

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 1/21/2009		Reporting Status (Check Appropriate Boxes) Last Name First Name and Middle Initial Melissa	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report 2015	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name		Title of Position DAP/Deputy Chief of Staff, First Lady Michelle Obama		Department or Agency (If Applicable) OFL-WHO		Telephone No. (Include Area Code) 202-456-2341	
Position for Which Filing		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue NW, Washington, DC 20502		Title of Position(s) and Date(s) Held		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location of Present Office (or forwarding address)		Name of Congressional Committee Considering Nomination		Signature of Reporting Individual		Date (Month, Day, Year) 3/30/16	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Signature of Other Reviewer		Date (Month, Day, Year) 5/10/14		Signature of Designated Agency Ethics Official/Reviewing Official	
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.		Other Reviewer (If desired by agency)		Date (Month, Day, Year) 5/10/16		Signature	
Agency Ethics Official's Opinion		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Date (Month, Day, Year)		Date (Month, Day, Year)	
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).		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)		Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)	

(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.

Agency Use Only

OGE Use Only

Reporting Individual's Name
 Winters, Melissa

SCHEDULE A continued
 (Use only if needed)

Page Number
 3 of 7

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.			Date (Mo., Day, Yr.) Only if Honoraria																							
	BLOCK B										BLOCK C																										
	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	Other Income (Specify Type & Actual Amount)						
1 JANUS VENTURE I		X											X							X																	
2 LAZARD EMERGING MKTS EQ I		X											X							X																	
3 NUVEEN TRADEWINDS INTL VAL I			X										X							X																	
4 NUVEEN TRADEWINDS VAL OPPORT I			X										X							X																	
5 PIMCO TOTAL RETURN P				X									X							X																	
6 SCHRODER INTL ALPHA INVESTOR			X										X							X																	
7 US Senate Federal CU					X								X							X																	
8 Congressional Federal CU					X								X							X																	
9 First Eagle Overseas		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.

American Growth Fund of
 AMERICA F2

X

X

X

Reporting Individual's Name
 Winer, Melissa

SCHEDULE C

Page Number
 6 of 7

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

1	2	3	4	5	Creditor (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		
Examples					First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	2.5 yrs. on demand			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.

Status and Terms of any Agreement or Arrangement

Parties

Date

1	2	3	4	5	6
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

None

Reporting Individual's Name
 Winter, Melissa

SCHEDULE D

Page Number
 7 of 7

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	To	From	To
1	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law Firm	President Partner	6/92	Present	7/85	1/00
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 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	
	Name and Address	Legal services	Legal services	Legal services in connection with university construction
1	Doe Jones & Smith, Hometown, State			
2	Metro University (client of Doe Jones & Smith), Moneytown, State			
3				
4				
5				
6				