

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) 12/23/2012	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> Calendar Year Covered by Report 2015	Termination Date (If Applicable) (Month, Day, Year) _____	Termination Filer <input type="checkbox"/>	Now Entrant, Nominee, or Candidate <input type="checkbox"/>	First Name and Middle Initial Christopher	Department or Agency (If Applicable) White House Counsel's Office/NSC Staff	Telephone No. (Include Area Code) (202) 456-9111	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reporting Individual's Name Fonzone		Title of Position Deputy Assistant and Deputy Counsel to the President		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue, Washington, DC 20530		Title of Position(s) and Date(s) Held None		
Position for Which Filing Location of Present Office (or forwarding address) Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Name of Congressional Committee Considering Nomination Not Applicable		Signature of Reporting Individual [Redacted]		Date (Month, Day, Year) May 2, 2015		
Presidential Nominee Subject to Senate Confirmation		Signature of Other Reviewer		Date (Month, Day, Year) 5/4/16		Signature of Designated Agency Ethics Official/Reviewing Official Rachel Dowell		
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		Date (Month, Day, Year)		
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).		Office of Government Ethics Use Only		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"/>		
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 (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. 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		OGE Use Only		(Check box if comments are contained on the reverse side) <input type="checkbox"/>		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>		

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

SCHEDULE B

Reporting Individual's Name
 Fonzone, Christopher C

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

Identification of Assets

Line Item	Example	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
	Central Airlines Common		2/1/99	x														
1	IRA (Traditional): Vanguard Lifestrategy Growth Fund	x	3/2/2015		x													
2	IRA (Traditional): Vanguard Lifestrategy Growth Fund -- Reinvested Dividends and Capital Gains	x	12/29/2015		x													
3	IRA (Roth): Vanguard Lifestrategy Growth Fund -- Reinvested Dividend and Capital Gains	x	12/29/2015		x													
4	Novantas LLC 401(k): Wallis Fargo Small Cap Value Fund (SMVAX) -- Reinvested Dividend	x	12/11/2015		x													
5	Novantas LLC 401(k): Fidelity Balanced Fund (FBALX) -- Reinvested Dividend	x	10/09/2015		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

Line Item	Source (Name and Address)	Brief Description	Value
1	Nat'l 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)	\$500 \$385
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
 Fonzone, Christopher C

SCHEDULE B continued
 (Use only, if needed)

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Part I: Transactions

1-16	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	Novantas LLC 401(k): Wallis Fargo Small Cap Value Investor Class (SSMVX) -- Exchange	X			10/23/2015		X												
2	Novantas LLC 401(k): Wallis Fargo Small Cap Value A (SMVAX) -- Exchange	X			01/20/2015		X												
3	Medical Faculty Assoc 403(b): Am Cent LS 2040 Inv Fund -- Spouse monthly contribution to retirement	X			various				X										
4	Medical Faculty Associates 403(b): Am Cent LS 2040 Investment Fund -- Spouse Reinvested Dividend	X			12/30/2015		X												
5	Medical Faculty Associates 401(a): Am Cent LS 2040 Investment Fund -- Spouse Reinvested Dividend	X			12/30/2015		X												
6	Schwab Total Stock Mkt (SWTSX) -- Joint Reinvested Dividend and Capital Gains	X			12/21/2015		X												
7	Schwab S&P 500 Index Fund (SWPPX) -- Joint Reinvested Dividend and Capital Gains	X			12/21/2015		X												
8	Calamos Growth Fund (CVGRX) -- Joint Reinvested Capital Gains	X			12/17/2015		X												
9	Parnassus Equity Income (PRBLX) -- Joint Reinvested Capital Gains	X			11/24/2015		X												
10	IRA (Traditional): Vanguard Target Retirement 2045 Fund - Spouse	X			01/20/2015		X												
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
 Fonzone, Christopher C

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SCHEDULE C

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)														
						\$10,000 - \$15,000	\$15,000 - \$50,000	\$50,000 - \$100,000	\$100,000 - \$250,000	\$250,000 - \$500,000	\$500,000 - \$1,000,000*	\$1,000,000 - \$5,000,000	\$5,000,000 - \$25,000,000	\$25,000,000 - \$50,000,000	\$50,000,000 - \$250,000,000	\$250,000,000 - \$500,000,000	Over \$500,000,000			
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	x														
2	Netnet, Omaha, NE	Educational loans (spouse medical school)	2000	1.625%	30 yrs.			X												
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	Continue to hold money in a former employer's 401(k) plan, although neither I nor my former employer contributes to my account. (I left the company in mid-2004.)	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 Novantas LLC, New York, NY	7/85 08/04
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SCHEDULE D

Reporting Individual's Name
 Fonzone, Christopher C

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

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