Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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Agency Use Only					
of filing.	licate number of days)	(Check box if filing extension granted & indicate number of days	(Check box if filing		1
the preceding two calendar years and the current calendar year up to the date	, /	sheet)	equired, use the reverse side of th	lf additional space is r	Comments of Reviewing Officials (If additional space is required, use the reverse side of the
arrangements as of the date of filing. Schedule D—The reporting period is	5/14/15	1	-M. Cheek	Wak	Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)	5		Signature	Office of Government Ethics
any date you choose that is within 31 days of the date of filing.	5-12-15		(*) (*)	l'ins	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).
reporting period is the preceding calendar	Date (Month, Day, Year)	ng Official	ed Agency Ethics Official/Reviewing Official	Signature of Designated Agency Ethics	Agency Ethics Official's Opinion
Schedule B-Not applicable.	5-12-15		D. M. Kolla	South	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		viewer	Signature of Other Reviewer	Other Review
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	5.12.15	2	(Sher /		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.
Vice President:	Date (Month, Day, Year)		g Individual	Signature of Reporting Individual	Certification
Nominees, New Entrants and	X No	Yes		Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Create a Qualified Diversified Trust?	ltion Do You Intend to Create a Qua	Name of Congressional Committee Considering Nomination	Name of Congression	Presidential Nominees Subject
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			d Date(s) Held	Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
 where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. 		SHINGTON, DC 20500	1600 PENNSYLVANIA AVE., NW, WASHINGTON, DC 20500	WHITE HOUSE, 1600	
	Telephone No. (Include Area Code)		eet, City, State, and ZIP Code)	Address (Number, Street, City, State,	Location of
Reporting Periods Incumbents: The reporting period is		e .		VICE PRESIDENT	Position for Which Filing
to a \$200 fee.	gency (If Applicable)	Department or Agency (If Ap		Title of Position	
than 30 days after the last day of the filing extension period, shall be subject		JOSEPH R., JR.		BIDEN	Individual's Name
filed, or, if an extension is granted, more	fiddle Initial	First Name and Middle Initial		Last Name	Bonostina
	Termination Termination Date (#Appli- Filer sable)(Month Day, Year)	New Entrant, Nominee, or Candidate	Incumbent Calendar Year Covered by Report 2014	Reporting Ir Status (Check Appropriate Boxes)	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/20/2009

Reporting Individual's Name BIDEN, JOSEPH R., JR.	Assets		For you, your spouse, report each asset hel production of income value exceeding \$1,00 ing period, or which g in income during the 1 with such income.	For yourself, also amount of earned than from the U.S. report the source income of more t actual amount of your spouse). None	Caster	Сепиал		Examples Doe Jone Kempst		Examples Doe Jone Kempst IRA: Hea 1 J - UNITED STA CREDIT UNION	×	×	×	OS L Z S OL Xar
ual's Name	ts and Income	BLOCK A	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).	Central Airlines Common	Doe Jones & Smith, Hometown, State	Kempstone Equity Fund	IRA: Heartland 500 Index Fund	J - UNITED STATES SENATE FEDERAL CREDIT UNION - SAVINGS	SUNTRUST BANK - CHECKING	HECKING	CHECKING		- WILMINGTON SAVINGS FUND SOCIETY - HECKING
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OGE Form 278 (Rev. 12/2011)
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U.S. Office of Government Ethics
Reporting Individual's Name

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			24						13	Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	6 of	Jer	NIhar
										Date (Mo., Day, Yr.) Only if Honoraria		х	item.	9		

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

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	2				Frank Jones, San Francisco, CA	Examples Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)	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	Part II: Gifts, Reimbursements,	is category applies only if the underlying asset the filer or jointly held by the filer with the spo					Example Central Arithes Common	Identification of Assets	futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	children during the reporting period of any real property, stocks, bonds, commodity	Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	BIDEN, JOSEPH R., JR.
					Leather briefcase (personal friend)	Airline ticket, hotel room & meals incident to national conference 6/15/9		Ţ,	ments, and Travel Expenses	*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.						יוו טו אפאכנט	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	residence, or a transaction solely between you, your spouse, or dependent child.	Do not report a transaction involving N property used solely as your personal	SCHEDULE
						conference	Brief De	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.	- 41	If the und					,	+	Purchase Sale	Transaction Type (x)	None 🛛	JLE B
					2	6/15/99	Brief Description	nent; giv atives; n eir relati nce. Als ne sourd ns.		lerlying a						1	Exchange	ion		
)9 (personal activity unrelated to duty)	י	iven to your agency in connection with official traversectived by your spouse or dependent child totally received by your spouse or dependent child totally ationship to you; or provided as personal hospitality lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts to determine the lso, for purposes of aggregating gifts aggregating gifts to determine the lso, for purposes of aggregating gifts aggregating gifts to determine the lso gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts aggregating gifts gi		asset is ei nopriate.					1000	2/1/00	Date (Mo., Day, Yr.)			
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	11					o dut		mect or dep led as gating §140									\$250,000 \$250,001 - \$500,000	Amount of Transaction		
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					\$385	\$500	Value	\boxtimes								_	Over \$50,000,000			9
																_	Certificate of divestiture			

U.S. Office	U.S. Office of Government Ethics									×						
Reporting BIDEN, Jo	Reporting Individual's Name BIDEN, JOSEPH R., JR.	SC	SCHEDULE	ULE C			*!				מי	Page Number 8	umber 8	9	9	
Part	Part I: Liabilities	a mortgage on your personal residence	None		×											
Report 1	ved	unless it is rented out; loans secured by						Cat	Category of Amount or Value	of Amo	ount o	r Valu	e (x)			
to any o during t your spo Check th during t	to any one creation at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	automobiles, nousehold furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	,		if if	0,001 - 5,000	5,001 - 0,000	0,001 - 00,000 00,001-	50,000 50,001 -	00,000	,000,000	000,000*	,000,000	,000,001 - 5,000,000	5,000,001 - 0,000,000	er 0,000,000
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$15	\$50	\$10	\$25	\$50		\$1,	\$5,			0v \$50
	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.			×	FU							
Examples	John Jones, Washington, DC	Promissory note	1999	10%	on demand		NEW C			×						
J-TD	J-TD BANK	HOME EQUITY LOC (PAID OFF IN 2014)	2013	2.75%	20 YRS				\/	X			as ventre	ŧ.		
2 J-TD	J - TD BANK	MORTGAGE ON PRINCIPAL RESIDENCE (INCL. RENTAL PROPERTY)	2013	3.375%	30 YRS				1,380		X					
3 MASS POLIC	MASS MUTUAL LIFE INSURANCE COMPANY POLICIES BOUGHT BETWEEN 1969 AND 1983	LOANS AGAINST CASH VALUE OF POLICIES	1983	5-8%	LIFE		X	83		141-28	gravite.					
4 SUN N	SUN NATIONAL BANK, DE	CO-SIGNER WITH SON ON LOC, RENEWABLE EVERY 2 YEARS	1989	PR+1	2 YRS		X			Middle				0148	4	
5 J-TD	J - TD BANK	HOME EQUITY LOC	2014	2.75%	20 YRS		2		\/	X	NA EX					
*This ca with th	ategory applies only if the liability is sol se spouse or dependent children, mark t	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	en. If the li	ability is th	at of the fil	er or a	joint liability	ability	of the filer	filer						
Part	II: Agreements or	Arrangements														
Report y employe tion of p	your agreements or arrangements f ee benefit plan (e.g. pension, 401k, payment by a former employer (inc	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 abser ing of n	ice; and (egotiation	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non	mploy of thes	ment. e arra	See ii ngem	1struc	ctions or bei	s rega nefits	urdin i.	g the	rep	None X	\times
	Status and Tern	Status and Terms of any Agreement or Arrangement						Pa	Parties						Ď	Date
Example	Pursuant to partnership agreement, wincalculated on service performed through	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	tnership sh	are	Doe Jones	& Smith	Smith, Hometown, State	own, Si	ate						7/	7/85
1																
2																
S	8														-	
4															-	
5														/4		
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