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

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| OGE Use Only | | | |
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| Agency Use Only | | | |
| of filing. | dicate number of days) | (Check box if filing extension granted & indicate number of days | an a a superior and a |
| the preceding two calendar years and the current calendar year up to the date | | Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) | Comments of Reviewing Offic |
| Arrangements)Show any agreements or arrangements as of the date of filing. | | | Office of Government Ethics Use Only |
| Schedule C, Part II (Agreements or | Date (Month, Day, Year) | Signatuye | any comments in the box below). |
| year and the current calendar year up to any date you choose that is within 31 days of the date of filing. | 5/14/18 | d in this compliance compliance (subject to | 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 | Date (Month, Day, Year) | ion Signature of Hesignated Agency Ethica-Official/Reviewing Official | AgencyEthicsOfficial'sOpinion |
| Schedule B-Not applicable. | W/9/15 | Jony Herr | agency) |
| as of any date you choose that is within 31 days of the date of filing. | Date (Month, Day, Year) | Signature of Other Reviewer | Other Review |
| 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 | 3/25/15 | Thave led correct | 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. |
| Vice President: | Date (Month, Day, Year) | Signature of Reporting Individual | Certification |
| Candidates for President and | | | |
| Nominees, New Entrants and | ⊠ ₹ | | to Senate Confirmation |
| Schedule D is not applicable. | Create a Qualified Diversified Trust? | Name of Congressional Committee Considering Nomination Do You Intend to Create a Qu | Presidential Naminoes Sul |
| Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends of the data of comparison. Part II of | | eral time of cosmon(s) and pare(s) their | Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) |
| year up to the date you file. Part II of Schedule D is not applicable. | | 71.4 | (or forwarding address) |
| where you must also include the filing | 202-456-1414 | 1600 Pennsylvania Avenue NW Washington DC 20502 | Present Office |
| the preceding calendar year except Part | Telephone No. (Include Area Code) | Address (Number, Street, City, State, and ZIP Code) | Togation of |
| Reporting Periods Incumbents: The reporting period is | | Deputy Assistant to the President and Senior Advisor to FL OFL-WHO | Position for Which Filing |
| to a \$200 fee. | gency (If Applicable) | Title of Position Department or Agency (If A | |
| than 30 days after the last day of the filing extension period, shall be subject | | Winter | Individual's Name |
| filed, or, if an extension is granted, more | iiddle Initial | Last Name First Name and Middle Initia | D |
| Fee for Late Filing Any individual who is required to file this report and does so more than 30 days | Termination Termination Date (If Appli- Filer abie) (Month, Day, Year) | Election Reporting Incumbent Calendar Year New Entrant, Covered by Report Nominee, or Status (Check Appropriate Boxes) Appropriate Rockes) | Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) |

OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
ITS Office of Conference of Proceedings of Conference of Conference

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

| OGE Use Only | e continued on the reverse side) | (Check box if comments are continued | (C) | | |
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| Agency Use Only | | | | | |
| of filing. | licate number of days) | (Check box if filing extension granted & indicate number | (Check box if filing | | |
| the preceding two calendar years and the current calendar year up to the date | | s sheet) | Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) | f additional space i | Comments of Reviewing Officials (|
| arrangements as of the date of filing. Schedule DThe reporting period is | | | | | Use Only |
| Schedule C, Part II (Agreements or Arrangements)—Show any agreements or | Date (Month, Day, Year) | | | Signature | Office of Government Ethics |
| year and the content cancillate year up to any date you choose that is within 31 days of the date of filing. | | | | | 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). |
| reporting period is the preceding calendar | Date (Month, Day, Year) | ng Official | of Designated Agency Ethics Official/Reviewing Official | Signature of Design | Agency Ethics Official's Opinion |
| Schedule B-Not applicable. | | | | | (If desired by agency) |
| as of any date you choose that is within 31 days of the date of filing. | Date (Month, Day, Year) | | Reviewer | Signature of Other Reviewer | Other Review |
| 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 | | | | | 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. |
| Vice President: | Date (Month, Day, Year) | | ting Individual | Signature of Reporting Individual | Certification |
| Candidates for President and | Browness. | | Coldina. | | |
| Nominees, New Entrants and | X X | Yes | | Not Applicable | Presidential Nominees Subject to Senate Confirmation |
| Schedule D is not applicable. | Do You Intend to Create a Qualified Diversified Trust? | _ | Name of Congressional Committee Considering Nomination | Name of Congression | |
| Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends or the date of recognization Part II of | | | and Date(s) Held | Title of Position(s) and Date(s) Held | Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) |
| where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. | 202-456-1414 | | 1600 Pennsylvania Avenue NW, Washington, DC 20502 | 1600 Pennsylvania | Present Office (or forwarding address) |
| If of Schedule C and Part I of Schedule D | Telephone No. (Include Area Code) | | Address (Number, Street, City, State, and ZIP Code) | Address (Number, | Location of |
| Reporting Periods Incumbents: The reporting period is | | OFL-WHO | DAP/Senior Advisor, First Lady Michelle Obama | DAP/Senior Advisor | Position for Which Filing |
| to d \$200 rec | gency (If Applicable) | Department or Agency | | Title of Position | , |
| than 30 days after the last day of the filing extension period, shall be subject | | Melissa | | Winter | Reporting Individual's Name |
| filed, or, if an extension is granted, more | iddle Initial | First Name and Middle | | Last Name | |
| Fee for Late Filing Any individual who is required to file this report and does so more than 30 days | Termination Termination Date (II Appli- Filer | New Entrant, Nominee, or Candidate | Incumbent Calendar Year Covered by Report 2014 | Reporting Status (Check Appropriate Boxes) | Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) |
| | 7 77 | | | | U.S. Office of Government Ethics |

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

| Reporting Individual's Nam | Reporting Individual's Name | | | | | | | | | | | n | ב | 픾 | J. | \exists | ij | > | | | | | | | | | | | | | |
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| Winter , Melissa | Melissa | | | | | | | | | | | \ \cdot \dot \dot \dot \dot \dot \dot \dot \ | СНЕРОТЕ | 1 1 | [| - | Į į | ⊅ | | | | | | | | | | | | | 2 |
| | Assets and Income | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ه ا | ₫< | alu ose | of | ior | on of | As | Valuation of Assets at close of reporting period | rio | <u>с</u> . | | | | | 유답 | Income: checked, | red. | | 97 P | and her | ent | 수 [| is n | ee H | led | in ne | 83 (C) | les | type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item. |
| | BLOCK A | | | | | 55 | BLOCK B | 55 55 | | | | | | | | | | | | | | | | | BLOCK C | Í | | | | | |
| For you, you report each production o | For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market which have a fair market or the excreeding \$1,000 at the close of the report- | | . / | | | VI 344 m. | | | | | 10 | 000 | | ıd | | | | Туре | | |) | | 1. 7 & V | | 300 00 1 | — ≥ | Amount | —— <u>E</u> | | | |
| productivalue excing perioding periodin incoming with such | 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. | | | AND THE RESERVE | | | ,000 | 00,000 | * | 000,000 | ,000,000 | 0,000,000 | 0 | nent Fund | | | | es | | H. A. A. | an \$201) | | va. vii eestellii, sii siis | | | | | | | | |
| For yourself, amount of ear than from thel report the sou income of mo actual amoun your spouse). | 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). | ne (or less than | 001 - \$15,000 | 5,001 - \$50,00 | 0,001 - \$100,00 | 00,001 - \$250,0 | 50,001 - \$500,0 | 00,001 - \$1,00 | er \$1,000,000* | 000,001 - \$5,0 | 000,001 - \$25 | 5,000,001 - \$5 | er \$50,000,000 | epted Investm | epted Trust | alified Trust | idends | nt and Royaltie | erest | pital Gains | ne (or less tha | 01 - \$1,000 | ,001 - \$2,500 | 501 - \$5,000 | ,001 - \$15,000 5,001 - \$50,00 | 0,001 - \$100,0 | 00,001 - \$1,00 | er \$1,000,000 | ,000,001 - \$5,0 | er \$5,000,000 | Type & Actual Amount) |
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OGE Form 278 (Rev. 12/2011)
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| | | | *American Growth Fund of America F | AMERICAN GROWTH FUND OF AMERICA F2 | Example Central Airlines Common | Identif | futures, and other securities when the amount of the transaction exceeded \$1,000 include transactions that resulted in a loss. | children during the reporting period of any | Part I: Transactions Report any purchase, sale, or exchange hy you your spouse or dependent | Reporting Individual's Name Winter , Melissa |
| | | | aria FI | .F2 | | dentification of Assets | • | | Do not report a transaction involving property used solely as your personal | SCH |
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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 🗙

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

the efficiency adults

| Reporting Individual's Name Winter , Melissa | SCHEDULE B conti | continued eeded) | | | Page Number 5 of 7 |
|---|--|-------------------------|---|--|--|
| Part I: Transactions | | | | | |
| | Trans Typ | Transaction Type (x) | | Amount of Transaction | Transaction (x) |
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| U.S. Office of Government Ethics | | | | | | | | | |
|---|---|-----------------------------|---|--------------------------------------|---------------------------------------|---------------------------------------|--|--|---------------|
| Reporting Individual's Name Winter , Melissa | SC | SCHEDULE C | EC | | | | Page Number 6 | of 7 | |
| Part I: Liabilities | a mortgage on your personal residence | None X | | | | | | | |
| Report liabilities over \$10,000 owed to any one creditor at any time | unless it is rented out; loans secured by | | | | Category | Category of Amount or Value (x) | r Value (x) | | |
| during the reporting period by you, your spouse, or dependent children. | or appliances; and liabilities owed to certain relatives listed in instructions. | | | er, Sirri V |) |) - | 01- 00 | 000 001 - | 000 |
| Check the highest amount owed during the reporting period. Exclude | See instructions for revolving charge accounts. | | | 0,001 - 5,000 5,001 - 0,000 | 0,001 - 00,000 00,001 50,000 | 50,001 00,000 00,001 ,000,00 | ,000,00 ,000,00 ,000,00 | ,000,00 5,000,0 5,000,0 0,000,0 | er 0,000,0 |
| Creditors (Name and Address) | Type of Liability | Incurred Rate | Rate applicable | \$1 \$1 \$1 | \$1 \$1 \$2 | \$5 \$5 | \$1 \$1 \$5 | \$2 \$2 | |
| - 1 | Mortgage on rental property, Delaware | \vdash | 8% 25 yrs. | | - - | <u> </u> | - | <u> </u> - | |
| John Jones, Washington, DC | Promissory note | 1999 1 | 0 | đ | | × | | | |
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| *This category applies only if the liability is swith the spouse or dependent children, mark | *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 with the spouse or dependent children, mark the other higher categories, as appropriate. | ren. If the liabili | ty is that of the | filer or | a joint liability of th | the filer | | | |
| Part II: Agreements or | 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 | s for: (1) continuing participation in an k, deferred compensation); (2) continua- ncluding severance payments); (3) leaves | of absence; ing of negot | of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non | e employmer y of these ar | ıt. See instr rangements | or benefits | arding the s. | report- None 🗙 | \boxtimes |
| Status and Te | Status and Terms of any Agreement or Arrangement | | | | Parties | | | | Date |
| Example Pursuant to partnership agreement, v | Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$. | urtnership share | Doe Jones | ক্লি | Smith, Hometown, State | | | 7 | 7/85 |
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| U.S. Office of Government Ethics | · · · · · · · · · · · · · · · · · · · | | | | |
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| Reporting Individual's Name | | SCHEDIII E D | | Page Number | |
| Winter , Melissa | | SCHEDULE D | | 7 of | 7 |
| | | | | | |
| Part I: Positions Held Outside U.S. Government | Outside U.S. Gover | | institution Burlanda positions | udth validiance | - MONTOORIE BIII |
| safed or not. Positions include but are not limited to those of an officer, director, safed or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of the contractive of the con | oricable reporting period, whether of limited to those of an officer, or centative, employee, or consult | , 1 | social, fraternal, or political entities and those solely of an honorary nature. | 9100 | None |
| Organization (Nama and Addrass) | nd Address | | Position Hold | Erom (Ma Vr.) | TO (MO V-) |
| Nat'l Assn. of Rock Collectors, NY, NY | | Non-profit education | President | | Present |
| Examples 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 Sourc | in Excess of \$5,00 | 00 Paid by One Source | Do not complete this part if you are an Incumbent, Termination Filer, or Vice | part if you ion Filer, or | are an Vice |
| 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 | npensation received by you or you directly by you during any one names of clients and customers or business enterprise, or any other | ur non-profit organization vear of you directly provided the services generating a fee any need not report the U.S. | ran Tan | lential Cand You No | didate. None X |
| Source (Name and Address) | Address) | | Brief Description of Duties | | |
| Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State | nith), Moneytown, State | Legal services in connection with university construction | uction | | |
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