# OCE Form 278 (Rev 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: ONB No. 3209 - 0001

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OGE Use Only						
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or ming.	er of days)	idicate numbe	(Check box if filing extension granted & indicate number of days	(Check box If filln		
the preceding two calendar years and the current calendar year up to the date			his sheet)	d, use the reverse side of t	additional space is require	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
Schedule D-The reporting period is			A PART DESCRIPTION OF THE PART			Use Only
Arrangements)—Show any agreements or	onth, Day, Year)	Date (Month,			Signature	Office of Covernment Ethics
any date you choose that is within 31 days of the date of filing.	25/16	5/		S	Tachel Dowell	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to
reporting period is the preceding calendar year and the current calendar year up to	Date (Month, Day, Year)	Date (M	ing Official	ency Ethics Official/Review	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.  Schedule C, Part I (Liabilities)-The	25 IV	N		eldu	Mr. May M	(If desired by agency)
31 days of the date of filing.	Date (Month, Day, Year)	Date (M			Signature of Other Reviewer	OrherReview
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 for any data was chosen that is withing.	16	4/14/16				ements I have all attached plete and correct edge.
Vice President:	Date (Month, Day, Year)	Date (Ah		idual	Signature of Reporting Individual	Certification
Candidates for President and		6		And desired the second	Not Applicable	
Nominees, New Entrants and	X &		Yes	miller Considering Moning	Name of Congressional Committee Consucering Nomination 120 Too meeting No	Presidential Nominees Subject
Schedule D is not applicable.	lified Diversified Trust?	Caralo a Oua	Nam Intend to		and the same of th	
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		11-2/25/2014	grams, USDA 10/23/20	(s) Held keling and Regulatory Pro	Title of Position(s) and Date(s) Held Depuly Under Secretary, Marketing and Regulatory Programs, USDA 10/23/2011-2/25/2014	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the tiling year up to the date you file. Part II of Schedule D is not applicable.	A CONTRACTOR OF THE CONTRACTOR	202-456-1414		W, Washington DC 20502	1600 Pennsylvania Avenue NW, Washington DC	Present Office 1
Il of Schedule C and Part 1 of Schedule D	(Include Area Code)	Telephone No.	ing Additional Commence and the commence of th	y, State, and ZIP Code)	Address (Number, Street, City, State, and ZIP Code)	
Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part		of the Presid	Executive Office	ssistant to the President	Staff Secretary and Deputy Assistant to the President	Position for Which S
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filing extension period, shall be subject to a \$700 fee			Joan		Walsh	Individual's Name W
filed, or, if an extension is granted, more		liddle Initial	First Name and Niddle Initial		Last Name	The second of th
this report and does so more than 30 days after the date the report is required to be			Candidate	2015	Status (Check Appropriate	
Fee for Late Filing	cable) (Month, Day, Year)	Filer	New Entrant,	Calendar Year	Reporting Incumbent	Election,
						U.S. Office of Government Ethics

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	Assets and Income		a	C. <	alu ose	Valuation of Assets at close of reporting period	tion o f repor	ort	As	set pe	rio(	<u> </u>					C II	Inco	Income	Income: t checked, n	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	4 4	H- " "
For you, report e	For you, your spouse, and dependent children, report each asset held for investment or the			76	-													Ту	Туре	Type	Туре	Туре	Туре								
report each : production or value exceedifing period, or in income dur with such inc. For yourself, amount of ear than from the report the sor income of more actual amour spouse.)  None	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 your spouse).  None \[ \subseteq \text{None} \]	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	Qualified Trust Dividends Rent and Royalties Interest	Qualified Trust Dividends Rent and Royalties Interest Capital Gains	Qualified Trust Dividends Rent and Royalties Interest Capital Gains None (or less than \$201)	Qualified Trust Dividends Rent and Royalties Interest Capital Gains None (or less than \$201) \$201 - \$1,000	Qualified Trust Dividends Rent and Royalties Interest Capital Gains None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500	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	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	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	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	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	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*				
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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) (Mutual Fund) - Oakmark Equity & Inc	(S) (Mutual Fund) - Oakmark	(S) (Mutual Fund) - Keeley Small Cap Value	+(S) (Mutual Fund) - Janus Perkins Mid Cap Value	(S) (Mutual Fund) - Harbor International	(S) (Mutual Fund) - Yacktman	(S) Marine Lubricants 401(K)	(S) (Cash Deposit/Savings) National Penn, Oxford, PA US Savings Account	(S) Cash/Deposit/Savings) National Penn, Oxford, PA US Checking Account			BLOCK A	Assets and Income	Reporting Individual's Name Walsh, Joan L
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Reporting individual's Name  Weish, Joan L  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 transaction stat resulted in a loss.  Identificate of divestiture from OGE.  Identification of Assetts  SCHEDULE B  Page Number    None	C.D. Cittoe of Constitution Springs																1
Amount of the transaction exceeded \$1,000.   Identification of Assets   Identification of Identification of Assets   Identification of Assets   Identification of Assets   Identification of Assets   Identification of Identification I	Reporting Individual's Name Walsh, Joan L	SCHED	ULE B	00								Pag	e Nui			9	
residence, or a transaction solely between hildren during the reporting period of any residence, or a transaction solely between you, your spouse, or dependent child.  Check the "Certificate of divestiture" block mount of the transaction exceeded \$1,000.  Include transactions that resulted in a loss.  Identification of Assets  Identification of Assets  Transaction  Type (X)  Date  (Mo.,  Date  Dat	Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None X														
real property, stocks, bonds, commodity uttures, and other securities when the mount of the transaction exceeded \$1,000. Check the "Certificate of divestiture" block mount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.  Identification of Assets  Example   Central Airlines Common    Central Airlines Common   Central Airlines Common	children during the reporting period of an		Transact	Öğ		П			An	lount	of T	rans	action	(x)			
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#### Part II: Gifts, Reimbursements, and Travel Expenses

\*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.

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 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 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 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 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 for other exclusions.

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						Examples	
					Frank Jones, San Francisco, CA		Source (Name and Address)
						99 (personal activity unrelated to duty)	Brief Description
					\$385	\$500	Value

Reporting Individual's Name Walsh, Joan L	SCHEDULE B continuous (Use only if needed)	contin eeded)	nue	ed							79	lge N	Page Number	ಲ್ಲೆ	9		LETTER 1
Part I: Transactions																	
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OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

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Reporting Indi Walsh, Joan L	Reporting Individual's Name Walsh, Joan L	SC	SCHEDULE C	JLE (								Page	Page Number	ber 8 of	9	
Part Report I	Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None 🗙						atego	v of /	moun	Category of Amount or Value	alue (x)			
to any o during t	during the reporting period by you,	automobiles, household furniture or appliances; and liabilities owed to										*	-		1 -	37.5
Check the	your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.		Interest	Term if	0,001 - 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	,000,001	,000,001	5,000,00	er 0,000,00
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable									\$5	\$2	0
,	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			×					 			
Examples	John Jones, Washington, DC	Promissory note	1999	10%	on demand					×						
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<sup>\*</sup>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 X

			zample		
			Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Status and Terms of any Agreement or Arrangement	
			Doe Jones & Smith, Hometown, State	Parties	
			7/85	Date	

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#### Walsh, Joan L Reporting Individual's Name SCHEDULE U Page Number 9 9 0

## 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.

y cor	y corporation, firm, partnership, or other business enterprise or any non-profit		-
	Organization (Name and Address)	Type of Organization	Position Held
	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President
mples	Doe Jones & Smith, Hometown, State	Law firm	Partner
	P		

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

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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

Examples

Metro

non-profit organization when you directly provided the

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

g period. This includes the names of clients and customers of any, firm, partnership, or other business enterprise, or any other  Source (Name and Address)  Jeones & Smith, Hometown, State  University (client of Doe Jones & Smith), Moneytown, State	ny services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.  Brief Description of Duties  Legal services in connection with university construction
Hometown, State	s in connection with university co