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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.							IRA: Heartland 500 Index Fund	Kempstone Equity Fund	les Doe Jones & Smith, Hometown, State	Central Airlines Common	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 actual amount of any honoraria over \$200 of your spouse).	u, your spouse, and dependent childre	BLOCK A	Assets and Income		Adrian	Reporting Individual's Name
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Income (Specify Type & Actual Amount)	Other	ed  3 of 7  type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item.	a Niimher
(Mo., Day, Yr.) Only if Honoraria	Date	7 )1)" is	

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

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ő z	Reporting Individual's Name Saenz, Adrian	SCHEDULE	ULE	B								g	Page Number 4	umbe	of 7	•		
<b>177</b>	Part I: Transactions		_									-						
<del></del>	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												:			L
≠ C.	children during the reporting period of any real property, stocks, bonds, commodity	residence, or a transaction solely between you, your spouse, or dependent child.	Trans Typ	Transaction Type (x)			1	700	<b></b>  ≥	nour	of.	Trai	Amount of Transaction		(3)	2.22	1	
на т	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.	rchase	change	Date (Mo., Day, Yr.)	,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001 - 50,000	50,001 - 00,000	00,001 -	,000,000 er	,000,000*	,000,000 ,000,001 -	5,000,000 5,000,001 5,000,000	er 0,000,000	rtificate of	estiture/
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T	Part II: Gifts, Reimbursements, and Travel 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	Expe	S. Gove d from ident o	rnment; relative f their raidence.	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	our ag by yo to yo	genc our s	f agg	conr se or vide	necti dep d as	on v end pend	vith ent sona	offic child l hos	ial t tota spita	ravel; lly lity at lity at			
	thou, and the value of (1) gins (such as angiote teems, teams) transportation, longing, 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 authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by	ж ary,	a from ident o ior's res ilue fro er excli	f their raidence. idence sm one susions.	received from relatives; received by your spouse or dependent clinic locally 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	to your post ide it	u; oi ies o iems	pro f agg wor	vide th \$	dep d as ating 140	pers giff grife or le	sona sona is to	il hos dete See i	pita pita rmii nstri	lity at lity at ne the uctions			
	Source (Name and Address)		Brie	Brief Description	tion										_	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/ Leather briefcase (personal friend)	l confere	nce 6/15	/99 (personal activity unrelated to duty)	activ	lity u	ırelat	ed to	duty	j	ļ		i		\$500	l l	
1	Western Governors' Association	Admission to WGA 2014 Annual Meeting													\$650	Ö		
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Reporting Individual's Name Saenz, Adrian	SCHEDULE B conti (Use only if needed)	ntii ded)	continued leeded)						Fe Fe	ಸ್ಟ್ರಿ	age Nun	Page Number 5 of	age Number 5 of 7
Part I: Transactions													
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	5		Δ	2		Example Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jone calculated on service performed through 1/00.	Status and Terms of any Agreement or Arrangement	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	Part II: Agreements or Arrangements	*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.	CT.	4	3		American Express, New York City, NY Revolving Charge Account 2007 15%	John Jones, Washington, DC Promissory note 1999 10%	<u> </u>	Creditors (Name and Address) Type of Liability Incurred Rate applicable	ou, or appliances; and liabilities owed to en. certain relatives listed in instructions. See instructions for revolving charge lude accounts.	keport habilities over \$10,000 owed unless it is rented out; loans secured by any one creditor at any time automobiles, household furniture	Part I: Liabilities a mortgage on your personal residence None	Saenz, Adrian SCHEDULE C		U.S. Office of Government Ethics
						sum paymen	ement or Ar	nuing part mpensatio rance payn	ement	filer's spou er categories					harge Accou	ote	rental proper	Type of	es; and liab tives listed ions for re-	ented out; househol	on your pe			
		-				t of capital account &	rangement	icipation in an n); (2) continua- nents); (3) leaves	[S	se or dependent ch s, as appropriate.					nt		ty, Delaware	Liability	silities owed to in instructions. volving charge	d furniture	rsonal residence			
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Reporting Individual's Name			-	Page Number	
Saenz, Adrian		SCHEDULE D		7 of 1	7
nost I: Docitions IIold O					
Part 1: Positions Held Outside U.S. Governmen Report any positions held during the applicable reporting period, whether compen- sated or not. Positions include but are not limited to those of an officer, director.	utside U.S. Government cable reporting period, whether compensited to those of an officer, director.	מכ	organization or educational institution. <b>Exclude</b> positions with religious social, fraternal, or political entities and those solely of an honorary	with religious, ionorary	
trustee, general partner, proprietor, representative, employee, or consultant of	sentative, employee, or consultan		CARCAGO CALOS CALOS COMPANY COMPANY	None	₹
any corporation, firm, partnersing, of other dusiness enterprise or any non-profit	er ousiness enterprise or any non				
Organization (Name and Address)	Address)	Type of Organization	Position Held	, Yr.)	To (Mo., Yr.)
Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, State	L	Law firm	Partner	7/85	1/00
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6					
Part II: Compensation i	in Excess of \$5,000 Paid	) Paid by One Source	Do not complete this part if you are an Incumbent. Termination Filer, or Vice	part if you a	re an Vice
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	ensation received by you or your lirectly by you during any one ye mes of clients and customers of a usiness enterprise, or any other		ayn	ential Candida You None	date.
Source (Name and Address)	idress)	Br	Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State  Motor University Client of Doe Jones & Smith) Monogram State	Monestrown State	Legal services  Legal services in connection with university construction	ruction		
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