OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	re continued on the reverse side)	(Check box if comments are continued on			
Agency Use Only					estivate viveta
of filing.	dicate number of days)	(Check box if filing extension granted & indicate number of	(Check box if fill		has Minas III dans
the preceding two calendar years and the current calendar year up to the date		this sheet)	s required, use the reverse side of	f additional space is	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
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
any date you choose that is within 31 days of the date of filing.	4/18/16		Sowell	Tachel Dowell	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).
reporting period is the preceding calendar	Date (Month, Day, Year)	wing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Design	Agency Ethics Official's Opinion
Schedule B-Not applicable.  Schedule C Part I (liabilities)-The	4/15/2016		Make	Jacoly	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		Reviewer	Signature of Other Reviewer	OtherReview
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	9105/2019				I CEXTIFY 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)		ting Individual	Signature of Reporting Individual	Certification
Candidates for President and					
Nominees, New Entrants and	₹  X	Yes		Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Name of Congressional Committee Considering Nomination   Do You Intend to Create a Qualified Diversified Trust?	nation Do You Intend to	onal Committee Considering Nomi	Name of Congression	
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			and Date(s) Held	Title of Position(s) and Date(s) Held same	Position(s) Held with the Federal Government During the Preceding 12 Months (II Not Same as Above)
year up to the date you file. Part II of Schedule D is not applicable.	9492461662		Apt 1407S	1300 Crystal Drive, Apt 1407S	(or forwarding address)
II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Number, .	Location of
Reporting Periods Incumbents: The reporting period is		Oval Office	President	Personal Aide to the President	Filing
נס מ מדמט זכני	Department or Agency (If Applicable)	Department or A		Title of Position	J
than 30 days after the last day of the filing extension period, shall be subject		Ferial		Govashiri	Individual's Name
filed, or, if an extension is granted, more	Aiddle Initial	First Name and Middle Initial		Last Name	500000000000000000000000000000000000000
this report and does so more than 30 days		Candidate	2015 120	(Check Appropriate Boxes)	05/15/2014
Fee for Late Filing	Termination Termination Date (If Appli- Filer Cable) (Month, Day, Year)	New Entrant, Nominee, or	Incumbent Calendar Year Covered by Report	Reporting Status	Date of Appointment, Candidacy, Election, Reporting or Nomination (Month. Day, Year)

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	continued on the reverse side)	(Check box if comments are continued			
Agency Use Only					
of filing.	icate number of days)	(Check box if filing extension granted & indicate number of days	(Check box		
the preceding two calendar years and the current calendar year up to the date		de of this sheet)	ice is required, use the reverse si	If additional spa	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
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
year and the current catendar year up to any date you choose that is within 31 days of the date of filing.					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).
Schedule C, Part I (Liabilities)-The reporting period is the preceding calendar	Date (Month, Day, Year)	Official/Reviewing Official	Signature of Designated Agency Ethics Official/1	Signature of D	Agency Ethics Official's Opinion
Schedule B–Not applicable.					(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		ther Reviewer	Signature of Other Reviewer	Other Review
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					ICERTIFY 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	Signature of Re	Certification
Nominees, New Entrants and Candidates for President and	Ž			Not Opplicable	
NI	X		Contain Committee Committee	Not Applicable	Presidential Nominees Subject to Senate Confirmation
at the date of termination. Part II of Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	_	Name of Congressional Committee Considering Nomination	Name of Conor	
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			Title of Position(s) and Date(s) Held same	Title of Positio	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	9492461662		ive, Apt 1407S	1300 Crystal Drive, Apt 1407S	
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		ber, Street, City, State, and ZIP Code)	Address (Number,	Location of
Reporting Periods Incumbents: The reporting period is		Oval Office	o the President	Personal Aide to the President	Position for Which Filing
to a \$200 fee.	gency (If Applicable)	Department or Agency	n	Title of Position	,
than 30 days after the last day of the filing extension period, shall be subject		Ferial		Govashiri	Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initia		Last Name	Donortina
Any individual who is required to file this report and does so more than 30 days	HIEF	Candidate	X	(Check Appropriate Boxes)	05/15/2014
Fee for Late Filing	Termination Termination Date (If Appli-		Incumbent Calendar Year	Reporting	Date of Appointment, Candidacy, Election,

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

* This by the	6	5	4	3	2	1 U.S. Ba			Examples		production of incovalue exceeding \$1 ing period, or which in income during to with such income during the with such income. For yourself, also amount of earned in than from the U.S. (Income of more the actual amount of your spouse).	For you, y				Reporting Indi	0.0.
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.						U.S. Bank Account (Cash)	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	production of income which had a fair market 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, report each asset held for investment or the	BLOCK A	Assets and Income		Reporting Individual's Name ovashiri. Ferial	C. L. C. L. C.
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the a							_			×	Dividends	-		Ch			ı
If the asset/income is either that of the filer or jointly held priate.							_	1		 <del> </del>	Rent and Royalties	Туре		eck CO1			
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com								-	_	_	Capital Gains			no CD:			١
e is						×		<u>i </u>	<u> </u>	<u> </u>	None (or less than \$201)	_		type and amount. If "None no other entry is needed in			ı
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Ы								<u>i</u>	<u>i</u>	Ĺ	Over \$5,000,000			CC SSS		Pag	
								]     	law Partnership Income \$130,000	   	Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	P 9	Page Number	
											Date (Mo., Day, Yr.) Only if Honoraria			t)" is em.			

Transactions  Do not report a transaction involving property used solely as your personal residence, or a transaction solely between properties when the cransaction exceeded \$1,000.  Identification of Assets  SCHEDULE B  Property SCHEDULE B  None Strucks, or dependent child.  Check the "Certificate of divestiture from OGE."  Identification of Assets  SCHEDULE B  Property used solely as your personal residence, or 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.  Identification of Assets  SCHEDULE B  Amount of Transaction (x)  Pale (Mo. 10,000,000,000,000,000,000,000,000,000,	Un	4	w	2	<u></u>			E a fi	101	777	G z
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.    One   Check the "Certificate of divestiture from OGE.   Page   Check the sole   Che	5	1	*	2		Example   Central Airlines Common	Identifi	futures, and other securities when the amount of the transaction exceeded \$1,0 Include transactions that resulted in a los	children during the reporting period of a	Part I: Transactions Report any purchase, sale, or exchange by your vour spouse or dependent	Reporting Individual's Name Govashiri, Ferial
Exchange							cation of Assets				SCHEDU
Exchange						×	-		Transacti Type (x	None X	JLE B
\$1,001 - \$15,000  \$15,001 - \$50,000  \$50,001 - \$50,000  \$100,000 - \$100,000  \$250,000  \$250,000  \$500,001 - \$500,000  \$1,000,000 - \$1,000,000  \$1,000,000 - \$5,000,000 - \$5,000,000  \$5,000,001 - \$25,000,000  \$25,000,000 - \$25,000,000  \$25,000,000 - \$25,000,000  \$25,000,000 - \$25,000,000  \$0,000,000 - \$25,000,000  \$25,000,000 - \$25,000,000  \$25,000,000 - \$25,000,000						2/1/9	Ε	And And	on )		
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\$50,000,000  Certificate of divestiture							C				

<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.

### Part II: Gifts, Reimbursements, and Travel Expenses

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, (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 dates, and the nature of expenses provided. Exclude anything given to you by 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 For you, your spouse and dependent children, report the source, a brief descrip-

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

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

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Ų						Example		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	Part II:	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.						ryampies	ample	(	during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Part I: Liabilities Report liabilities over \$10,000 owed	Govashiri, Ferial	Reporting Individual's Name	C.S. OHICE OF COVERHICITY DURING
						Pursuar calculat		ur agrec benefit yment b		gory app spouse or						John Jone	First District Bank, Washington, DC	Creditors (Name and Address)	e report ise, or do highest reporti	bilities of	erial	idividual's	00,01
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						, will reco	Status and Terms of any Agreement or Arrangement	ts for: ( 1k, defe (includi	r Arı	solely th						Pro	Mo		or a) certa See a	a mo			
						eive lump 00.	any Agre	1) conti erred co ng seve	Arrangements	nat of the her high						Promissory note	Mortgage on rental property, Delaware		or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	a mortgage on your personal residence unless it is rented out; loans secured by			
						sum payı	ement o	nuing p mpensa rance p	eme	filer's s er catego						ote	rental pro	Тур	es; and tives listions for	on you			
						ment of c	r Arrange	particip; ition); ( ayment	nts	pouse or pries, as :							perty, De	Type of Liability	liabiliti ted in ii revolv	r persor out; loar			
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						Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .		of abs ing of		ren. If the	×:					1999	1991	Incurred	Date	None X	1111	SCHEDIII	
						share		of absence; and (4) future employment. See instructions regaing of negotiations for any of these arrangements or benefits.		liability						10%	8%		Interest			7111	
						0		nd (4)   itions f		is that							  -					7	
						Doe Jones		future (		of the fil						on demand	25 yrs.	applicable	Term if				
						& Smith, Hometown, State		re employment. See instructions regarding the report- ny of these arrangements or benefits. Non		filer or a								\$1	0,001 - 5,000				
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Page Number		orting Individual's Name
		Office of Government Ethics

### Part I: Positions Held Outside U.S. Government

any c trustee, general partner, proprietor, representative, employee, or consultant of sated or not. Positions include but are not limited to those of an officer, director, Report any positions held during the applicable reporting period, whether compen-

Exampl

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

orporation, firm, partnership, or other business enterprise or any non-profit	on-profit		No	None X
Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.	To (Mo.,Yr.)
Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
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#### Part II: Compensation in Excess of \$5,000 Paid by One Source

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 Report sources of more than \$5,000 compensation received by you or your

services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. you directly provided the non-profit organization when

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

None

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