

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		7/9/2015		Reporting Status (Check Appropriate boxes)		Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate <input type="checkbox"/>		Calendar Year Covered by Report		2014		Termination Filer <input type="checkbox"/> Termination Date (If Applicable) (Month, Day, Year)			
Reporting Individual's Name				Walsh				First Name and Middle Initial				James			
Position for Which Filing				Associate Counsel, Office of the White House Counsel Special Assistant to the President				Department or Agency (If Applicable)				White House Office			
Location of Present Office (or forwarding address)				Eisenhower Executive Office Building, Room 418 1600 Pennsylvania Ave., NW, Washington, DC 20502				Telephone No. (include Area Code)				202-456-4604 1414			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)				Associate Deputy Attorney General U.S. Department of Justice (November 2013 - July 2015)				Title of Position(s) and Date(s) Held							
Presidential Nominees Subject to Senate Confirmation				Name of Congressional Committee Considering Nomination				Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Certification				Signature of Reporting Individual				Date (Month, Day, Year)				5/25/2015			
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.				Signature of Other Reviewer				Date (Month, Day, Year)							
Other Review (If desired by agency)															
Agency Ethics Official's Opinion				Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)				9/2/2015			
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).				Signature				Date (Month, Day, Year)							
Office of Government Ethics Use Only															
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)															
(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"/>															
<p>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.</p> <p>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.</p> <p>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.</p> <p>Nominees, New Entrants and Candidates for President and Vice President:</p> <p>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.</p> <p>Schedule B—Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>															
Agency Use Only															
OGE Use Only															

Reporting Individual's Name
 Walsh, James D.

SCHEDULE A continued
 (Use only if needed)

Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C 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					
	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.															
BLOCK A	BLOCK B												BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
	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.															
	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	\$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	
1 (S) JP MORGAN LARGE CAP GROWTH	X												X															
2 (S) MFS INTL VALUE	X												X															
3 (S) MFS VALUE	X												X															
4 (S) OPPENHEIMER INTL GROWTH	X												X															
5 (S) PRUDENTIAL JENNISON MID CAP GROWTH	X												X															
6 (S) WELLS FARGO ADVANTAGE EMERGING MARKETS EQUITY	X												X															
7 BLACKROCK NATIONAL NUM INVESTOR	X												X															
8 BLACKROCK MULTI ASSET INCOME INVESTOR	X												X															
9 FRANKLIN HIGH YIELD		X																										

* 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
 Walsh, James D.

SCHEDULE A continued
 (Use only if needed)

	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.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																								
		BLOCK B							BLOCK C																													
		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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	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								
1	DC COLLEGE SAVINGS 529 PLAN (Age-based investment strategy) <i>Age 6-10-11</i>			X									X							X																		
2	DC COLLEGE SAVINGS 529 PLAN (Age-based investment strategy) <i>Age 0-5-11</i>			X									X							X																		
3	BANK OF AMERICA (Various accounts)				X													X		X																		
4	(S) SPACE COAST CREDIT UNION: CERTIFICATE OF DEPOSIT		X													X				X																		
5	LADD CONSTRUCTION COMPANY (Family business, shareholder)					X										X				X																		
6	EUREKA SAVINGS BANK: CERTIFICATE OF DEPOSIT		X													X				X																		
7	(S) VANGUARD STOCK MKT INDX INV (ROTH IRA)		X										X							X																		
8	(S) AMCAP FUND-C		X										X							X																		
9	(S) AMCAP FUND-F1		X										X							X																		

* 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.

1) Information added per filer JMA

Reporting Individual's Name
 Walsh, James D.

SCHEDULE A continued
 (Use only if needed)

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 C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria															
	BLOCK B								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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	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					
1 (S) CAPITAL WORLD GROWTH AND INCOME FUND-C		X											X							X															
2 (S) CAPITAL WORLD GROWTH AND INCOME F-1		X											X							X															
3 (S) THE GROWTH FUND OF AMERICA-C		X											X							X															
4 (S) THE GROWTH FUND OF AMERICA-F1		X											X							X															
5 (S) THE INCOME FUND OF AMERICA-C		X											X							X															
6 (S) THE INCOME FUND OF AMERICA-F1		X											X							X															
7 (S) NEW PERSPECTIVE FUND-C		X											X							X															
8 (S) NEW PERSPECTIVE FUND-F1		X											X							X															
9 WASHINGTON MUTUAL INVESTORS FUND-C		X											X							X															

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Reporting Individual's Name
 Walsh, James D.

SCHEDULE A continued
 (Use only if needed)

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.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria			
	BLOCK B												BLOCK C		
BLOCK A	BLOCK B									Type	Amount				
1 (S) WASHINGTON MUTUAL FUND-F1											None (or less than \$1,001)				
										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				
											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					
									X	Excepted Investment Fund					
										Excepted Trust					
										Qualified Trust					
										Dividends					
										Rent and Royalties					
										Interest					
										Capital Gains					
									X	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					

* 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.

SCHEDULE B

Reporting Individual's Name
Walsh, James D.

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	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	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	Certificate of divestiture		
Example Central Airlines Common		2/1/99			X											
1 FRANKLIN HIGH YIELD TAX FREE INCM	X	12/2/14	X													
2 BLACKROCK NATIONAL MUN INVESTOR	X	4/7/14	X													
3 FRANKLIN HIGH YIELD TAX FREE INCM	X	4/7/14	X													
4 TEMPLETON GLOBAL BOND	X	4/7/14	X													
5 TEMPLETON GLOBAL BOND	X	12/2/14	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 \$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

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

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

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

SCHEDULE B continued
 (Use only if needed)

Reporting Individual's Name
 Walsh, James D.

Part I: Transactions

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)										Certificate of divestiture		
		Purchase	Sale	Exchange		\$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	
1	(S) ACTIVE PORTFOLIO MULTI MANAGER CORE PLUS BOND	<input checked="" type="checkbox"/>			7/15/14	<input checked="" type="checkbox"/>												
2	(S) BLACKROCK HIGH YIELD BOND INVESTOR		<input checked="" type="checkbox"/>		7/15/14	<input checked="" type="checkbox"/>												
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
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
 Walsh, James D.

SCHEDULE C

Page Number
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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	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		
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	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

Examples	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
 Walsh, James D.

SCHEDULE D

Page Number
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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.)
1	Natl Assn. of Rock Collectors, NY, NY Doc Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
2	Ladd Construction Company, Box 306, Ladd, Illinois 61329	Family-owned construction company	Member, Board of Directors		Present
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 non-profit organization when 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

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