
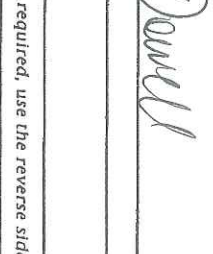
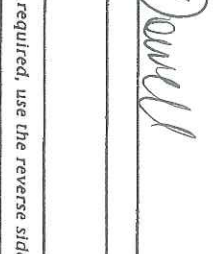


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

5 C.F.R. Part 2634
U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 05/01/2014		Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report 2015	Termination Date (If Applicable) (Month, Day, Year)	Termination Date (If Applicable) (Month, Day, Year)	<p>Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Schedule B—Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
Reporting Individual's Name		Last Name Brush		First Name and Middle Initial Michael		
Position for Which Filing		Title of Position DAP and Director of Advance and Operations		Department or Agency (If Applicable)		
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue NW, Washington, DC 20502		Telephone No. (Include Area Code) 202-456-1414		
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 Senior Advance Lead, January 2009-October 2011 SAP and Deputy Director of Advance, October 2011 - May 2014		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable				
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) 04-18-2014		
Other Review (If desired by agency)		Signature of Other Reviewer 		Date (Month, Day, Year) 5/27/16		
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) 5/27/16		
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"/>						
Supersedes Prior Editions						

Reporting Individual's Name
 Brush, Michael P

SCHEDULE A

Page Number
 1 of 7

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 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																								
None <input type="checkbox"/>	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria			
Examples																																			
Central Airlines Common																																			
Doel Jones & Smith, Homelown, State			x																																
Kempstone Equity Fund					x																														
IRA: Heartland 500 Index Fund							x																												
1 Affinity Federal Credit Union of NJ - Personal Checking Account		x																																	
2 Affinity Federal Credit Union of NJ - Personal Savings Account						x																													
3 Charles Schwab Brokerage Account: Yackiman Focused Service CL (YAFFX)			x																																
4 Charles Schwab IRA: Cohen & Steers Realty Shares Fund (CSRSX)			x																																
5 Charles Schwab IRA: Schwab S&P Index Fund (SWISX)				x																															
6 Charles Schwab IRA: Pimco Fundamental Index Fund (PIXDX)		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
 Brush, Michael P

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.	Date (Mo., Day, Yr.) Only if Honoraria																															
BLOCK A		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)															
																	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	Charles Schwab IRA: Schwab Small Cap Index Fund (SWSSX)		X											X							X																							
2	Charles Schwab IRA: Voya Corporate Leaders Trust Fund (LEXCX)		X											X								X																						
3	Northeastern University - 403B Retirement Plan - Fidelity Freedom 2040 Fund		X											X								X																						
4	Morgan Stanley - Pioneer Annuitant Plus (see below for fund investment names)																																											
5	Blackrock High Yield			X										X								X																						
6	Blackrock MM Port-CI A			X										X								X																						
7	Frank Sm-Mid Cap GRO SEC,			X										X								X																						
8	Neubergr Ber Genesis Port			X										X								X																						
9	Pioneer Equity Income VCT,			X										X								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
 Brush, Michael P

SCHEDULE A continued
 (Use only if needed)

Page Number

3 of 7

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								
											Type	Amount							
1	Pioneer Real Estate Shares	<input checked="" type="checkbox"/>																	
2	Charles Schwab IRA: Janus Global Life Sciences Fund:		<input checked="" type="checkbox"/>																
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.

SCHEDULE B

Reporting Individual's Name
Brush, Michael P

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

Example	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		
1	Cohen & Steers Relaty Shares Fund (CSRSX)	X			2/1/99			X											
2	Janus Global Life Sciences Fund (JAGLX)	X			03/16/15	X													
3	Schwab S&P Index Fund (SWPPX)	X			09/09/15	X													
4	Schwab Small Cap Index Fund (SWSSX)	X			09/09/15	X													
5	Northern Small Cap Value Fund (NDSGX)		X		09/17/15	X													

*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

Examples	Source (Name and Address)	Brief Description	Value
	1	Natl 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)
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
 Brush, Michael P

SCHEDULE B continued
 (Use only if needed)

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Part I: Transactions

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
1 Janus Global Life Sciences Fund (JAGLX)		X		09/17/15	X											
2 Parnassus Core Equity Fund (PRBLX)		X		10/30/15	X											
3 Schwab S&P 500 Index Fund (SWPPX)	X			11/13/15	X											
4 Schwab S&P 500 Index Fund (SWPPX)	X			12/11/15	X											
5 Charles Schwab IRA: Scout International Fund		X		1/20/15	X											
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																

*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
 Brush, Michael P

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	10%	25 yrs.	\$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	Over \$50,000,000		
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs. on demand			X													
2																					
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	I will continue to participate in my 403(b) retirement plan through my former employer, Northeastern University. However, no further contributions will be made by myself or Northeastern University.	Northeastern University, Boston, MA	01/05
3			
4			
5			
6			

Reporting Individual's Name
 Brush, Michael P

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

Organization (Name and Address)

Type of Organization

Position Held

From (Mo., Yr.) To (Mo., Yr.)

Examples	Natl Asn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
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1					
2					
3					
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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.
 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. None

Source (Name and Address)

Brief Description of Duties

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