
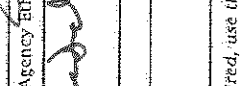


Executive Branch Personnel Public Financial Disclosure Report

| | | | | | |
|---|--|--|---|--|---|
| Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 05/20/2013 | | Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate | Termination Date (If Applicable) (Month, Day, Year) | Termination Filer <input type="checkbox"/> | 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 Schultz | | Calendar Year Covered by Report 2014 | First Name and Middle Initial EHC | | Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable. Nominees, New Entrants and Candidates for President and Vice President: 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 as of 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. |
| Position for Which Filing Principal Deputy Press Secretary | | Department or Agency (If Applicable) White House | Telephone No. (include Area Code) 2024561414 | | |
| Location of Present Office (or forwarding address) 1800 Pennsylvania Avenue NW Washington DC 20502 | | Title of Position(s) and Date(s) Held | | | |
| Positions Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) | | Name of Congressional Committee Considering Nomination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Presidential Nominee Subject to Senate Confirmation | | 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  | | | |
| Other Review (If desired by agency) | | Signature of Designated Agency Ethics Official/Reviewing Official  | | | |
| 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). | | Date (Month, Day, Year) 6/12/15 | | | |
| Office of Government Ethics Use Only | | Date (Month, Day, Year) 6/15/15 | | | |
| Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet) | | Date (Month, Day, Year) | | | |
| | | (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

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.

BLOCK A

BLOCK B

BLOCK C

For you, your spouse, and dependent children, 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).

None

| Examples | 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. | | | | | | | | | | Date (Mo., Day, Yr.) Only if Honoraria |
|-------------------------------------|--|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|--|-------------------|---------------------------|-----------|--------------------|----------|---------------|--------|---|--|---|
| | 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 | None (or less than \$201) | Dividends | Rent and Royalties | Interest | Capital Gains | Amount | Other Income (Specify Type & Actual Amount) | | |
| Central Airlines Common | | | | | | | | | | | | | | | | | | | | | |
| Doc. Jones & Smith, Hometown, State | | | | | | | | | | | | | | | | | | | | | |
| Kempstone Equity Fund | | | | | | | | | | | | | | | | | | | | | |
| IRA: Heartland 500 Index Fund | | | | | | | | | | | | | | | | | | | | | |
| 1. Bank of America Savings Account | | | | | | | | | | | | | | | | | | | | | |
| 2. First Trust Small Cap Core ETF | | | | | | | | | | | | | | | | | | | | | |
| 3. Artisan Midcap Value Inv (ARTQX) | | | | | | | | | | | | | | | | | | | | | |
| 4. Aston Silvercrest Small Cap I | | | | | | | | | | | | | | | | | | | | | |
| 5. Baron Growth Institutional | | | | | | | | | | | | | | | | | | | | | |
| 6. FIRST EAGLE OVERSEAS I (PNRCX) | | | | | | | | | | | | | | | | | | | | | |

* 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
 SCHULTZ, ERIC H

SCHEDULE A continued
 (Use only if needed)

Page Number _____ of _____

| BLOCK A | BLOCK B | | | | | | | | | | | | BLOCK C | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-------------------|-------------------|--|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|---------------------------|------------------|-----------|--------------------|----------|---------------|---|--|--|--|--|--|--|--|--|--|
| | 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. | | | | | | | | | | | | | | | | | | | | | | | | |
| | Type | | | | | | | | | | | | Amount | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | 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 | \$100,001 - \$1,000,000 | Over \$1,000,000* | \$1,000,001 - \$5,000,000 | Over \$5,000,000 | Dividends | Rent and Royalties | Interest | Capital Gains | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | | | | | | | | |
| 1 | X | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* 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

Page Number _____ of _____

SCHEDULE B

Reporting Individual's Name
SCHULTZ, ERIC H

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

| 1 | 2 | 3 | 4 | 5 | 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 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | \$50,000,001 - \$250,000,000 | \$250,000,001 - \$500,000,000 | Over \$500,000,000 | Certificate of Divestiture | | | | | | | | |
| Example | Central Airlines Common | | | | Purchase | 2/1/99 | X | | | | | | | | | | | | | | | | | | | | |
| 1 | First Trust Small Cap Core ETF | | | | Purchase | 8/14/14 | X | | | | | | | | | | | | | | | | | | | | |
| 2 | Aston Silvercrest Small Cap I | | | | Purchase | 8/14/14 | X | | | | | | | | | | | | | | | | | | | | |
| 3 | WASATCH INTL GRW FD | | | | Purchase | 1/31/14 | X | | | | | | | | | | | | | | | | | | | | |
| 4 | VANGUARD MIDCAP GROWTH ETF | | | | Purchase | 1/31/14 | X | | | | | | | | | | | | | | | | | | | | |
| 5 | WELLS FARGO PREM LG CO GW ADM | | | | Purchase | 1/31/14 | X | | | | | | | | | | | | | | | | | | | | |

*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 \$50 and (2) travel-related cash reimbursements received from one source totaling more than \$50. 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

| 1 | 2 | 3 | 4 | 5 | Source (Name and Address) | Brief Description | Value |
|----------|---|---|---|---|--|--|-------|
| Examples | | | | | Nat'l Assn. of Rock Collectors, NY, NY | Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) | \$500 |
| | | | | | Frank Jones, San Francisco, CA | Leather briefcase (personal friend) | \$385 |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |

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

Reporting Individual's Name
 SCHULTZ, ERIC H

SCHEDULE B continued
 (Use only if needed)

Page Number
 of

Part I: Transactions

| 1-16 | 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 - \$500,000 | \$500,001 - \$1,000,000 | \$1,000,001 - \$5,000,000 | \$5,000,001 - \$25,000,000 | \$25,000,001 - \$50,000,000 | \$50,000,001 - \$250,000,000 | \$250,000,001 - \$500,000,000 | Over \$500,000,000 | Certificate of divestiture | |
| 1 | PRUDENTIAL JENNISON EQ INC Z | | X | | 8/14/14 | X | | | | | | | | | | | | |
| 2 | RS SELECT GROWTH Y | | X | | 8/14/14 | X | | | | | | | | | | | | |
| 3 | FIRST EAGLE OVERSEAS I (PNRCX) | | X | | 1/31/14 | X | | | | | | | | | | | | |
| 4 | FIRST EAGLE US VALUE I | | X | | 1/31/14 | X | | | | | | | | | | | | |
| 5 | Oppenheimer Developing Markets | X | | | 1/31/14 | X | | | | | | | | | | | | |
| 6 | BARON GROWTH INSTITUTIONAL | X | | | 1/31/14 | X | | | | | | | | | | | | |
| 7 | GUGGENHEIM MID CAP VALUE A | | X | | 8/14/14 | X | | | | | | | | | | | | |
| 8 | THORNBURG INTL VALUE I | | X | | 1/31/14 | X | | | | | | | | | | | | |
| 9 | ROYCE GLOBAL VALUE INV | | X | | 1/31/14 | X | | | | | | | | | | | | |
| 10 | VANGUARD INDEX FDS S&P 500 ETF | X | | | 8/26/14 | X | | | | | | | | | | | | |
| 11 | VANGUARD INTL EQUITY INDEX FD | X | | | 8/26/14 | X | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | |

* 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
 SCHULTZ, ERIC H

SCHEDULE C

Page Number _____ of _____

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 - \$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% 10% | 25 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
 SCHULTZ, ERIC H

SCHEDULE D

Page Number

of

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.) |
|----------|---|----------------------------------|----------------------|---------------|-----------------|---------------|
| | Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State | Non-profit education Law firm | | | | |
| 1 | | | | | | |
| 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.

None

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