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)	k box If comments are	(Chec)	
Agency Use Only				64
of filing,	(Check box if filing extension granted & Indicate number of days)	ension granted & Ind	(Check box if filing ext	
the preceding two calendar years and the current calendar year up to the date		heet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If ac
arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or Arrangements) Show any agreements or	Date (Month, Day, Year)		Signature	Office of Government Ethics Sh
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	4/13/16		ache Dowell	On the basis of information contained in this report, I conclude that the filter is in compliance with applicable haws and regulations (subject to any comments in the box below).
Schedule C, Part 1 (Liabilities)-The reporting period is the preceding calendar	Date (Month, Day; Year)	Official	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion Sig
Schedule B-Not applicable.	¥			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 Sig
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	4/4/2016			ICLEATING 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)		Signature of Reporting Individual	Ц
Candidates for President and	2			
Schedule D is not applicable.	Create a Qualified Diversified Trust? X No	11 Do You Intend to	Not Applicable Not Applicable Not Applicable Not Applicable Yes Yes	to Senate Confirmation No
period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of			Called no appear.	12 Months (If Not Same as Above)
Schedule D is not applicable.			Title of Position(s) and Date(s) Held	
where you must also include the filing year up to the date you file. Part II of	202-456-1414		1600 Pennsylvania Ave NW, Washington, DC 20500	(or forwarding address) 16
I of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	
Reporting Periods Incumbents: The reporting period is	of the President	Executive Office of the President	Assistant to the President, Dir. of Scheduling & Advance	
to a \$200 fee.	Department or Agency (If Applicable)	Department or A	Title of Position	for Which
than 30 days after the last day of the filing extension period, shall be subject	W	Chase	Cushman	l's Name
filed, or, if an extension is granted more	Middle Initial	First Name and Middle Initial	Last Name	Reporting
Fee for Late Filling Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (HAppli- Filer Cable)(Month, Day, Year)	New Entrant, Nominee, or Candidate	Reporting Incumbent Calendar Year Status (Check Appropriate X 2015	Date of Appointment, Candidacy, Election, Rur Nomination (Month, Day, Year) 5(C

Columbia Diversified Equity Income Fund Class A (INDZX) Columbia Large Cap Growth Fund Class A (LEGAX) Wells Fargo Savings Account * This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	(cash only account) Ameriprise One Financial Account Money Market Account (AIMMA)	(S) Fairfax County Public Schools	IRA: Heartland 5180 Index Fund	- 1	Examples Doe Jones & Smith, Hometown, State	Central Airlines Common	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. 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 except report the actual amount of any honoraria over \$200 of your spouse).	For you, your spouse, and dependent children,	BIOCK A	Assets and Income	i	Cushman, Chase M	Reporting Individual's Name
iNDZX) bia Large Cap Growth Fund Class A go Savings Account egory applies only if the asset/income filer with the spouse or dependent chi	e One Financial Account Market Account (AIMMA)	x County Public Schools	RA: Heartland 5(X) Index Fund	empsione Equity Fund		entral Airlines Common	asset held for inveored rasset held for investing \$1,000 at the clos or which generated muring the reporting prome. f, also report the south arned income exceeding e U.S. Government). Fource but not the amore than \$1,000 (example).	ır spouse, and deper	RI OCK A	ssets and I		nase M	ndividual's Name
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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 Cushman, Chase M	SCHEDULE B	DUI	ਸ਼									F _a	Page Number	l mb	ᅌ				
Part I: Transactions Report any purchase, sale, or exchange hy your spouse or dependent	Do not report a transaction involving property used solely as your personal	No	None X																
children during the reporting period of any			Transaction Type (x)	on					Αn	nun	Amount of Transaction (x)	Fran	sacti	0n ()	٦				
real property, stocks, bonds, commodity futures, and other securities when the	you, your spouse, or dependent child. Check the "Certificate of divestiture" block				Date	TW.				•		_	01 -		000	00	000		
amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	to indicate sales made pursuant to a certificate of divestiture from OGE.	urchase	ale	xchange	(Mo., Day, Yr.)	1,001 -	15,001 - 50,000	50,001 - 100,000	100,001 250,000	250,001 500,000	500,001 1,000,00	ver 1,000,00	1,000,00	5,000,00 5,000,00	25,000,0 25,000,0	0,000,0	ver 50,000,0	ertificate ivestitur	
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*This category applies only if the underlying a by the filer or jointly held by the filer with th	*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 with the spouse or dependent children, use the other higher categories of value, as appropriate.	dren. If tegories	the unc	derlyir ie, as a	ig asset is c	ither	held												
Part II: Gifts, Reimburs	Part II: Gifts, Reimbursements, and Travel Expenses	ses																	
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		the U.S. Government; a received from relatives independent of their rethe donor's residence. A total value from one so for other exclusions.	overnn om rel nt of th reside from c	nent; latives atives leir re ince. / one so	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.	by your ago by your ago to your ago urrpossude it	gency our s u; or ems	in o pous pro pro wor	conn e or vide vide grega th \$1	dep dep d as ting	on we ende	ith onal conal s to s s. S	hild hild hos dete	rial tota tota spita smit mstr	lity ne d uctic	at at one			-
authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by	reimbursements, include travel itinerary, d. Exclude anything given to you by														N _O	None	X		

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		Source (Name and Address)	Brief Description
	Evamples	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)
	- Lander	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)
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*This process applies only if the underlying							83								Identifica		Part I: Transactions	Reporting Individual's Name Cushman, Chase M
*This property and the condentation asserts solely that of the filer's spouse or dependent children. If the underlying asserts either held															Identification of Assets	Trans Typ		SCHEDULE B conti
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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

U.S. Office of Government Ethics													
Reporting Individual's Name Cushman, Chase M	SC	SCHEDULE C	LE C							Page	Page Number	of Of	
Part I: Liabilities	a mortgage on your personal residence	None X											
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	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.				0,001 - 5,000 5,001 -	0,000	00,000	00,001- 50,000 50,001 - 00,000 - 000,000 - 000,000* 000,001- 000,000	00,001 - 000,000	er ,000,000*	000,001-	,000,001 - 5,000,000 5,000,001 -	0,000,000
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$15	\$50 \$50	\$10	\$25	S 50	Ove	\$1,	\$5, \$25	\$50 Ove
- 1	Mortgage on rental property. Delaware	1991	!	25 yrs.		×	H						
John Jones, Washington, DC	Promissory note	1999		on demand				×					
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Part II: Agreements or	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	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 report- ing of negotiations for any of these arrangements or benefits. Non	e; and (4 gotiations) future e for any	mployr of these	nent. S arran	see in: .geme	struct nts or	ions r bene	egare fits.	ing t	he repor No	ort- None 💢
Status and Te	Status and Terms of any Agreement or Arrangement	:					Par	Parties					Date
Example Pursuant to partnership agreement, calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	artnership shar	e e	Doe Jones	& Smith,	Smith, Hometown, State	wn, Sta	^ਨ					7/85
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Reporting Individual's Name		Page Number
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Cushman, Chase M	SCHEDULE D	of
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Part I: Positions Held Outside U.S. Government

trustee, general partner, proprietor, representative, employee, or consultant of 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,

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

			xamples Doe Jones & Smith, Hometown, State Law firm	Nat'l Assn. of Rock Collectors, NY, NY	Organization (Name and Address) Type of Organi	inside, general partner, proprietor, representative, emproyee, or consultant of mature. Iny corporation, firm, partnership, or other business enterprise or any non-profit
					<u>s) (s</u>	iness enterprise or any no
			Law firm	Non-profit education	Type of Organization	
			Partiker	President	Position Held	
			7/85	6/92	From (Mo., Yr.) To (Mo., Yr.)	7
			1/00	Present	To (Ma.,Yr.)	None X

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

non-profit organization when Presidential or President 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.

Presidential or Presidential Candidate.

None

			in prica	2	
			Metro University (client of Doe Jones & Smith), Moneytown, State	Doe Jones & Smith, Hometown, State	Source (Name and Address)
			Legal services in connection with university construction		Brief Description of Duties

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