

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Classification: Unclassified/FOUO

Main OGE-278

= Required Fields

Please select your Ethics Official(s): **OGC OEO**

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year): **02/18/2011**

Reporting Status (Check Appropriate Boxes):
 New Entrant
 Incumbent
 Termination Filer

Calendar Year Covered by Report:
2014

Termination Date (Month, Day, Year):

Reporting individual's Name: Last Name: **O'sullivan** First Name and Middle Initial: **Stephanie L.**

Position for Which Filing: Title of Position: Department or Agency (if Applicable):

Location of Present Office (or forwarding address): Address (Number, Street, City, State, & Zip Code): **Washington, D.C., 20511** Telephone No. (Include Area Code): **703-275-3700**

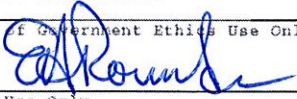
Position(s) Held with the Federal Government During the Preceding 12 Months (if Not Same as Above): Title of Position(s) and Date(s) Held:

Presidential Nominees Subject to Senate Confirmation: Name of Congressional Committee Considering Nominator: Do You Intend to Create a Qualified Diversified Trust?:
 Yes No

Certification: I CERTIFY that the statement 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: **Stephanie L. O'Sullivan-DNJ-** Date (Month, Day, Year): **06/29/2015**

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: **Kerri A. Cox-DNJ-** Date (Month, Day, Year): **07/10/2015**

Office of Government Ethics Use Only: Signature:  Date (Month, Day, Year): **7-28-15**

Agency Use Only

Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet):

(Check box if filing extension granted & indicated number of days **45**)

JUL 17 2015

Schedule A

= Required Fields

For you, your spouse, and dependent children, report each asset held for investment or the 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.

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).

..... None

BLOCK A Assets and Income Ex: Central Airlines Common	BLOCK B Valuation of Assets at close of reporting period		BLOCK C Income: Type and amount. If "None (or less than \$200)" is checked, no other entry is needed in Block C for that item.	
			Type	Amount
1. Vanguard Inflation Protected Securities Fund Admiral Shar (VAIPX)	<input checked="" type="checkbox"/> X\$100,001-\$250,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000
2. Vanguard Prime Money Market Fund (VMMXX)	<input checked="" type="checkbox"/> X\$1,001-\$15,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> XNone (or less than \$201)
3. Vanguard REIT Index Fund (VGSIX)	<input checked="" type="checkbox"/> X\$100,001-\$250,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000
4. Vanguard ST Investment Grade (VFSTX)	<input checked="" type="checkbox"/> X\$1,001-\$15,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> XNone (or less than \$201)
5. Vanguard Short Term Bond Index Fund (VBIRX)	<input checked="" type="checkbox"/> X\$50,001-\$100,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$1,001-\$2,500
6. Vanguard Small Cap Index Fund (VSMAX)	<input checked="" type="checkbox"/> X\$100,001-\$250,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000
7. Vanguard Total International Stock (VTIAX)	<input checked="" type="checkbox"/> X\$100,001-\$250,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000
8. Vanguard Total Bond Market Index (VBTLX)	<input checked="" type="checkbox"/> X\$100,001-\$250,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000
9. Vanguard Small Cap Value Index Fund (VSIAX)	<input checked="" type="checkbox"/> X\$100,001-\$250,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000
10. Vanguard 500 Index Funds (VFIAX)	<input checked="" type="checkbox"/> X\$250,001-\$500,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000
11. Navy Federal Credit Union (Checking, Savings, CDs)	<input checked="" type="checkbox"/> X\$100,001-\$250,000		<input checked="" type="checkbox"/> XInterest	<input checked="" type="checkbox"/> X\$1,001-\$2,500
12. Northwest Federal Credit Union (Checking, Savings, CDs)	<input checked="" type="checkbox"/> X\$250,001-\$500,000		<input checked="" type="checkbox"/> XInterest	<input checked="" type="checkbox"/> X\$5,001-\$15,000
13. Centennial Bank (Checking, Savings, CDs)	<input checked="" type="checkbox"/> X\$100,001-\$250,000		<input checked="" type="checkbox"/> XInterest	<input checked="" type="checkbox"/> X\$201-\$1,000
14. Northrup Grumman Defined Benefit Pension Plan				Other Income (Specify Type & Actual Amount): est benefit \$251/mo in 2024
15. Alcatel Lucent Defined Plan (spouse)	<input checked="" type="checkbox"/> X\$1,001-\$15,000			<input checked="" type="checkbox"/> XNone (or less than \$201)

Eg. Vanguard Value Index Fund (VVIAX)	<input checked="" type="checkbox"/> X\$100,001-\$250,000	<input checked="" type="checkbox"/> XExcepted Invest. Fund	<input checked="" type="checkbox"/> XDividends	<input checked="" type="checkbox"/> X\$2501-\$5,000

* 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.

Schedule A Cont.

Assets and Income BLOCK A Ex: Central Airlines Common	Valuation of Assets at close of reporting period BLOCK B	Income: type and amount. If "None (or less than \$200)" is checked, no other entry is needed in Block C for that item.		Other Income (Specify Type & Actual Amount) Ex: Law Partnership income \$130,000	Date (Mo., Day, Yr.) Only if Honoraria Ex: 1/31/99
		Type	Amount		

* 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.

Schedule B

= Required Fields

Part I: Transactions

Do Not Complete Schedule B if you are a New Entrant, Nominee, Vice Presidential or Presidential Candidate.

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 Ex: Central Airlines Common	Transaction Type (x)	Date (Mo., Day, Yr) Ex: 2/1/99	Amount of Transaction (x)
1. Rolled Dividends to purchase of additional shares within each asset account	<input checked="" type="checkbox"/> xPurchase	2014	<input checked="" type="checkbox"/> x\$15,001 - \$50,000
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 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) Ex: Frank Jones, San Francisco, CA	Brief Description Ex: Leather briefcase (personal friend)	Value Ex: \$300
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Schedule B Cont.

Part I: Transactions

Identification of Assets Ex: Central Airlines Common	Transaction Type (x)	Date (Mo., Day, Yr) Ex: 2/1/99	Amount of Transaction (x)

* 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.

Add Edit Remove

Part II: Gifts, Reimbursements, and Travel Expenses

Source (Name and Address)	Brief Description	Value

Ex: Frank Jones, San Francisco, CA

Ex: Leather briefcase (personal friend)

Ex: \$300

Schedule C

= Required Fields

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

<input checked="" type="checkbox"/> Creditor (Name and Address) Ex: First District Bank, Washington, DC	Type of Liability Ex: Mortgage on rental property, Delaware	Date Incurred Ex: 1999	Interest Rate Ex: 8%	Term if Applicable Ex: 25 Yrs.	Category of Amount or Value (x)
1. American Express	Revolving Charge Card - paid off monthly	2014			<input checked="" type="checkbox"/> x\$15,001 - \$50,000
2.					
3.					
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 Agreements or Arrangement Ex: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00	Parties Ex: Doe Jones & Smith, Hometown, State	Date Ex: 7/85
1. TRW (now Northrup Grumman) Defined Benefit plan based on prior employment (1/83-6/89) vested after 5th year monthly benefits estimated at \$251/mo starting in 2024		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Part I: Liabilities

Creditors (Name and Address) Ex: First District Bank, Washington, DC	Type of Liability Ex: Mortgage on rental property, Delaware	Date Incurred Ex: 1999	Interest Rate Ex: 8%	Term if applicable Ex: 25 Yrs.	Category of Amount or Value (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.

Add Edit Remove

Part II: Agreements or Arrangements

Status and Terms of any Agreements or Arrangement	Parties	Date
Ex: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00	Ex: Doe Jones & Smith, Hometown, State	Ex: 7/85

Schedule D

= Required Fields

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

<input checked="" type="checkbox"/> Organization (Name and Address) Ex: Doe Jones & Smith, Hometown, State	Type of Organization Ex: Law Firm	Position Held Ex: Partner	From (Mo., Yr.) Ex: 6/92	To (Mo., Yr.) Ex: 1/00
1				
2				
3				
4				
5				
6				
7				
8				
9				

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) Ex: Doe Jones & Smith, Hometown, State	Brief Description of Duties Ex: Legal Services
1	

2.	
3.	
4.	
5.	
6.	
7.	
8.	

Deputy Ethics Official(s) Comments

Comments of Organization Deputy Ethics Official(s):