Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Reporting Individual's Name Walsh, James D.			S	CHEDULE	UĹE	A					Page Number 2 c	of 10
Assets and Income	Val at clos	Valuation of Assets close of reporting peri	Valuation of Assets at close of reporting period		C. I.	ncome: necked, r	type and	d amous entry is	nt. If "Noneedec	one (or l	Income: type and amount. If "None (or less than \$201)" i checked, no other entry is needed in Block C for that item.)1)" is item.
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For you, your spouse, and dependent children, report each asset held for investment or the	-					Туре			Amo	Amount		I
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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 (or less than 1,001 - \$15,000 15,001 - \$50,000 550,001 - \$100,00	100,001 - \$100,00 100,001 - \$250, 250,001 - \$500,	ver \$1,000,000* 1,000,001 - \$5,0 5,000,001 - \$25 25,000,001 - \$5	ver \$50,000,000 scepted Investm scepted Trust	Qualified Trust Dividends	ent and Royaltic nterest apital Gains	lone (or less tha 201 - \$1,000	001 - \$2,500 501 - \$5,000 001 - \$15,000	01 - \$50.00 01 - \$100,0	01 - \$1,00 1,000,000 ,001 - \$5,0	\$5,000,000 Type & Actual Amount)	Only if Honoraria
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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.	(S) AMCAP FUND-F1	(S) AMCAP FUND-C	(S) VANGUARD STOCK MKT INDX INV (ROTH IRA)	EUREKA SAVINGS BANK: CERTIFICATE OF DEPOSIT	LADD CONSTRUCTION COMPANY (Family business, shareholder)	(S) SPACE COAST CREDIT UNION: CERTIFICATE OF DEPOSIT	BANK OF AMERICA (Various accounts)	DC COLLEGE SAVINGS 529 PLAN (Age-based investment strategy)	DC COLLEGE SAVINGS 529 PLAN (Age-based investment strategy)		3	BLOCK A	Assets and Income		Walsh, James D.	Reporting Individual's Name
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

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₹ ₹	Reporting Individual's Name Walsh, James D.	SCHEDULE		Ø		14					Page !	Page Number 7	of	10		
- N H	Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None [Априличена					. 60.							
0.0	by you, your spouse, or dependent children during the reporting period of any	residence, or a transaction solely between	Transaction Type (x)	(x)	8			Αn	Amount of Transaction	of Tra	ansacı	don (x)	0	- 1		1
E a Ti	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 chid. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	urchase	xchange	Date (Mo., Day, Yr.)	1,001 - 15,000	15,001 - 50,000 50,001 - 100,000	100,000 - 250,000	250,001 - 500,000	500,001 - 61,000,000	ver 1,000,000*	1,000,001 - 5,000,000 85,000,001 -	25,000,001 - 225,000,000 25,000,001 - 50,000,000	50,000,000 Over 50,000,000	ertificate of	llvestiture
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	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 \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend approve approval under \$118 C & 4111 or other statutory	iuch	Gover	nment; relative their redence. dence. on one so	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.	your agency in connection with official travel; ad by your spouse or dependent child totally p to you; or provided as personal hospitality at purposes of aggregating gifts to determine the clude items worth \$140 or less. See instruction	ncy in r spou or prosons of ag	conn ise or ovide igrega rth \$1	ection dependes per das per da	n wit nden nerson gifts r less	h offi t chil t chil nal ho to de to de	icial i d toti d toti spita sermi instri	trave, tlly tlity a thre the uction	lit e e	· · · · · · · · · · · · · · · · · · ·	
	authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by										æ		None	×		I
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

u Reporting Individual's Name *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 with the spouse or dependent children, use the other higher categories of value, as appropriate. Part I: Transactions (S) BLACKROCK HIGH YIELD BOND INVESTOR (S) ACTIVE PORTFOLIO MULTI MANAGER CORE PLUS BOND Identification of Assets SCHEDULE B continued
(Use only if needed) Transaction Type (x) X Purchase Sale Exchange 7/15/14 7/15/14 Date (Mo., Day, Yr.) \$1,001 -\$15,000 X \$15,001 \$50,000 \$50,001 \$100,000 \$100,001 \$250,000 Amount of Transaction (x) \$250,001 \$500,000 \$500,001 -\$1,000,000 Over \$1,000,000* Page Number \$1,000,001 \$5,000,000 \$5,000,001 -\$25,000,000 00 9, \$25,000,001 \$50,000,000 10 Over \$50,000,000 Certificate of divestiture

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						Example		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	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.						Examples			during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Report liabilities over \$10,000 owed	Part I. Liabilities	Reporting Individual's Name Walsh, James D.	U.S. Office of Government Etnics
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						receive 1/00.	Status and Terms of any Agreement or Arrangement	r (1) leferre	y that e other						Promi	Mortga		or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by			
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						Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.		of al	en. If th						1999	1991	Incurred	7	Noi Z	1	SCHEDULE C	Samuel Control
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				í ú				of absence; and (4) future empioyment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Nom	ility is						10%	8%	Rate	Interest			TE (
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U.S. Office of Government Ethics				Page Number
Reporting Individual's Name Walsh, James D.		SCHEDULE D		10 of 10
Part I: Positions Held Outside U.S. Government	utside U.S. Gover		organization or educational institution. Exclude positions with religious.	with religious.
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	oncable reporting period, whether the limited to those of an officer, discernative, employee, or consulta	Ħ	social, fraternal, or political entities and those solely of an honorary nature.	nonorary
any corporation, firm, partnership, or other business enterprise or any non-profit	her business enterprise or any no		D 17.11	⊣:
Organization (Name and Address)	id Address)	pe of Organization	Position nelu	6/92 Present
Examples Nar'l Assn. of Rock Collectors, NY, NY		coucation	Partner	 -
-	9	Law firm	Partner	//83
Ladd Construction Company, Box 306, Ladd, Illinois 61329		Family-owned construction company	Member, Board of Directors	Present
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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	in Excess of \$5,00 pensation received by you or you directly by you during any one lames of clients and customers of business enterprise, or any other	Do not compute Incumbent, I non-profit organization when year of services generating a fee or payment of more than need not report the U.S. Government as a source	Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. ayment of more than \$5,000. You None	part if you are an ion Filer, or Vice lential Candidate.
Source (Name and Address)	Address)		Brief Description of Duties	
Doe Jones & Smith, Hometown, State Examples Metro University (client of Doe Jones & Smith), Moneytown, State	ith), Moneytown, State	Legal services Legal services in connection with university construction	iction — — — — — —	
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