# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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	35.0				Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Use Only	Office of Government Ethics	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).	Agency Ethics Official's Opinion	(II desired by agency)	OtherReview	I CERT I I Y that the statements have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	Certification		to Senate Confirmation	Presidential Nominees Subject	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Present Office (or forwarding address)	Location of	Filing	†) }	l's Name	Reporting	05/01/2014	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)
20					additional space is re		Signature	Richel Dave	Signature of Designated Agency Ethics Official/Reviewing Official	Sp	Signature of Other Reviewer		Signature of Reporting Individual		Not Applicable	Name of Congressional Committee Considering Nomination	Senior Advance Lead, January 2009-October 2011 Senior Advance Lead, January 2009-October 2011 SAP and Deputy Director of Advance. October 2011 - May 2014	1600 Pennsylvania Avenue NW, Washington, DC 20502	Address (Number, Street, City, State, and ZIP Code)	DAP and Director of Advance and Operations	Title of Position	Brush	Last Name	(Check Appropriate Boxes)	Reporting In
					quired, use the			and	d Agency Ethi		/lewer		Individual			I Committee C	January 2009- tor of Advance	enue NW, Was	eet, City, State	dvance and Op					Incumbent Co
Ĩ				(Check box if filing	e reverse side of th				cs Official/Reviewi							onsidering Nomina	October 2011 , October 2011 - Ma	hington, DC 20502	, and ZIP Code)	perations				2015	Calendar Year Covered by Report
	Charle haviferomments are continued on the			(Check box if filing extension granted & indicate number of da	is sheet)				ng Official	S.					Yes	tion Do You Intend to Create a Qualified	ву 2014				Department or A	Michael	First Name and Middle Initial	Candidate	New Entrant,
				icate number of days			Date (Month, Da	12/5	Date (Month, Da	5/27	Date (Month, Da	1-60	Date (Month, Da		X			202-456-1414	Telephone No. (Ir.	E.	Department or Agency (If Applicable)		liddle Initial		Termination Terr
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y trong tran	OGE Use Only		Agency Use Only	of filing.	the preceding two calendar years and the current calendar year up to the date	arrangements as of the date of filing.	Schedule C, Part II (Agreements or	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	reporting period is the preceding calendar	Schedule B-Not applicable.	as of any date you choose that is within	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	Vice President:	Candidates for President and	Nominees, New Entrants and	Schedule D is not applicable.	Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends	where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	the preceding calendar year except Part If of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	to a \$200 fee.	than 30 days after the last day of the filing extension period, shall be subject	filed, or, if an extension is granted, more		

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* This o	Charles Schw Fund (PIXDX)	Charles (SWISX)	Charles Shares	Charle: Focuse	Affinity Savings	Affinity Checkir			Examples		production of value exceeding period, or value exceeding period, or in gerriod, or in income du with such inc. For yourself, amount of ear than from the report the sou income of mo actual amour your spouse).  None None	r you, y			Brush, Michael P	enortin
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	Charles Schwab IRA: Pimco Fundamental Index Fund (PIXDX)	Charles Schwab IRA: Schwab S&P Index Fund (SWISX)	Charles Schwab IRA: Cohen & Steers Realty Shares Fund (CSRSX)	Charles Schwab Brokerage Account: Yacktman Focused Service CL (YAFFX)	Affinity Federal Credit Union of NJ - Personal Savings Account	Affinity Federal Credit Union of NJ - Personal Checking Account	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	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.  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).	For you, your spouse, and dependent children,	BLOCK A	Assets and Income	rush, Michael P	o Individual's Name
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			16								Date (Mo., Day, Yr.) Only if Honoraria			)" is	7	

	9 Pioneer Equity Income VCT,	8 Neubergr Ber Genesis Port	7 Frank Sm-Mid Cap GRO SEC	6 Blackrock MM Port-Cl A	5 Blackrock High Yield	4 Morgan Stanley - Pioneer Annuist below for fund investment names	Northeastern University - Fidelity Freedom 2040	Charles Schwab IRA Trust Fund (LEXCX)	Charles Schwab IRA Fund (SWSSX)			BL	Assets a	Brush, Michael P
	ne VCT,	sis Port	BRO SEC,	SIA		Morgan Stanley - Pioneer Annuistar Plus (see below for fund investment names)	sity - 403B Retirement Plan 040 Fund	Charles Schwab IRA: Voya Corporate Leaders Trust Fund (LEXCX)	Charles Schwab IRA: Schwab Small Cap Index Fund (SWSSX)			BLOCK A	and Income	
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### Part Brush, Michael P amount of the transaction exceeded \$1,000. children during the reporting period of any by you, your spouse, or dependent Reporting Individual's Name Include transactions that resulted in a loss. real property, stocks, bonds, commodity futures, and other securities when the Report any purchase, sale, or exchange Northern Small Cap Value Fund (NOSGX) Schwab Small Cap Index Fund (SWSSX) Schwab S&P Index Fund (SWPPX) Cohen & Steers Relaty Shares Fund (CSRSX) Example | Central Airlines Common Janus Global Life Sciences Fund (JAGLX) Transactions Identification of Assets certificate of divestiture from OGE to indicate sales made pursuant to a Check the "Certificate of divestiture" block you, your spouse, or dependent child. residence, or a transaction solely between property used solely as your personal Do not report a transaction involving SCHEDULE None X X X X × Transaction Type (x) Purchase X Sale W Exchange 03/16/15 03/16/15 09/17/15 09/09/15 09/09/15 Date (Mo., Day, Yr.) 2/1/99 \$1,001 -\$15,000 X X X X X \$15,001 \$50,000 \$50,001 -\$100,000 × \$100,001 \$250,000 Amount of Transaction (x) \$250,001 \$500,000 \$500,001 -\$1,000,000 Over Page Number \$1,000,000\* \$1,000,001 \$5,000,000 \$5,000,001 -\$25,000,000 4 9 \$25,000,001 \$50,000,000 Over \$50,000,000 Certificate of divestiture

### Part Gifts, Reimbursements, and Travel Expenses

tion, 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 authority, etc. For travel-related gifts and reimbursements, include travel itinerary, as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such For you, your spouse and dependent children, report the source, a brief descripdates, and the nature of expenses provided. Exclude anything given to you by

> independent of their relationship to you; or provided as personal hospitality at received from relatives; received by your spouse or dependent child totally the U.S. Government; given to your agency in connection with official travel; 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.

X

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						Examples	
				£	Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
						15/99 (personal activity unrelated to duty)	Brief Description
					\$385	\$500	Value

<sup>\*</sup>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.

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												Charles Schwab IRA: Scout International Fund	Schwab S&P 500 Index Fund (SWPPX)	Schwab S&P 500 Index Fund (SWPPX)	Parnassus Core Equity Fund (PRBLX)	Janus Global Life Sciences Fund (JAGLX)	Identification of Assets		Part I: Transactions	Reporting Individual's Name Brush, Michael P
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wamples    First District Bank, Washington, DC   Premissory note   Premissory applies only if the liability is solely that of the filler's spouse or dependent children.	Reporting Individual Brush, Michael P  Part I: Li  Report liabilitie	Reporting Individual's Name Brush, Michael P  Part I: Liabilities Report liabilities over \$10,000 owed	lence	SCHEDULE C	JLE C		2			ategor	y of A	Page Nu	or Pa		ge Numt	mber 6 of	mber 6
Creditors (Name and Address)   Type of Hability	during the your spo Check the during the	ne creditor at any time ne creditor at any time reporting period by you, use, or dependent children. e highest amount owed reporting period. Exclude	automobiles, nouserhold furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	1	5555	Tomas if		5,001 - 0,000	California (A. Colonia) (California (Calif	0,001 - 00,000	00,000	00,000	00,000	00,000	00,000 00,001- 50,000 50,001- 00,001- 000,000- er 0,000,000*	00,000 00,001- 50,000 50,001- 00,001- 000,000- er 0,000,000*	00,000 00,001- 50,000 50,001- 00,000 00,001- 000,000* 000,001- 000,001- 000,001- 000,001-
Indin Jones   Washington   DC   Promissory note   Promissory not		Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable		\$15 \$50		\$50 \$10	\$10	\$10 \$10 \$25 \$25	\$10 \$25 \$25 \$50 \$50	\$10 \$25 \$25 \$50 \$1,	\$10 \$25 \$25 \$50 \$1, Ove \$1,	\$10 \$25 \$25 \$50 \$1, Ove \$1, \$5,	\$10 \$10 \$25 \$50 \$50 \$1, Ove \$1, \$5, \$5,
Talm Jones, Washington, DC  Promissory note  Promissory n	Evamples	First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.				×	×	×	×	×	X	x	
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*This category applies only if the liability is solely that of the filer's spouse or dependent children, mark the other higher categories, as appropriate.  Part II: Agreements or arrangements for: (1) continuing participation in an imployee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves  Status and Terms of any Agreement or Arrangement  Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership agreement through 1700.  I will continue to participate in my 4039(b) retirement plan through my former employer, Northeastern University. I contributions will be made by myself or Northeastern University.	3		6.														
*This category applies only if the liability is solely that of the filer's spouse or dependent children with the spouse or dependent children, mark the other higher categories, as appropriate.  *Part II: Agreements or Arrangements for: (1) continuing participation in an imployee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves  Status and Terms of any Agreement or Arrangement  Pursuant to partnership agreement, will receive lump sum payment of capital account & participate in my 4036(b) relirement plan through my former employer, Northeastern University.  I will continue to participate in my 4036(b) relirement plan through my former employer, Northeastern University.	4																
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eport your agreements or arrangements for: (1) continuing participation in an imployee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves  Status and Terms of any Agreement or Arrangement  Pursuant to partnership agreement, will receive lump sum payment of capital account & participate in my 4039(b) relirement plan through my former employer, Northeastern University. I will continue to participate in my 4039(b) relirement plan through my former employer, Northeastern University.	Part	Agreements						- 1									
Status and Terms of any Agreement or Arrangement  Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.  I will continue to participate in my 4036(b) relirement plan through my former employer, Northeastern University. However, no further contributions will be made by myself or Northeastern University.  Northeastern	Report y employe tion of p	our agreements or arrangements benefit plan (e.g. pension, 401) yment by a former employer (i	for: (1) continuing participation in an k, deferred compensation); (2) continua- ncluding severance payments); (3) leaves	of absending of ne	ce; and ( gotiation	4) future e 1s for any c	mploy of thes	6 7	nen arr	nent. See arranger	ment. See instr arrangements	nent. See instructio arrangements or b	nent. See instructions re arrangements or benefi	employment. See instructions regard of these arrangements or benefits.	nent. See instructions regarding the arrangements or benefits.	nent. See instructions regarding the repairangements or benefits.	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  None
Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.  I will continue to participate in my 4036(b) relirement plan through my former employer, Northeastern University. However, no further contributions will be made by myself or Northeastern University.  Northeastern University.		Status and Te	rms of any Agreement or Arrangement								Parties	Parties	Parties	Parties	Parties	Parties	Parties Date
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3 3 5 6 6 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1   will cor	tinue to participate in my 4039(b) retiremen ions will be made by myself or Northeasterı	t plan through my former employer, Northeastern University n University.	. However, no	further	Northeasterr	Univer	S.	ly, Bo	ly, Boston, N	ly, Boston, MA	ly, Boston, MA	y, Boston, MA	y, Boston, MA	y, Boston, MA	y, Boston, MA	y, Boston, MA 01/05
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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, any corporation, firm, partnership, or other business enterprise or any non-profit trustee, general partner, proprietor, representative, employee, or consultant of

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

Examples Doe Jones & Smith, Hometown, State Nat'l Assn. of Rock Collectors, NY, NY Organization (Name and Address) Non-profit education Law firm Type of Organization President Partner Position Held From (Mo., Yr.) 7/85 None To (Mo., Yr.) Present 1/00 X

## Part II: Compensation F. Excess of \$5,000 Paid by One Source

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cor 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

non-profit organization when you directly provided the

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

reporting period. This includes the names of clients and customers of any poration, firm, partnership, or other business enterprise, or any other	fany services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.	None
Source (Name and Address)	Brief Description of Duties	
Doe Jones & Smith, Hometown, State	Legal services	
Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	
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