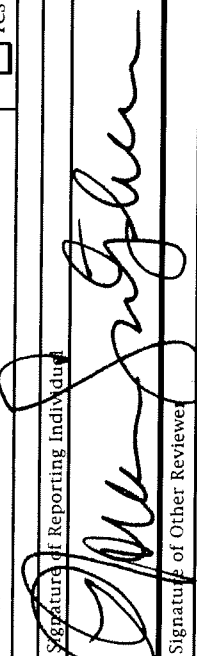


Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/20/2009		Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report 2009	Termination Date (If Applicable) (Month, Day, Year) _____	Termination Filer <input type="checkbox"/>	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 Individual's Name Sulphen		First Name and Middle Initial Mona K.		Department or Agency (if Applicable) White House		
Position for Which Filing Deputy Chief of Staff		Title of Position Deputy Chief of Staff		Telephone No. (Include Area Code) 202 456-1414		
Location of Present Office (or forwarding address) 1600 Pennsylvania Ave, NW, Washington, DC		Address (Number, Street, City, State, and ZIP Code)		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)		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Presidential Nominees Subject to Senate Confirmation		Signature of Reporting Individual 		Date (Month, Day, Year) 5/10/10		
Certification 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 of Other Reviewer Keith Zolbedy		Date (Month, Day, Year) 6/15/10		
Other Review (if desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official Heather C. Botney		Date (Month, Day, Year) 6-16-10		
Agency Ethics Official's Opinion 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 _____		Date (Month, Day, Year)		
Office of Government Ethics Use Only		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 _____) <input type="checkbox"/>		
Agency Use Only		OGE Use Only		5/11/10		
Agency Use Only		OGE Use Only		_____		

SCHEDULE A continued
 (Use only if needed)

Reporting Individual's Name
 Sutphen, Mona K.

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C 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 Honoraria				
	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	Over \$25,000,000	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)	
	Type										Amount														
	Dividends										Capital Gains														
	Interest										None (or less than \$201)														
	Rent and Royalties										None (or less than \$201)														
	Qualified Trust										None (or less than \$201)														
	Excepted Trust										None (or less than \$201)														
	Excepted Investment Fund										None (or less than \$201)														
1 401k: American Funds Growth Fund of America R3																									
2 401k: American Funds Wash Mutual Investor R3																									
3 401k: PIMCO Total Return Fund R																									
4 NYLIAC Variable Universal Life 2000: Mainstay VP International Equity																									
5 NYLIAC Variable Universal Life 2000: Van Kampen's UJF Emerging Markets Equity																									
6 NYLIAC Variable Universal Life 2000: Mainstay VP Growth Allocation																									
7 NYLIAC Variable Universal Life 2000: Mainstay VP International Equity (spouse)																									
8 NYLIAC Variable Universal Life 2000: Mainstay VP Hi Yield Corporate Bond (spouse)																									
9 NYLIAC Variable Universal Life 2000: Mainstay VP Growth Allocation (spouse)																									

* 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
 Sutphen, Mona K.

SCHEDULE A continued
 (Use only if needed)

Page Number
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Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C 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 Honoraria													
	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																							
	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																							
	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	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)	Date (Mo., Day, Yr.) Only if Honoraria							
1 Chipotle - Common Stock	X																X																			
2 Google - Common Stock	X																X																			
3 Presidential Inaugural Committee																																				
4 NY 529: Vanguard Institutional Total Stock Market Index Fund (child)	X																X																			
5 Counsyl, Inc. - Stock																																				
6 Obama-Biden Transition																																				
7 401k: American Funds Money Market R2	X																X																			
8 CEMK, Inc.	X																																			
9 RSWC, LLC (residential real estate in GA)	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
 Sutphen, Mona K.

SCHEDULE A continued
 (Use only if needed)

Page Number
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Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C 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 Honoraria										
													Amount											Other Income (Specify Type & Actual Amount)									
													Type																				
BLOCK A	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	Qualified Trust	Excepted Trust	Excepted Investment Fund	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 "The Next American Century," Simon & Schuster (value not readily ascertainable)																			X														
2																																	
3																																	
4																																	
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

SCHEDULE B

Reporting Individual's Name
 Sulphen, Mona K.

Part I: Transactions

Report any purchase, sale, or exchange by you, your spouse, or dependent child 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 (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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$250,000,000	Over \$250,000,000	Certificate of divestiture
Example Central Airlines Common	x			2/1/99			x									
1 Dicon, Inc. (sale of portion of the company/assets)		x		07/09/09				x								
2 Berkshire Hathaway - Class B (purchase of stock)	x			11/10/09				x								
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 \$260, and (2) travel-related cash reimbursements received from one source totaling more than \$260. 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 \$104 or less. See instructions for other exclusions.

None

Source (Name and Address)	Brief Description	Value
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$300
1		
2		
3		
4		
5		

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

Examples	Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	
	Non-profit education Law firm	Transition			6/92 7/85	Present 1/00
1	Obama-Biden Transition		Transition	Advisor	11/2008	01/2009
2	Ron Brown Scholar Program		Non-profit scholarship program	Advisory Board	1998	1/2009
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. None

Examples	Source (Name and Address)		Brief Description of Duties
	Legal services	Legal services in connection with university construction	
1	Doe Jones & Smith, Hometown, State		
2	Metro University (client of Doe Jones & Smith), Moneytown, State		
3			
4			
5			
6			