Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

	(Check box if comments are continued on the reverse side)	(Check box if comments a			
OGE Use Only		NZ			
Agency Use Only					
of filing.	dicate number of days)	(Check box if filing extension granted & indicate number of days	(Check box if fi		
the preceding two calendar years and the current calendar year up to the date		f this sheet)	s required, use the reverse side o	If additional space i	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
Arrangements as of the date of filing. School 11 to 1—The reporting period is					Office of Government Ethics Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)			Signature	any commission are one personal
year and the current caterines year up to any date you choose that is within 31 days of the date of filing.	5/3/16		avel	Tachell	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 hay helpw).
reporting period is the preceding calendar	Date (Month, Day, Year)	ewing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Desig	Agency Ethics Official's Opinion
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)		Reviewer	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					ICERTIFY 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)		ting Individual	Signature of Reporting Individual	Certification
Candidates for President and					
Nominees, New Entrants and	₹.	Yes		Not Applicable	Presidential Nominees Subject to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	-	Name of Congressional Committee Considering Nomination	Name of Congressi	
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			and Date(s) Held	Title of Position(s) and Date(s) Held None.	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414	ania Ave. NW, DC	Eisenhower Executive Office Building, 1650 Pennsylvania Ave. NW, DC	Eisenhower Execut	(or forwarding address)
II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Number,	Location of
Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part		Executive Office of the President	Deputy Assistant/Deputy Counsel to the President	Deputy Assistant/D	Position for Which Filing
10 % 6400 400	Department or Agency (If Applicable)	Department or A		Title of Position)
than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee	Ś	Michael		Bosworth	Individual's Name
filed, or, if an extension is granted, more	viddle Initial	First Name and Middle Initial		Last Name	J
Any individual who is required to the first the date the report is required to be		Candidate	2015	(Check Appropriate Boxes)	06/16/2014
Fee for Late Filing	Termination Termination Date (If Appli- Filer Cable) (Month, Day, Year)	New Entrant,	Incumbent Calendar Year Covered by Report	Reporting	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)

For you, your spouse, and dependent children, product each asset held production of investment children, in generate and in come which for investments 2000 in invocation of investments 2000 at the close of the report in generated more than \$2000 in invocation of earned income exceeding \$1,000 at the close of the report in income during the reporting period, or which generated more than \$2000 with such income conceded more than \$2000 (other report the source but not the amount of earned income exceeding \$2000 (other report than from the U.S. Government). For yourspace, set in \$1,000 (except report the source but not the amount of earned income of more than \$1,000 (except report the force of the source but not the amount of earned income of more than \$1,000 (except report the conceded of the source of the	Assets and Income Valuation of Assets at close of reporting period	Reporting Individual's Name Bosworth, Michael S.
BLOCK A pur spouse, and dependent children, h asset held for investment or the of income which had a fair market ding \$1,000 at the close of the reportor or which generated more than \$200 furing the reporting period, together ncome. If, also report the source and actual sarned income exceeding \$200 (other the U.S. Government). For your spouse, source but not the amount of earned or more than \$1,000 (except report the unit of any honoraria over \$200 of e.). Central Airlines Common Doe Jones & Smith, Hometown, State Doe Jones & Smith, Hometown, State Doe Jones & Smith, Hometown, State Poe Jones & Smith, Hometown, State Boe Jones & Smith, Hometown, State Doe Jones & Smith, Hometown, State Boe Jones & Smith, Hometown, State POE Jones & Smith, Hometown, State Boe Jones & Smith, Hometown, State Central Airlines Common Doe Jones & Smith, Hometown, State Boe Jones & Smith, Hometown, State Central Airlines Common Doe Jones & Smith, Hometown, State POE Jones & Smith, Hometown, State Boe Jones & Smith, Hometown, State Central Airlines Common Doe Jones & Smith, Hometown, State Poe Jones & Smith, Hometown, State Rempstone Equity Fund Boe Jones & Smith, Hometown, State Central Airlines Common Doe Jones & Smith, Hometown, State Boe Jones & Smith, Hometown, S	and Income	Individual's Name lichael S.
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Reporting Individual's Name Bosworth, Michael S.			SCHI	CHEDULE		continu	led			
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1 PACE Small/Medium Co Value Equity Investments Class P (PCSVX)	×			×		×	×	×		
PACE Municipal Fixed Income Investments Class P (PCMNX)	×			×		×	×	×		
PACE Alternative Strategies Investments Class P (PASPX)	×			×		×		×		,
4 Retirement Account: PACE International Equity Investments Class P (PCIEX)	×	-		×		×	×			
S Retirement Account: PACE Large Co Growth Equity Investments Class P (PCLCX)	×			×	**************************************		×	×		
6 Retirement Account: PACE Large Co Value Equity Investments Class P (PCLVX)	×			×		×	×	×		
Retirement Account: PACE Strategic Fixed Income Investments Class P (PCSIX)	×			×		×	×			
Retirement Account: PACE Alternative Strategies Investments Class P (PASPX)	×			×		X	×			
9 Retirement Account: PACE Small/Medium Co Growth Equity (PCSGX) (previously < \$1,000)	×			×			×	×		

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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/inco by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.					New York City Residential Property	JP Morgan Chase Bank Account (Cash)	Fidelity Growth Company (inadvertently did not disclose previously)	Vanguard 500 Index Fund Adm (inadvertently did not disclose previously)	Retirement Account: PACE Small/Medium Co Value Equity (PCSVX) (previously < \$1,000)			BLOCK A	Assets and Income		Bosworth, Michael S.	Reporting Individual's Name	C.S. Office of Government Fames
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	5	4	3	2	1	Example Central Airlines Common	Identificati	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	Part I: Transactions Report any purchase, sale, or exchange by your snouse or dependent	Reporting Individual's Name Bosworth, Michael S.	# NOT
							Identification of Assets	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	residence, or a transaction solely between vou, your spouse, or dependent child.	Do not report a transaction involving property used solely as your personal	SCHEDULE B	
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^{*}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 X

			e lamples	
		Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
			sonal activity unrelated to duty)	Brief Description
		\$385	\$500	Value

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

Reporting Individual's Name Resworth, Michael S. Part I: Transactions Identification of Assets Identification of Asset	art I: Transactions Identification of Assets SCHEDULE B continued	*** Ansactions** **Topacition** Identification of Assects As	*** Amsactions** **Toponomics** **Toponomics	24-	16	15	14	13	12	11	10	9	00	7	9	S	4	ω	2				Н	Rep Bos
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SCHEDULE B continued (Use only if needed) Transaction Type (x) Purchase ge with the life of the filer's spouse or dependent children. If the underlying set is solely that of the filer's spouse or dependent children. If the underlying set is solely that of the filer's spouse or dependent children. If the underlying set is solely that of the filer's spouse or dependent children. If the underlying set is solely that of the filer's spouse or dependent children. If the underlying set is solely that of the filer's spouse or dependent children. If the underlying set is solely that of the filer's spouse or dependent children. If the underlying set is solely that of the filer's spouse or dependent children.	SCHEDULE B continued (Use only if needed) Transaction Transactio	\$100,000	S100,000 S100,000 S100,000 S100,000 S250,000 S250,000 S1,000,000 S1	only if the underlying as																Identification			sactions	
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				Agreement with NYU School of Law to become Senior Fellow as of January 2017		Status and Te	Part II: Agreements or Report your agreements or arrangements employee benefit plan (e.g. pension, 401k tion of payment by a former employer (ir	category applies only if the liability is sthe spouse or dependent children, mark	8	-			Merrill Lynch Wealth Management	_	- 1	Creditors (Name and Address)	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Part I: Liabilities Report liabilities over \$10,000 owed	Bosworth, Michael S.	Reporting Individual's Name	U.S. Office of Government Ethics
				nior Fellow as of January 2017	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	Status and Terms of any Agreement or Arrangement	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	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.			- 11		Mortgage on New York City Rental Property	Promissory note	Mortgage on rental property, Delaware	Type of Liability	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by	50		
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				Trevor Mor	Doe Jones		of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non	at of the fi					30 years	on demand	25 yrs.		Term if			20	
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rage Number	CONFINITED	Reporting Individual's Name
Don Nimbo		U.S. Office of Government Emics

Part Positions Held Outside U.S. Government

trustee, general partner, proprietor, representative, employee, or consultant of sated or not. Positions include but are not limited to those of an officer, director, Report any positions held during the applicable reporting period, whether compen-

Examples

organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary

, general partner, proprietor, representative, employee, or consultant of poration, firm, partnership, or other business enterprise or any non-profit	iant of nature.		No	None X
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	To (Mo.,Yr.)
	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, State	Law firm		7/85	1/00
		8		

Part II: Compensation in Excess of (/) 5,000 Paid ĎУ One Source

corporation, firm, partnership, or other business enterprise, or any other 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

> you directly provided the non-profit organization when

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None

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

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