

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report 2014	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (if Applicable) (Month, Day, Year)
Reporting Individual's Name Cheurand						
Position for Which Filing Sp Assistant to the President Office of Personnel						
Location of Present Office (or forwarding address) 1600 Pennsylvania Ave, NW Washington DC 20502						
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)						
Presidential Nominees Subject to Senate Confirmation Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
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.						
Other Review (If desired by agency) Signature of Other Reviewer: [Redacted] Date (Month, Day, Year): 4.16.15						
Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official: [Redacted] Date (Month, Day, Year): 5/23/15						
Office of Government Ethics Use Only Signature: [Redacted] Date (Month, Day, Year): 5/7/15						
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						

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.

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.
 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.

Nominees, New Entrants and Candidates for President and Vice President:
 Schedule A—The reporting period for income (SCHEDULE 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.
 Schedule B—Not applicable.
 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.
 Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.
 Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.

Agency Use Only

OGE Use Only

(Check box if filing extension granted & indicate number of days _____)

(Check box if comments are continued on the reverse side)

Executive Branch Personnel Public Financial Disclosure Report

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Reporting Individual's Name		Last Name First Name and Middle Initial					
Position for Which Filing		Teresa Department or Agency (If Applicable)					
Location of Present Office (or forwarding address)		Special Assistant to the President Office of Personnel WHO Telephone No. (Include Area Code) 202-456-3566					
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		1600 Pennsylvania Ave. NW Washington DC 20502					
Presidential Nominees Subject to Senate Confirmation		Title of Position(s) and Date(s) Held					
Certification		Name of Congressional Committee Considering Nomination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do You Intend to Create a Qualified Diversified Trust?					
Other Review (if desired by agency)		Signature of Reporting Individual Date (Month, Day, Year)					
Agency Ethics Official's Opinion		Signature of Other Reviewer Date (Month, Day, Year)					
Office of Government Ethics Use Only		Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year)					
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature Date (Month, Day, Year)					
		(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"/>					
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Reporting Individual's Name
 Chaurand, Teresa

SCHEDULE A continued
 (Use only if needed)

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																					
	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	Over \$25,000,001 - \$50,000,000	Over \$50,000,000	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			
1 National Council of La Raza																																
2 Swope Community Builders																																
3 ArtsKC																																
4 401K Plan (spouse)																																
5 4.1 One American/ALU Fixed Interest Account	X																															
6 4.2 AllianzGI NJF Dividend Value Fund	X																															
7 4.3 State Street 500 Index	X																															
8 4.4 T. Rowe Price Blue Chip Growth Fund	X																															
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.

Reporting individual's Name
 Chaurand, Teresa

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SCHEDULE D

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

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	
				6/92	Present
	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	7/85	1/00
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.

None

Examples	Source (Name and Address)	Brief Description of Duties
1		
2		
3		
4		
5		
6		