

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 12/08/2013		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 Wheeler		Last Name Wheeler		First Name and Middle Initial Seth F.		Department or Agency (If Applicable) White House, National Economic Council		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.	
Position for Which Filing Special Assistant to the President for Economic Policy		Title of Position Special Assistant to the President for Economic Policy		Telephone No. (Include Area Code) 202-456-1414		Nominees, New Entrants 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.			
Location of Present Office (or forwarding address) 1600 Pennsylvania Ave, Washington DC		Address (Number, Street, City, State, and ZIP Code)		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Signature of Reporting Individual [Redacted Signature]		Signature of Other Reviewer [Redacted Signature]	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Date(s) Held		Name of Congressional Committee Considering Nomination Not Applicable		Signature of Designated Agency Ethics Official/Reviewing Official [Signature]		Signature [Signature]	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Signature of Designated Agency Ethics Official/Reviewing Official [Signature]		Signature [Signature]	
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 [Redacted Signature]		Date (Month, Day, Year) 4/15/2015		Signature of Other Reviewer [Redacted Signature]		Date (Month, Day, Year) 5/29/2015	
Other Review (If desired by agency)		Signature of Other Reviewer [Redacted Signature]		Date (Month, Day, Year) 5/29/2015		Signature [Redacted Signature]		Date (Month, Day, Year) 5/29/2015	
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).		Signature of Designated Agency Ethics Official/Reviewing Official [Signature]		Date (Month, Day, Year) 5/29/2015		Signature [Redacted Signature]		Date (Month, Day, Year) 5/29/2015	
Office of Government Ethics Use Only		Signature of Designated Agency Ethics Official/Reviewing Official [Redacted Signature]		Date (Month, Day, Year) 5/29/2015		Signature [Redacted Signature]		Date (Month, Day, Year) 5/29/2015	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature of Designated Agency Ethics Official/Reviewing Official [Redacted Signature]		Date (Month, Day, Year) 5/29/2015		Signature [Redacted Signature]		Date (Month, Day, Year) 5/29/2015	
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>	
Agency Use Only		Agency Use Only		Agency Use Only		Agency Use Only		Agency Use Only	
OGE Use Only		OGE Use Only		OGE Use Only		OGE Use Only		OGE Use Only	

SCHEDULE A

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Reporting Individual's Name
 Wheeler, Seth F.

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.																			
	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.																			
	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	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
None <input type="checkbox"/>																														
Examples																														
Central Airlines Common																														
Doe Jones & Smith, Hometown, State																														
Kempstone Equity Fund																														
IRA: Heartland 500 Index Fund																														
1 Citibank checking account																														
2 Bain 401K Money Markets (Vanguard)																														
3 Morgan Stanley 401K (see page 3, lines 1-6)																														
4 Geknowm, Inc. Common Shares																														
5 Surfair Convertible Note																														
6 Politicandy, Inc. Common Shares																														

* 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

SCHEDULE B

Reporting Individual's Name
 Wheeler, Seth F.

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

Example	Central Airlines Common	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 - \$100,001	\$100,001 - \$250,001	\$250,001 - \$500,001	\$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 - \$25,000,000	Over \$50,000,000	Certificate of divestiture		
1		Purchase	2/1/99			x												
2																		
3																		
4																		
5																		

*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 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

Examples	Source (Name and Address)	Brief Description	Value
1	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
2			
3			
4			
5			

SCHEDULE D

Reporting Individual's Name
 Wheeler, Seth F.

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.)
				From (Mo., Yr.)	To (Mo., Yr.)	
	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92	7/85	Present 1/00
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
1		
2		
3		
4		
5		
6		