OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:
OMB No. 3209 - 0001

| Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) | Reporting Status (Check Appropriate Boxes) | Incumbent | Calendar Year Covered by Report | New Entrant, Nominee, or Candidate | Termination Filer | Termination Date (If Applicable) (Month, Day, Year) |
|---|---|---|---|---|---|---|
| 10/04/2015 | | ☒ | 2015 | ☐ | ☐ | |

| | | |
|---|---|---|
| **Reporting Individual's Name** | Last Name: Whitney | First Name and Middle Initial: Margaret E |
| **Position for Which Filing** | Title of Position: SAP and Senior Counsel to the President | Department or Agency (If Applicable): EOP |
| **Location of Present Office** (or forwarding address) | Address (Number, Street, City, State, and ZIP Code): 1650 Pennsylvania Ave, NW, Washington, DC 20504 | Telephone No. (Include Area Code): 202-456-1414 |
| 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: Chief Counsel for Nominations, U.S. Senate Judiciary Committee, for Senator Patrick Leahy, April 2013-October 3, 2015. | |
| **Presidential Nominees Subject to Senate Confirmation** | Name of Congressional Committee Considering Nomination: Not Applicable | Do You Intend to Create a Qualified Diversified Trust? ☐ Yes ☐ 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: [redacted] | Date (Month, Day, Year): 4/5/16 |
| **Other Review** (If desired by agency) | Signature of Other Reviewer | Date (Month, Day, Year) |
| **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: Rachel Dowell | Date (Month, Day, Year): 4/8/16 |
| **Office of Government Ethics Use Only** | Signature | Date (Month, Day, Year) |

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 ______) ☐

(Check box if comments are continued on the reverse side) ☐

**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 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.

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Supersedes Prior Editions

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Reporting Individual's Name: Whitney, Margaret E

# SCHEDULE A continued

(Use only if needed)



**Assets and Income** (BLOCK A) / **Valuation of Assets** at close of reporting period (BLOCK B)

| # | Assets and Income (BLOCK A) | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | US Senate Federal Credit Union checking account | | X | | | | | | | | | | | | | |
| 2 | US Senate Federal Credit Union savings account | X | | | | | | | | | | | | | | |
| 3 | Capitol One savings account | X | | | | | | | | | | | | | | |
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**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)

| # | Assets and Income (BLOCK A) | Type: Dividends | Type: Rent and Royalties | Type: Interest | Type: Capital Gains | Amount: 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | US Senate Federal Credit Union checking account | | | | | X | | | | | | | | | | | | |
| 2 | US Senate Federal Credit Union savings account | | | | | X | | | | | | | | | | | | |
| 3 | Capitol One savings account | | | | | X | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
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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.

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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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## 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 ☒

| | | Transaction Type (x) | | | Date (Mo., Day, Yr.) | Amount of Transaction (x) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Identification of Assets | 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 | Certificate of divestiture |
| Example | Central Airlines Common | x | | | 2/1/99 | | | x | | | | | | | | | |
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*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 | 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 |
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| 2 | | | |
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| 5 | | | |

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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 ☐

| # | Creditors (Name and Address) | Type of Liability | Date Incurred | Interest Rate | Term if applicable | $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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Examples | First District Bank, Washington, DC | Mortgage on rental property, Delaware | 1991 | 8% | 25 yrs. | | | x | | | | | | | | |
| | John Jones, Washington, DC | Promissory note | 1999 | 10% | on demand | | | | | x | | | | | | |
| 1 | Barclays US, Wilmington, DE | credit card | 2014 | 9.99% | revolving | | X | | | | | | | | | |
| 2 | US Senate Federal Credit Union | personal loan | 2015 | 10.24% | 5 yrs | X | | | | | | | | | | |
| 3 | Access Group, Boston, MA | student loan | 2002 | 2.25% | 30 yrs. | | X | | | | | | | | | |
| 4 | Access Group, Boston, MA | student loan | 2002 | 2.765 | 30 yrs. | X | | | | | | | | | | |
| 5 | Access Group, Boston, MA | student loan | 2002 | 2.765 | 30 yrs. | X | | | | | | | | | | |

*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 ☒

| # | Status and Terms of any Agreement or Arrangement | Parties | Date |
|---|---|---|---|
| Example | 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 |
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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 ☒

| | Organization *(Name and Address)* | Type of Organization | Position Held | From *(Mo., Yr.)* | To *(Mo., Yr.)* |
|---|---|---|---|---|---|
| Examples | Nat'l Assn. of Rock Collectors, NY, NY | Non-profit education | President | 6/92 | Present |
| | Doe Jones & Smith, Hometown, State | Law firm | Partner | 7/85 | 1/00 |
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## Part II: Compensation in Excess of $5,000 Paid by One Source

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

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 ☒

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