Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	ck box if comments ar	(Che	
Agency Use Only				8
of filing.	(Check box if filing extension granted & indicate number of days 30)	tension granted & ind		Report was filed 6/1/2016 KHK
the preceding two calendar years and the current calendar year up to the date		shect)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If ad-
arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)		Signature	nt Ethics
year and the current causinal year up to any date you choose that is within 31 days of the date of filing.	7/12/2016		MA	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)	Official	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion Sign
Schedule B-Not applicable.				(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		Signature of Other Reviewer	Other Review Sign
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	7/17/2016			ICENTIFY 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 Fresident:	Date (Month. Day, Year)		Signature of Reporting Individual	Certification Sign
Vice President and				
Nominees, New Entrants and	₹	Yes	Not Applicable	to Senate Confirmation Not
Schedule D is not applicable.	Create a Qualified Diversified Trust?	n Do You Intend to (Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust?	7000
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	16)	ıncil (10/2014 - 3/20	Title of Position(s) and Date(s) Held Senior Adviser to the Director of the National Economic Council (10/2014 - 3/2016)	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.	202-456-1414		1600 Pennsylvania Ave. NW Washington, DC 20001	ice dress)
Il of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Location of Add
Reporting Periods Incumbents: The reporting period is		WHO/NEC	Special Assistant to the President for Economic Policy	Position for Which Filing Spe
10 % 2500 ISE	Department or Agency (If Applicable)	Department or Ag	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	D	Charles	rson	Individual's Name Anderson
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initial	Last Name	
Any individual who is required to file this report and does so more than 30 days	Filer Cand (wanta, pay, real)	Nominee, or X	Appropriate Covered by Keport	
Fee for Late Filing	mation	New Entrant,	Incumbent Calendar Year	Date of Appointment, Candidacy, Election, Rep

J.S. Office of	U.S. Office of Government Ethics												1									N.	1					1			4	To the second		
Reporting Individua Anderson, Charles D	Reporting Individual's Name nderson, Charles D											S	0	王	B	SCHEDULE		A	1					ľ								l'ag	2 of 6	
	Assorts and Income	- 1			7	<u>1</u>	Valuation of Assets	5	A	200	20					1		Income: type and	OH	e.	3	99	nd	200	100	림	Ħ,	岁	amount. If "None (or less	<u> </u>	le	SS	than \$201)" is	is
		- monprovis	ىو	td	ose	of	at close of reporting period	por	Ë	D 00	eric	ğ					^	he	cke	å	no	oth ch	P	ent	Q	S	eec	led	Ħ	RIC	ÇĶ		checked, no other entry is needed in block C for that item.	ģ
	BLOCK A	-	1	1	1	1,	BLOCK B	K B	1	1	1	1	1	de la constante	1	1	+				┥			_	100	BLOCK C								
For you, your sporeport each asset production of increaseding \$1] ing period, or which in income during to with such income.	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.		1 41,0017	0	AND ADDRESS OF THE PARTY OF THE	whose was hide to the control of the	A CONTRACTOR OF THE PARTY OF TH		Almontonia di la	- Control Cont		- Laboratoria -						es H	Type	(0)	n \$201)	11 3201))	CONTRACTOR	<u>>000</u>	0,000			VANGAS VII AFTER VIII TO		Other Income (7)	Date (Mo., Day, Yr.)
For yourself, amount of ear than from the report the sou income of mo actual amour your spouse). None	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 (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,00	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25	\$25,000,001 - \$5	Over \$50,000,000	Excepted Investm	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less tha	\$201 - \$1,000	and the second s	\$1,001 - \$2,500 \$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,00	\$50,001 - \$100,0	\$100,001 - \$1,00	Over \$1,000,000	\$1,000,001 - \$5,0	- Louis Company of the Company of th	Over \$5,000,000		Only if Honoraria
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Examples	Doe Jones & Smith, Hometown, State			×			— i	—i		-			\vdash		-					<u> </u>	 	<u> </u>	_			-	1	-	-	-	-	1	Law Partnership Income \$130,000	
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* This by the	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.	ne is hildr	sole	ly ti	אמנ (of th	her	ler's high	spo spo	use	or d	eper s of	nder	nt ch	s ap	pro	Hf t	he a	sset	/inc	omo	S is	eithe	T th	at o	l G	2 110	0 10	joi	Ithy	hele	D.		

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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.					3		TIAA-CREF LIFECYCLE 2045 FUND	BP PLC SPONS ADR	COLUMBIA SMALL CAP VALUE I FUND CL A	4		BLOCK A	Assets and Income		Anderson, Charles D	Reporting Individual's Name
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Id										Over \$5,000,000			SSS S			Pag
										Other Income (Specify Type & Actual Amount)			amount. If "None (or less than \$201)" is entry is needed in Block C for that item.		3 of	Page Number
						-				Date (Mo., Day, Yr.) Only if Honoraria			tem.		6	



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

U.S. Office of Government Ethics Reporting Individual's Name Page Number	SCHEDULE	JLE B			- 1
Anderson, Charles D	эспал	2.000			
Part I: Transactions Report any purchase, sale, or exchange		None			
by you, your spouse, or dependent children during the reporting period of any		Transaction Type (x)			Amount of Transaction
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.		rchase e change (Mo., Day, Yr.)	,001 - 5,000	5,001 - 0,000	0,001 - 00,000
Identifica	Identification of Assets	Sa		\$1 \$5	\$5 \$1 \$1 \$2
Example Central Airlines Common		x 2/1/99			ж
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	Control Co. State Co. State Co.	*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is eight the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.	હિં હ	ther held	ther held
Part II: Gifts, Reimbursements,		If the underlying asset is ries of value, as appropria	[6] Ci	ther held	ther held
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	ements, and Travel Expenses	. If the underlying asset is ries of value, as appropria	୍ର ଚି	either held te.	ther held
than \$300. 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	ements, and Travel Expense the U.S. report the source, a brief descriptible items, transportation, lodging, receive ource totaling more than \$350 and independent one source totaling more than \$350 and independent the done the do	children. If the underlying asset is either held in categories of value, as appropriate. 2. In Ses 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 numbers of aggregating gifts to determine the	D C C C C C C C C C C C C C C C C C C C	ther held ther agency or your s o you; or	ther held ther held agency in conne by your spouse or conocy on provided to you; or provided trooses of agerceat
Source (Name and Address)	Part II: Gifts, Reimbursements, and Travel Expense 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, adates, and the nature of expenses provided. Exclude anything given to you by	children. If the underlying asset is either held reategories of value, as appropriate. ETISES 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	cith te.	er held r agency your s you; or poses o e items	er held r agency in conner your spouse or cyou; or provided poses of aggregatie items worth \$14
	ements, and Travel Expense n, report the source, a brief descrip- gible items, transportation, lodging, ource totaling more than \$350 and independent to indicate a basis for receipt, such U.S.C. § 4111 or other statutory imbursements, include travel itinerary, Exclude anything given to you by	If the underlying asset is ites of value, as appropria	eiti te. eiti de de b p to p to p to	ner held r agency y your s yyou; or you; or poses o le items	ner held r agency in conne y your spouse or d you; or provided poses of aggregat le items worth \$14
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OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634

U.S. Office of Government Ethics														
Reporting Individual's Name Anderson, Charles D	SC	SCHEDULE	C							Fage Number	5	of 6	2075 F41	
Part I: Liabilities	a mortgage on your personal residence	None X												-
Report liabilities over \$10,000 owed	unless it is rented out; loans secured by	1				Cat	едогу	of Am	ount c	Category of Amount or Value	e (x)			
during the reporting period by you,	or appliances; and liabilities owed to									-	}	00		00
your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions. See instructions for revolving charge accounts.	Q		0,001 - 5,000	5,001 - 5,000	0,001 - 00,000	50,000	00,001 -	000,000	000,000	000,000	000,001	5,000,00 0,000,00	er 0,000,00
Creditors (Name and Address)	Type of Liability	Incurred Rate	applicable	400	\$5	2007000	\$2	\$5		\$1	\$5	\$2	\$5	95 \$5
	Mortgage on rental property, Delaware	1991 8%	25 yrs.			×							productor.	
Examples	Promises note	+	on demand	i	j	_!	1	×	-	-			-	
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with the spouse or dependent children, mar	* Instategory applies only it the nability is soicly that of the there's spouse or dependent children, in the nability is soicly that of the there's spouse or dependent children, mark the other higher categories, as appropriate.	ren. II tije nabinty i	digit of the mi	۵	Joint napurey of the men	ability	5	1						
Part II: Agreements or Arrangements	Arrangements													
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuition of payment by a former employer (including severance payments); (3) leav	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.	(4) future e	mploy of thes	ment e arra	See i	nstru ents	ction or be	s reg nefit	ardin s.	g the	repo	None [
Status and To	Status and Terms of any Agreement or Arrangement					P	Parties						Date	16
Example Pursuant to partnership agreement, calculated on service performed thr	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	artnership share	Doe Jones & Smith,	& Smith	, Home	Hometown, State	late						7/85	55
1 I will continue to participate in this defined contribut	I will continue to participate in this defined contribution plan. The plan sponsor will not make further contributions after my separation.	ons after my separation.	Council on Forei	oreign f	gn Relations, New York, NY	s, New	York, N	7					05/13	Ü
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U.S. Office of Government Ethics			
Reporting Individual's Name Anderson, Charles D	SCHEDULE D		Page Number 6 of 6
Part I: Positions Held Outside U.S. Government	_	מינים כל מינים כל מינים	with rollinions
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,	'n	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary	honorary
trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	ployee, or consultant of nature. nterprise or any non-profit		None X
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)
Nat'l Assn. of Roo	Non-profit education	President	6/92 Present
Examples Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85 1/00
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Part II: Compensation in Excess of \$5,000 Paid by One Source	ss of \$5,000 Paid by One So	UTCE Do not complete this part if you are an Incumbent, Termination Filer, or Vice	part if you are an ion Filer, or Vice
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		hen ir payn overnn	You None
Source (Name and Address)		Brief Description of Duties	
Doe Jones & Smith, H	Legal services		
Metro University (client of Doe Jones & Smith), Moneytown, State	tate Legal services in connection with university construction	versity construction	
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