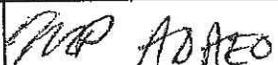


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<small>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</small>	Reporting Status <small>(Check Appropriate Boxes)</small>	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name	Last Name Botticelli		First Name and Middle Initial Michael P			
	Title of Position Director		Department or Agency (If Applicable) Office of National Drug Control Policy			
Position for Which Filing	Address (Number, Street, City, State, and ZIP Code) 750 17th Street NW, Washington, DC 20006		Telephone No. (Include Area Code) 202.395.6700			
	Location of Present Office (or forwarding address)					
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					
	Acting Director, March 2014 - present Deputy Director, November 2012 - March 2014					
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Committee on Judiciary			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)	
<small>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.</small>					10/20/14	
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)	
<small>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).</small>					10/20/14	
Office of Government Ethics Use Only	Signature				Date (Month, Day, Year)	
					10/22/14	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
<small>(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/></small>						
<small>(Check box if comments are continued on the reverse side) <input type="checkbox"/></small>						
Agency Use Only						
OGE Use Only						

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 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.

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.

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.

SCHEDULE A continued
 (Use only if needed)

Reporting Individual's Name Botticelli, Michael P		SCHEDULE A continued (Use only if needed)												Page Number 6 of 12																					
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	Fidelity Select Chemicals Portfolio			X										X							X														
2	Fidelity Massachusetts Municipal Money Market Fund	X												X							X														
3	Fidelity Portfolio Advisers IRA - Strategic Advisers Core Fund			X										X									X												
4	-Strategic Advisers Growth Fund			X										X									X												
5	-Strategic Advisers Value Fund			X										X									X												
6	-Strategic Advisers Emerging Markets	X												X							X														
7	-Strategic Advisers US Opportunity Fund	X												X									X												
8	-Strategic Advisers Small-Mid Cap Fund	X												X									X												
9	-Strategic Advisers International Fund				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.

Reporting Individual's Name
 Botticelli, Michael P

SCHEDULE A continued
 (Use only if needed)

Page Number
 7 of 12

BLOCK A	BLOCK B										BLOCK C										Date (Mo., Day, Yr.) Only if Honoraria												
	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.																						
	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 S		X											X							X													
2 S		X											X							X													
3 S		X											X							X													
4 S		X											X							X													
5 S		X											X							X													
6 S		X											X							X													
7 S		X											X							X													
8 J		X											X							X													
9 J		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.

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

Reporting Individual's Name Botticelli, Michael P	SCHEDULE B	Page Number 10 of 12
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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

	Identification of Assets		Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (\$)												
			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	
	Example	Central Airlines Common	x			2/1/99													
1																			
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 \$335 and (2) travel-related cash reimbursements received from one source totaling more than \$335. 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 \$134 or less. See instructions for other exclusions.

None

	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)	\$350
1			
2			
3			
4			
5			

Reporting Individual's Name Botticelli, Michael P	SCHEDULE C	Page Number 11 of 12
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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 - \$25,000	\$25,001 - \$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		
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	Wells Fargo	Mortgage on Florida rental property	2010	4.375%	30 yrs				X									
2	Wells Fargo	Mortgage on personal residence	2012	4.125	30 yrs					X								
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 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	I will continue to participate in the Commonwealth of Massachusetts' defined benefit plan	Commonwealth of Massachusetts State Retirement Board	02/03
2	I have a deferred compensation plan with my former employer. No contributions have been made to the plan by my former employer since the date of my resignation.	Massachusetts Deferred Compensation SMART Program administered by ING	6/08
3			
4			
5			
6			

Reporting Individual's Name
 Botticelli, Michael P

SCHEDULE D

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	Massachusetts Department of Public Health, 250 Washington Street, Boston, MA 02108-4619	State government	Director, Bureau of Substance Abuse Services	08/2003	7/2012
2	Altarum Institute, Washington, DC, 2000 M Street NW, Suite 400, Washington, DC 20036	Private company	Senior Associate, Behavioral Health Coordinating Center	08/2012	11/2012
3	National Association of State Alcohol and Drug Abuse Directors, 1025 Connecticut Avenue NW, Washington, DC 20036	Non-profit	Board Member and Secretary	08/2003	06/2012
4	National Action Alliance for Suicide Prevention, 1025 Thomas Jefferson Street NW, Suite 700, Washington, DC 20007	Non-profit	Executive Committee member	10/2010	03/2012
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	Massachusetts Department of Public Health, 250 Washington Street, Boston, MA 02108-4619	Led a division of 70 employees responsible for providing policy, programmatic, and regulatory guidance for the provision of substance use disorder services in Massachusetts.
2	Altarum Institute, 2000 M Street NW, Suite 400, Washington, DC 20036	Consulting and training services including advice on overall strategic direction and technical assistance for the Behavioral Health Coordinating Center.
3		
4		
5		
6		