Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

	ate number of days	(Check box if filing extension granted & indicate number of	(Check box if filing e	
		sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	mments of Reviewing Officials (If a
				Use Only
	Month, Day,		Signature	nt Ethics
	82 12 N		hex !! A	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).
Schedule B-Not applicable	Date (Month, Day, Year)		Signature of Designated Agency Ethics Official/Reviewing Official	<u>L</u>
The second second		BCP 3/4/5		agency)
	Date (Month, Day, Year)		Signature of Other Reviewer	Other Review (If desired by
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	03.02-1			TACK IT? that the statements in ave made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
	Date (Month, Day, Year)		Signature of Reporting Individual	Ш
Nominees, New Entrants and	B	Yes	Not Applicable	to Senate Confirmation No
	Do You Intend to Create a Qualified Diversified Trust?	-	Name of Congressional Committee Considering Nomination	Subject
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends				Tositionis) neid with the receding Government During the Preceding 12 Months (If Not Same as Above)
Schedule D is not applicable.			Title of Position(s) and Date(s) Held	
where you must	202-456-1414		1600 Pennsylvania Ave. NW Washingtin, DC 20502	lce
(Include Area Code) It of Schedule C and Part I of Schedule D	Telephone No. (Includ		Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is		OHM	Special Assistant to the President, Director Visitors Office	Filing St
to a \$200 fee.	ency (If Applicable)	Department or Agency (If Appli	Title of Position	For Without
S than 30 days after the last day of the filing extension period, shall be subject		TIII	Schafer	l's Name
after the date the report is required to be filed, or, if an extension is granted, more	idle Initial	First Name and Middle Initial	Last Name	Reporting
	THE STATE OF THE S	Candidate	propriate 2014 2014	
Fee for Late Filing	ination]	ibent Calendar Year Covered by Renort	Date of Appointment, Candidacy, Election, R. or Nomination (Month, Day, Year)

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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/incoby the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	State Farm Universal Life Insurance	Triesco Properties,LLC (Commercial rental property in Bismarck, North Dakota)	Rental Property - 615 Detroit Street, San Francisco, CA	White House Credit Union - Checking Account	SF Credit Union - Savings Account	SF Credit Union - Checking Account	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	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).	For you, your spouse, and dependent children,	BLOCK A	Assets and Income		Reporting Individual's Name Chafer, Ellie S	The second secon
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U.S. Office of Government Ethics															
Reporting Individual's Name Schafer, Ellie S	SCHEDULE B	ULE B								Pag	Page Number		♣		
Part I: Transactions	Do not report a transaction involving	None X													
by you, your spouse, or dependent children during the reporting period of any		Transaction Type (x)	ion				A	Amount of	t of T	Transaction	action	n (x)			
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.	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	erchase lle		Date (Mo., Day, Yr.)	,001 - 5,000 5,001 -	0,000 0,001 -	00,000 00,001 - 50,000	50,000 50,001 - 00,000	500,001 - 1,000,000	er ,000,000*	,000,001 - ,000,000	5,000,001 - 25,000,000	5,000,001 - 0,000,000	/er 60,000,000	ertificate of vestiture
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Part II: Gifts, Reimburs	Part II: Gifts, Reimbursements, and Travel Expenses	S													
for you, your spouse and dependent children, report the source, a brief description and the value of (1) offic (such as tanoihle items transportation lodging	ĭ	the U.S. Government; given to your agency in connection with official traverses of dependent child totally		given to your agency in connection with official travel;	r agei	icy in	con	nectic	on w	ith o	Eld t	al tra	vel;		

tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$335 and (2) travel-related cash reimbursements received from one source totaling more than \$335. 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 travel-related gifts and travel-related travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

Examples

Frank Jones, San Francisco, CA Nat'l Assn. of Rock Collectors, NY, NY Source (Name and Address)

Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)
Leather briefcase (personal friend)

Brief Description

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 \$134 or less. See instructions for other exclusions.

None	•	

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Value \$500 \$350

U.S. Office of Government Ethics						
Reporting Individual's Name	23	יוורחווו			Page Number	
Schafer, Ellie S	30	SCHEDULE			6 of	4
Part I: Liabilities	a mortgage on your personal residence	None				
Report liabilities over \$10,000 owed	unless it is rented out; loans secured by	[Category of Amount or Value	nt or Value (x)	
during the reporting period by you,	or appliances; and liabilities owed to				- 0	0 9 (4
Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions. See instructions for revolving charge accounts.			0,001 - 0,000 - 0,001 - 0,000 - 0,001 - 0,000 - 0,001 - 0,000 - 0,001 - 0,000 - 0,001 - 0,000 - 0,0	er 000,000 000,001 000,000 000,001 5,000,00	5,000,00 0,000,00 er 0,000,00
Creditors (Name and Address)	Type of Liability	Incurred Rate	esc	\$10 \$13 \$15 \$50 \$10 \$23 \$50 \$50 \$50	Ov \$1, \$1, \$5, \$5,	\$50 Ov
ļ	Mortgage on rental property, Delaware	1991	8% 25 yrs.			
Examples John Jones, Washington, DC	Promissory note	1999 1	10% on demand	×		
1 Bismarck National Bank	Mortgage Triesco Properties, LLC, North Dakota	2011 5.	5.65% ^{30 yrs}	X		
NYCB Mortgage Company	Mortgage on rental property, San Francisco, CA	2011 4	4.5% 30 yrs	×		
3 Sterling Bank and Trust	Line of Credit on rental property, San Francisco, CA	2011 5.	5.25% ^{30 yrs}	X		
4						
6						37 V. 37 V. 27 V.
*This category applies only if the liability is swith the spouse or dependent children, mark	*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.	en. If the liabili	ity is that of the	ller or a joint liability of the filer		
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	for: (1) continuing participation in an k, deferred compensation); (2) continuacluding severance payments); (3) leaves	of absence; ing of nego	and (4) future tiations for any	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non-	rding the rep	None X
Status and Te	Status and Terms of any Agreement or Arrangement			Parties		Date
Example Pursuant to partnership agreement, v	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	rtnership share	Doe Jones	s & Smith, Hometown, State		7/85
} →				Tarabaya Maria		
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~			t organization or educational institution. social, fraternal, or political entities and nature. Type of Organization President	Light	nt en-
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	ner business enterprise or any non-profit	Type of Organization	Type of Organization President	Type of Organization President	Type of Organization President Partner

Part II: Compensation in Excess of \$5,000 Paid by

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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

One Source

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

non-profit organization when Presidential or President 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 ___

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