

**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)	Notice of Extension
		4/12/16	<input type="checkbox"/> Check if granted Indicate number of days:
Signature of Intermediate Reviewing Official (if required by agency)	Date (Month, Day, Year)	Agency Use Only	OGE Use Only
		Rec 4/13/16	April 13, 2016
Signature of Agency's Final Reviewing Official	Date (Month, Day, Year)	Comments of Reviewing Officials	
	4/13/16		
Signature of Reviewing Official at U.S. Office of Government Ethics (if required)	Date (Month, Day, Year)		

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					X										
Ex. BMSL Propulsion, Inc.	9/4/12	X	X			X												
1 WARREN CNTY KY HOSP REV HOSP 4/1/16	4/1/16			X				X										
2																		
3																		
4																		
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.