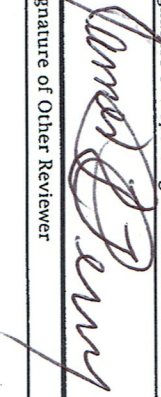


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 06/04/2015		Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name PERRY		Last Name	First Name and Middle Initial JAMES		Filer <input type="checkbox"/>	R	
Position for Which Filing		Title of Position CANDIDATE FOR PRESIDENT					
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) PO BOX 162406 AUSTIN, TX 78716			Telephone No. (Include Area Code) (512) 900-8585		
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 Nominee Subject to Senate Confirmation		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			
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 Reporting Individual 		Date (Month, Day, Year) 7/7/15			
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)			
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 of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)			
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 _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
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							

Reporting Individual's Name
 PERRY, JAMES R

SCHEDULE A

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 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			
1	Office of the Governor Austin, TX																		Salary \$133,215.36				
2	Employees Retirement System of Texas Austin, TX																		Retirement Income \$130,882.32				
3	Holt Texas, Ltd. San Antonio, TX (Through ARP Holdings SM LLC)																		Consulting Income \$250,000				
4	Texas Association Against Sexual Assault (Spouse) Austin, TX																		Consulting Income \$82,083.33				
5	DBAB Cash Reserve Prime Series (ARP Holdings SM LLC)					X																	
6	Deutsche Bank AG EQTY Mean Alpha Indx (ARP Holdings SM LLC)						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
PERRY, JAMES R

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.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria						
	BLOCK B							BLOCK C											
	BLOCK A							Type	Amount										
1	J.R. Perry & Company Haskell, TX																		
2	J.R. Perry & Company (Working Interest) Haskell, TX																		
3	WPP Investments, LP (47.5%) Dallas, TX																		
4	Grey Rock Energy Fund, Ltd. (2%) Dallas, TX																		
5	310 SHS Guggenheim CurrencyShares Japanese (ARP Holdings SMLLC)																		
6	270 SHS Diamondback Energy Inc (ARP Holdings SMLLC)																		
7	225 SHS EOG Resources Inc (ARP Holdings SMLLC)																		
8	970 SHS PowerShares DB US Dollar Index Bullish (ARP Holdings SMLLC)																		
9	295 SHS Proctor & Gamble Co (ARP Holdings SMLLC)																		

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Reporting Individual's Name
 PERRY, JAMES R

SCHEDULE A continued
 (Use only if needed)

Page Number
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BLOCK A	BLOCK B								BLOCK C															
	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									
BLOCK A																							Other Income (Specify Type & Actual Amount)	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																							
	\$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																								

1	2	3	4	5	6	7	8	9
1000 SHS Etsy Inc (ARP Holdings SMLLC)							X	
Energy Transfer Equity, LP (Spouse)	X							
Sunoco Logistics Partners, LP (Spouse)	X	X						
Enterprise Products Partners, LP (Spouse)	X	X	X					
Microsoft, Houston, TX								
Asian American Hotel Owners Association, Long Beach, CA								
Ashland University, Ashland, OH								
QR Energy, LP							X	
Rent House 523 Larkwood, San Antonio, TX								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
 PERRY, JAMES R

Page Number

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SCHEDULE A continued
 (Use only if needed)

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 Honoraria																											
	BLOCK B												BLOCK C																										
BLOCK A	BLOCK B										Type	Amount	Other Income (Specify Type & Actual 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								
1 Deutsche Bank DBAB Cash					X													X		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

Reporting Individual's Name: **PERRY, JAMES R** Page Number: **of 7**

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., Yr.)	Amount of Transaction (X)										Certificate of divestiture		
			\$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	
Example Central Airlines Common	Purchase	2/1/99			X										
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 \$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

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.

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 \$385
1		
2		
3		
4		
5		

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

Reporting Individual's Name: **PERRY, JAMES R**
SCHEDULE B continued
 (Use only if needed) Page Number of 7

Part I: Transactions

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	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	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				

*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.

Reporting Individual's Name
 PERRY, JAMES R

SCHEDULE C

Page Number
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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

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)													
						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
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1999	8%	25 yrs. on demand				X										
2	Benchmark Mortgage	Mortgage (secured by 523 Larkwood, San Antonio, TX)	2013	4.625	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

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	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
2	Employees Retirement System of Texas - Pension	Texas	01/15
3			
4			
5			
6			

Reporting Individual's Name
 PERRY, JAMES R

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.)
		Non-profit education	Law firm			
	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State			President Partner	6/92 7/85	Present 1/00
1	State of Texas, Austin, TX - Office of the Governor		State Government	Governor	12/2000	01/2015
2	J.R. Perry and Company Haskell, TX		Partnership	General Partner	01/2013	Present
3	ARP Holdings, LLC Austin, TX		Single Member LLC	Manager	02/2015	Present
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

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