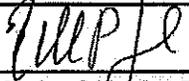
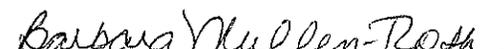


**Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT:
 Periodic Transaction Report**

Filer's Name (Print Last, First, and Middle Initial)		Title of Position for Which Filing		Department or Agency	
Pritzker, Penny S.		Secretary of Commerce		Commerce	
Certification: I CERTIFY that the statements I have made on this form and any attachments are true, complete, and correct to the best of my knowledge.		Signature of the Filer		Date (Month, Day, Year)	
				10/15/14	
Signature of Intermediate Reviewing Official (if required by agency)		Date (Month, Day, Year)		Agency Use Only	
				10/16/2014 	
Signature of Agency's Final Reviewing Official		Date (Month, Day, Year)		Comments of Reviewing Officials	
		10/17/14			
Signature of Reviewing Official at U.S. Office of Government Ethics (if required)		Date (Month, Day, Year)			
		6-30-15			

Transactions
 Report any purchase, sale, or exchange by you, your spouse, or dependent child of stocks, bonds, commodity futures, and other securities if the amount of the transaction exceeded \$1,000. You do not need to report: (1) mutual funds and other excepted investment funds; (2) certificates of deposit, savings or checking accounts, and money market accounts; (3) U.S. Treasury bills, notes, and bonds; (4) Thrift Savings Plan accounts; (5) real property; and (6) transactions that are solely by and between you, your spouse, or dependent child

Identification of Assets		Transaction Date (Mo./Day/Yr.)	Notification Received More Than 30 Days Ago*	Transaction Type (x)			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	
Ex.	Central Airlines Co.	10/1/12		X														
Ex.	BMSL Propulsion, Inc.	9/4/12	X	X				X										
1	JPALT 2005-S1 3A1	10/1/14		X						X								
2	JPALT 2005-S1 3A1	10/7/14			X						X							
3																		
4	NORTH CAROLINA MED CARE COMMN REV REF BDS 2012	10/1/14			X						X							
5																		
6																		
7																		

* Extensions of the due date should be noted in the "Notice of Extension" section of this form.
 ** This category applies only if the underlying asset is solely that of your spouse or dependent child. If the underlying asset is either held by you or jointly held by you with your spouse or dependent children, use the other higher categories of value, as appropriate.