FORM A Federal Reserve Bank Of Minneapolis CONFIDENTIAL FINANCIAL DISCLOSURE REPORT

Reporting Status 🗵 Incumbent	Calendar Year Covered By Report	Date of Employme		Termination Date (if applicable)	INTERNAL-FR
(Check Appropriate New Filer	2017	January 1, 2016	5		Reporting Periods
Box)	ler				Incumbents: The reporting period is the
Last Name		First Name and Middle Ini	tial		preceding calendar year except Part II of
Kashkari		Neel T.			Schedule C and Schedule D where you must also include the filing year up to the
					date you file.
					Tourisation Filess The assertion period
					Termination Filers: The reporting period begins at the end of the period covered
B 33			Talambana A	No. Washington On the	by your previous filing and ends at the
Position			i elepnone i	No. (Include area Code)	date of termination.
President					New Filers:
			Rec	dacted	Schedule A-The reporting period is the preceding calendar year and the current
					calendar year up to the date of filing.
Certification	Signature of Reporting Individual	<u> </u>	Date		-
Certification	Signature of perputating industricular		June 23, 2	018	Schedule B-Not applicable.
I CERTIFY that the statements I have			001.0 20, 2		Schedule C, Part I (Liabilities)-The
made on this form and all attached	Redacted				reporting period is the preceding calendar year and the current calendar year up to
schedules are true, complete and correct to the best of my knowledge and belief.					any date you choose that is within 31
Ethics Officer's Review	Signature of Ethics Officer		Date		days of the date filing.
Luiles Officer's Neview	Oignate of Ethics Officer		Date		Schedule C, Part II (Agreement or
I certify that I have reviewed the			- 4		Arrangement)-Show any agreement or
information contained in this report.	D . 1 (. 1		7-18	8-18	arrangement as of the date of filing.
7.18.18	Redacted				Schedule D-The reporting period is the
11810	-				preceding two calendar years and the current calendar year up to the date of
Comments of Ethics Officer (If additional	al space is required, use the reverse side of this sheet	t)			filing.
Comments of Earlies Cities (in addition	apase to required, and the reverse size or this size	7			
				(Observit see	
				(Check box if comments	are continued on the reverse side)

Reporting	Individual's	Name
Neel Kash	kari	

FORM A - SCHEDULE A

Calendar Year Covered 2017

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		Assets and Income				at	of A	of								iount. hat tii	. If "None (or less the	nan \$2	201)"	is c	heck	ed, r	no ot	her entry is
		BLOCK A				BL	OCK	ίВ									BLOC	КC						
See intercregal	h had a fallose of the instruction of the instructi	asset held for the production of income fair market value exceeding \$1,000 at he reporting period. uctions for special rule for reporting an depository institution and other entities value. asset or source of income which her \$200 in income during the reporting	O W N E R	None (or less than \$1,000)	\$1,001 - \$50,000	\$50,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000	Dividends	Rent and Royalties	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Trust	Other (Specify Type)	None (or Less than (\$201)	\$201 - \$1,000	\$1,001 - \$25,000	\$25,001 - \$150,000	\$150,001 - \$500,000	Over \$500,000	Date (Mo., Day, Yr.) Only if Hondoraria
		Central Airlines Common	s		X			1900		Х										x				
Exa	mples:	Don Jones & Smith, Hometown, USA	Е														Low Partnership Income				х			
		Kempstone Equity Fund	E			X								Х				43		х				
1.	Cash /	Schwab Money Market Fund				X						X						X		I				
2.	US Go	ov Thrift Savings Plan G Fund – Treasury	401k	-8h	Х													X						
3.	US Go	ov Thrift Savings Plan F Fund – Treasury	401k	2,1		X												Х						
4.	Vangu	ard 500 Index Fund (VFIAX) – IRA				Х												Х						
5.	Vangu	ard International Index Fund (VTIAX) – IF	RA			X											.,,	Х						
6.	PIMCC	O All Asset Fund (PAAIX) – Alliance 401K				Х												Х						
7.	PIMCO	O All Asset All Authority Fund (PAUIX) – 401K				Х												X			-			
8.	Bank o	of America Checking Account				Х						Х						Х						

	orting Individual's Name Kashkari				F	OR	ΜA	- 5	SCF	IED	ULE	A		Caler	ear C 017	overed		Page 3 of 9
9.	Federal Reserve Thrift Plan: Aggressive Asset Allocation Fund			X									X					
12.	Alpine Sky / CK Communications LLC (Spouse's CA / MN LLC)														X		\top	
13.	LifePath Index 2035 Fund			X									X					
14.	Bank of America (Spouse's LLC-related checking account)		X					X					X					
15.	Citigroup (Spouse's checking account)	X		N E				X					X					
16.	Citigroup (Spouse's savings account)	Х						X					X					

Note: for the mutual funds in 401ks / IRAs, for which there are no current distributions, I indicated no income received.

	rting Individual's Name Kashkari		FORM A - SCHEDUL	ΕB				Cal	endar Ye 20		ered	Page 4	1 of 9	
			New Filer (Schedule Not Applicat	ole) 🗌										
Par	t I: Transactions												Nor	ne 🛛
spous	ort any purchase, sale or exchange by you, your see or dependent child during the reporting	personal residence (unl	on involving real estate used solely as your less rented out), or a transaction solely			ansacti Type (x				Amou	nt Tran	saction	(x)	
future trans	d of any real estate, stocks, bonds, commodity as and other securities when the amount of the action exceeded \$1,000. Include transactions esulted in a loss.	divestiture" block to indi-	se or dependent child. Check the "Required cate sales made pursuant to a divestiture	O W N E R	Purchase	Sale	Exchange	Date (Mo., Day, Yr	\$1,001-	\$50,001-	\$250,001- \$500,000	\$500,001- \$1,000,000	Over \$1,000,000	Required divestiture
	lo	dentification of Assets							0,0,	0,0,	0,0,	0,0,		
Exan	nple: Central Airlines Common			S	х			2/1/93	×					
1.														
2.														
3.														
4.														
5.														
6.	-													
7.														
8.														
9.														
10.														
To th	t II: Gifts te extent not previously reported in writing, iption, and the value of any gifts, as defined in your spouse or dependent child from one source	the instructions, received by	Exclude gifts from relatives, gifts valued a and gifts received by your spouse or depe you. See the instructions for further exclusi	ndent ch	or less	s when	aggr e give	regating gifts f en totally inde	or the to	tal from	one so	ource, hip to	Nor	ne 🏻
	Source (Name and Addres	ss)		Brief De	scrip	tion							√alue	

1.

Repor Neel I	ting Individual's Name Kashkari	 FORM A - SCHEDULE B	Calendar Year Covered 2017	Page 5 of 9
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Reporting Individual's Name	
Neel Kashkari	

FORM A - SCHEDULE C

Calendar Year Covered 2017

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		WEW !									
Par	t I: L	iabilities	None ⊠						ategory unt of Va		
by yo	u, you	liability owed during the reporting period to any of the following r spouse or dependent child: a bank, credit union, savings and ation, savings bank, trust company, bank	of any of the foregoing, and	ng company, an affiliate or subsidiary any entity which, to your knowledge, s with the Bank. See the instructions	D E B T	ID-RSSD	0- \$50,000	\$50,001- \$150,000	\$150,001-	\$500,001-	Over- \$1,000,000
		Creditor (Name and Address)	Туре	of Liability	R		0 49	69 69	69 69	69 69	0 \$
Exar	nple:	First District Bank, Washington, DC	Mortgage on rental property, De	laware	J			×			
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
То ус	our kno	wledge, were any of the foregoing extensions of credit made on t	terms more favorable than offered	to a person not employed by the Bank	? 🗆 Y	′es □ No	If so, ex	olain.			
Repo	rt any	Agreements or Arrangements agreement or arrangement for future employment, leave of a	bsence from or continuation of		filing	the report. Se	e instru	ctions re	egarding	the	
	fit plan.	a former employer (including severance payments), or continuing	ing participation in an employee	reporting of negotiations for any of the	ese arr	angements or	benefits	i.		No	one 🏻
		Status and Terms of any Agreement or Arranger	ment		Part	ies					Date
Exam	ple:	Pursuant to partnership agreement, will receive lump sum payn partnership share calculated on service performed through 11/5 (independently managed, fully funded, defined contribution plan	33 and retained pension benefits	Doe Jones & Smith, Hometown, USA							7/85
1.											

Rep	orting Individual's Name Kashkari	FORM A - SCHEDULE C	Calendar Year Covered 2017	Page 7 of 9
2.				
3.				
4.				
5.				
6.	8			

 Reporting Individual's Name Neel Kashkari	FORM A - SCHEDULE D	Calendar Year Covered
Neel Kashkari	FORM A - SCHEDULE D	2017

Part I: Positions Held Outside the Federal Reserve Bank

Report any position held by you during the reporting period, whether compensated or not. A	Also report any position held by ye
position includes but is not limited to employee, officer, owner, director, trustee, partner,	and loan association, savings bank
advisor or consultant of any corporation, firm, partnership or other business enterprise, or any	government securities dealer, an a
non-profit organization or educational institution. Exclude positions with religious, social,	knowledge, does or seeks to do bu
fraternal or political entities, and those solely of an honorary nature.	-

Also report any position held by your spouse, a child, parent, or sibling with a bank, credit union, savings and loan association, savings bank, trust company, bank holding company, thrift holding company, primary government securities dealer, an affiliate or subsidiary of any of the foregoing, and any entity which, to your knowledge, does or seeks to do business with the Bank.

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None

	Orga	nization (Name and Address)	Holder	Type of Organization	Position	From (Mo., Yr.)	To (Mo., Yr.)
Eva	malan	Mo. Bar Assoc., Jefferson City, MO	Е	Professional	Director	9/93	Present
⊏Xa	imples:	ABC Bank, Hometown, USA	Brother	Bank	Loan Officer	7/85	Present
1.	Econor MN	mic Club of Minnesota, Minneapolis,	E	Non-profit	Director	7/16	Present
2.	Twin C	ities PBS, St. Paul, MN	Е	Non-profit	Member, President's Council	6/16	Present
3.	Aspen	Economic Strategy Group, Aspen,	E	Non-profit	Member	8/17	Present
4.							
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10.							
11.							

pro-			
Reporting Individual's Name		Calendar Year Covered	
Neel Kashkari	FORM A - SCHEDULE D	2017	Page 9 of 9
	TOKIII A - GOTTEBOLE B	2017	1 age 5 or 5
		I	I .

Part II: Other Situations				
Describe any other relationship or circumstances that you believe might constitute an actual or apparent conflict of interest or violation of law or Bank policy. Provide all relevant information.				
None				