

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 3/12/14		Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year) 03/17/2015	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 Individual's Name		Last Name Shelton		First Name and Middle Initial James H				
Position for Which Filing		Title of Position Senior Advisor ²⁾		Department or Agency (If Applicable) U.S. Department of Education				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.
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 400 Maryland Avenue SW, Washington, D.C., 20202			Telephone No. (Include Area Code) (202)401-0479			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Dates Held Deputy Secretary						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.
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Certification		Signature of Reporting Individual			Date (Month, Day, Year) 5/26/15 ¹⁾ 10/25/15			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.
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 Other Reviewer			Date (Month, Day, Year)			
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official Maricia Sprague			Date (Month, Day, Year) 11/2/15			
Agency Ethics Official's Opinion		Signature			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)		Signature			Date (Month, Day, Year)			
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)								RECEIVED Daily MAY 27 2015 OGE Use Only Nov. 16, 2015
1) per filer, 6/25/15 mcl (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>								
2) per information provided by agency staff and confirmed by filer mcl 10/29/15 (Check box if comments are continued on the reverse side) <input type="checkbox"/>								

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Reporting Individual's Name	Last Name Shelton		First Name and Middle Initial James H
Position for Which Filing	Title of Position Deputy Secretary		Department or Agency (If Applicable) U.S. Department of Education
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 400 Maryland Avenue SW, Washington, D.C., 20202		Telephone No. (Include Area Code) (202)401-0479
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 Deputy Secretary		
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Not Applicable	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certification	Signature of Reporting Individual	Date (Month, Day, Year)	
ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.		5/26/15 U	
Other Review (If desired by agency)	Signature of Other Reviewer	Date (Month, Day, Year)	
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official	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).	Signature	Date (Month, Day, Year)	
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)			
U per filer, 6/25/15 mcs			
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>			
(Check box if comments are continued on the reverse side) <input type="checkbox"/>			

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MAY 27 2015
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Reporting Individual's Name Shelton, James H	SCHEDULE A continued (Use only if needed)	Page Number 4 of 10
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BLOCK A	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 Medtronic		X													X					X													
2 Office Depot		X																		X													
3 Fairfax Financial			X												X						X												
4 Home Depot		X													X					X													
5																																	
6 Greenlight Capital		X																		X													
7 Ruby Tuesday		X																		X													
8 Transparent Value		X													X					X													
9 DFA Large Cap Value Fund (DFLVX)			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.

5 intentionally blank per files - M.C.S. 10/26/15

Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Shelton, James H	SCHEDULE B	Page Number 8 of 10
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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

Line	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												
		Purchase	Sale	Exchange		\$1,001 - \$5,000	\$5,001 - \$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									
1	Richmond China Media LP		X		1/16/15		X											
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

Line	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
1			
2			
3			
4			
5			

Reporting Individual's Name
 Shelton, James H

SCHEDULE C

Page Number
 9 of 10

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

Category of Amount or Value (x)

Examples	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	Over \$50,000,000				
	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.															
	John Jones, Washington, DC	Promissory note	1999	10%	on demand			x												
1	Capital One, Washington, DC	Mortgage on Rental Property	2004	5.25	30 years				X											
2	TD Bank	Mortgage on personal residence	2013	3.125	30 years								X							
3	TD Bank	Equity Line on Personal Residence	2014	3.25	N/A				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

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
	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	I will continue to participate in the Bill & Melinda Gates Foundation 401(k) Plan (TransAmerica). The company no longer makes contributions	Bill & Melinda Gates Foundation, Seattle, WA	07/03
2	I will continue to participate in the Knowledge Universe 401(k) Plan (TransAmerica). The company no longer makes contributions	Knowledge Universe, Portland OR	3/98
3			
4			
5			
6			

Reporting Individual's Name Shellon, James H	SCHEDULE D	Page Number 16 of 16
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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	C&J Holdings, Washington, DC	Rental Ownership Partnership	Limited Partner	03/2014	Present
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	Legalservices
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		

* over-reporting
 mcd
 6/24/15