

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved:
OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)		Incumbent ☒	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate ☐		Termination (If Applicable) (Month, Day, Year)
01/20/2009		Last Name		2011		First Name and Middle Initial		
Reporting Individual's Name		Jarrett				Valerie		B
Position for Which Filing		Title of Position		Assistant to the President for Intergovernmental Affairs		White House		Department or Agency (If Applicable)
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		1800 Pennsylvania Avenue, Washington, D.C. 20500		Telephone No. (Include Area Code)		202-456-1414
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 Nomination		Do You Intend to Create a Qualified Diversified Trust?		☐ Yes ☐ No		
Not Applicable								
Certification		Signature of Reporting Individual		Date (Month, Day, Year)				
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]		05/14/2012				
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)				
[Signature]		5/15/12						
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]		5/25/12				
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)								
		(Check box if filing extension granted & indicate number of days _____) ☐						
		(Check box if comments are continued on the reverse side) ☐						
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.								
Agency Use Only								
OGE Use Only								

SCHEDULE A

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.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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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 ☐		None (or less than \$1,001)										Type																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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* 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
Jarrett, Valerie B

SCHEDULE A continued

(Use only if needed)

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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.													Date (Mo., Day, Yr.) Only if Honorary					
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										Other Income (Specify Type & Actual Amount)			
																	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	
1	ARIEL FUND			X									X								X												
2	ARIEL APPRECIATION FUND			X									X				X					X											
3	PC Checking Plus Chase Bank			X														X				X											
4	PC Savings Chase Bank			X														X				X											
5	Habitat Grand Kingsbury, LLC Chicago, IL (10.67% Equity Int.) owns Kingsbury Plaza									X											X												
6	Intentionally left blank																																
7	IRA - UBS																																
8	UBS RET MONEY FUND		X										X								X												
9	UBS BANK USA DEPOSIT ACCT		X										X								X												

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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										Other Income (Specify Type & Actual 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		
1	PACE INTERNATIONAL FIXED INCOME INVESTMENT CLASS A		X											X																					
2	FIDELITY INVESTMENTS 401K																																		
3	FID CONTRAFUND			X										X																					
4	SPTN 500 INDEX INV				X									X																					
5	TRP EQUITY INCOME			X										X																					
6	JPM SM CAP GRTH A			X										X																					
7	FID DIVERSIFD INTL			X										X																					
8	FID FREEDOM 2010				X									X																					
9	FID FREEDOM 2020					X								X																					

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Reporting Individual's Name
Jarrett, Valerie B

SCHEDULE A continued

(Use only if needed)

Page Number

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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										Other Income (Specify Type & Actual 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
1	JPM Short Duration Bond FD					X								X																			
2	IRA - JPMorgan Chicago, IL																																
3	JPM Small Cap Growth Fd		X											X																			
4	JPM Small Cap Value Fd		X											X																			
5																																	
6																																	
7																																	
8																																	
9																																	

* 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
Jarrett, Valerie B

SCHEDULE B

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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 ☐

		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.		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.													
Identification of Assets		Transaction Type (x)		Date (Mo., Day, Yr.)	Amount of Transaction (x)												
Example	Central Airlines Common	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
1	JPMorgan Short Duration Bond Fd	X			2/1/99			X									
2	BNP REN SPX 6/6/12		X		2/9/11						X						
3	DB REN SPX 2/29/12	X			5/20/11			X									
4	HSBC REN SPX 3/12/12	X			2/11/11			X									
5	ISHARES TRUST S&P 500 INDEX FUND (IVV)	X			3/4/11			X									
		X			2/9/11				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.

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	Natl 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
Jarrett, Valerie B

SCHEDULE C

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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 ☐

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 accounts.						business 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.											
Creditors (Name and Address)		Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)											
First District Bank, Washington, DC John Jones, Washington, DC		Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	\$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	
1	JPMorgan Chase, Chicago, IL and Lansdown Insurance Co., Bermuda (Solana)	Letter of credit (15% indemnification & Guarantor) Annual Carrying Charge \$1,059.36	2004	N/A	Renews Annually				X								
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 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.		
1	Deferred Compensation Payments through CTA Supplemental Retirement Plan	Chicago Transit Authority, Chicago, IL	09/95
2	Continued Participation in Employee 401K Plan managed by Fidelity Investments - no further contributions	Habitat Executive Services, Inc. Chicago, IL	11/95
3			
4			
5			
6			

Reporting Individual's Name
Jarrett, Valerie B

SCHEDULE D

Page Number

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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 ☒

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Natl. Assn. of Rock Collectors, NY, NY	Not-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1					
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	Legal services	
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	
1			
2			
3			
4			
5			
6			