

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

## COPY OF COMPLETE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<b>Fee for Late Filing</b> 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.
12/23/2014			2014				
Reporting Individual's Name	Last Name		First Name and Middle Initial				
	JOHNSON		JEH C				
Position for Which Filing	Title of Position		Department or Agency (If Applicable)				
	Secretary, Office of the Secretary		Department of Homeland Security				
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)				Telephone No. (Include Area Code)		
	3801 Nebraska Avenue, Washington, DC, 20052, USA				(202) 282-8000		
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						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification	Signature of Reporting Individual				Date (Month, Day, Year)		
	eSigned in FDM by: JEH C. JOHNSON User ID: 5176E8EE76E9C08F				05/15/2015		
Other Review (If desired by agency)	Signature of Other Reviewer				Date (Month, Day, Year)		
	eSigned in FDM by: Susan J. Heller User ID: 501997C10108C26A				08/18/2015		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)		
	eSigned in FDM by: Susan J. Heller User ID: 501997C10108C26A				08/18/2015		
Office of Government Ethics Use Only	Signature				Date (Month, Day, Year)		
	Emory Rounds <small>Digitally signed by Emory Rounds  DN: c=US, st=District of Columbia, l=Washington, o=Office of Government Ethics, cn=Emory Rounds, email=earounds@oge.gov  Date: 2015.09.17 09:15:12 -04'00'</small>						
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							<b>Reporting Periods</b> <b>Incumbents:</b> 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.  <b>Termination Filers:</b> 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.  <b>Nominees, New Entrants and Candidates for President and Vice President:</b>  <b>Schedule A</b> --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.  <b>Schedule B</b> --Not applicable.  <b>Schedule C, Part I (Liabilities)</b> --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.  <b>Schedule C, Part II (Agreements or Arrangements)</b> --Show any agreements or arrangements as of the date of filing.  <b>Schedule D</b> --The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
<div style="text-align: right;">(Check box if filing extension granted &amp; indicate number of days _____) <input type="checkbox"/></div>							
<div style="text-align: right;">(Check box if comments are continued on the reverse side) <input type="checkbox"/></div>							
Initial Review Date: 08/18/2015							
Supersedes Prior Editions							<b>Agency Use Only</b>
<b>COPY OF COMPLETE REPORT</b>							<b>OGE Use Only</b>
							Aug. 26, 2015

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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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Reporting Individual's Name JOHNSON, JEH C.	<b>SCHEDULE A</b> continued (Use only if needed)	Page Number 3 of 8
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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.																		
BLOCK A		BLOCK B															BLOCK C																		
			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	Type				Amount												Date (Mo., Day, Yr.)  Only if Honoraria	
																		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	7 Puerto Rico State Electric Power Authority Pwr Rev		✖																		✖					✖									
2	8 Residence (50% interest), NY, USA							✖													✖														
3	9 (S) Cinque, USA			✖																	✖														
4	10 Paul, Weiss Pension Plan																																		
5	10.1 Charles Schwab S&P 500 Index							✖							✖											✖									
6	10.2 Vanguard Growth Index						✖								✖											✖									
7	10.3 Vanguard Value Index							✖							✖											✖									
8	10.4 Vanguard Small Cap Growth Index				✖										✖									✖											
9	10.5 Blackrock US Debt Fund D					✖									✖											✖									

\* 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

Reporting Individual's Name <b>JOHNSON, JEH C.</b>	<b>SCHEDULE B</b>	Page Number <b>5 of 8</b>
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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)											
		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
	Identification of Assets																
	Example Central Airlines Common	x			2/1/99			x									
1	BlackRock 1000 Value		X		08/27/2015					X							
2	BlackRock Russell 1000 Growth		X		08/27/2015				X								
3	Vanguard Growth Index	X			08/27/2015				X								
4	Vanguard Value Index	X			08/27/2015					X							
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 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

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Reporting Individual's Name JOHNSON, JEH C.	<b>SCHEDULE C</b>	Page Number 6 of 8
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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	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
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	American Express, Newark, NJ, USA	Credit Card/Revolving Charge Account	2013	0.0%	On Demand		x								
2	Bank of America NYS Bar Association, New York, NY, USA	Credit Card/Revolving Charge Account	2013	9.99%	Revolvin g		x								
3	Citibank, USA	Mortgage, Personal Residence, USA	1997	5.875%	30 Yrs.				x						
4															
5															

\* 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
1	Continuing participation in Employee Benefit Plan: Continuing participation in defined benefit and pension plan. No contributions are being made to the plan.	Paul, Weiss, Rifkind, Wharton &Gar, Washington, DC, USA	01/1994
2			
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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
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 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. Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. 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
1		
2		
3		
4		
5		
6		

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Reporting Individual's Name JOHNSON, JEH C.		<b>OGE Form 278 of Record Comments</b>		Page Number 8 of 8	
Annotation: # 1		Section: Asset		Date: 05/11/2015	
Author: Susan J. Heller					
C O M M E N T	Puerto Rico State Electric Power Authority Pwr Rev Bond				
Annotation:		Section:		Date:	
Author:					
C O M M E N T					
Annotation:		Section:		Date:	
Author:					
C O M M E N T					
Annotation:		Section:		Date:	
Author:					
C O M M E N T					
Annotation:		Section:		Date:	
Author:					
C O M M E N T					

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