

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

| | | | | | | | |
|---|--|---|------------------------------------|---|--|---|---|
| Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year) 03/06/2015 | | Reporting Status (Check Appropriate Boxes) | Incumbent <input type="checkbox"/> | Calendar Year Covered by Report | New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/> | Termination Filer <input type="checkbox"/> | Termination Date (If Applicable) (Month, Day, Year) |
| Reporting Individual's Name Hanlon | | Last Name Hanlon | | First Name and Middle Initial Seth D. | | Department or Agency (If Applicable) | |
| Position for Which Filing | | Title of Position | | Special Asst to the President for Economic Policy | | EOP/MHO (NEC) | |
| Location of Present Office (or forwarding address) | | Address (Number, Street, City, State, and ZIP Code) | | Eisenhower Executive Office Bldg, Washington, DC 20502 | | Telephone No. (Include Area Code) 302-456-1414 | |
| 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 Tax Counsel, House Budget Committee Democratic Staff (May 2014 - March 2015); Tax Counsel, U.S. Senator Debbie Stabenow (Feb. 2013 - May 2015) | | | |
| Presidential Nominee Subject to Senate Confirmation | | Name of Congressional Committee Considering Nomination | | Do You Intend to Create a Qualified Diversified Trust? | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Certification | | Signature of Reporting Individual | | Date (Month, Day, Year) | | 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. | |
| 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 Other Reviewer | | Date (Month, Day, Year) | | Schedule B--Not applicable. | |
| Other Reviewer (If desired by agency) | | Signature of Designated Agency Ethics Official/Reviewing Official | | Date (Month, Day, Year) | | 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. | |
| Agency Ethics Official's Opinion | | Signature | | Date (Month, Day, Year) | | Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as 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). | | Signature | | Date (Month, Day, Year) | | Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. | |
| Office of Government Ethics Use Only | | Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) | | Date (Month, Day, Year) | | Agency Use Only OGE Use Only | |

*Original report filed timely on 2/7/15 on 4/17/15. Filer advised to resubmit on OGE Form 278.

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

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

Reporting Individual's Name
 Hanlon, Seth D.

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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|-----------------------------|--------------------|---------------------|--|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-----------------------------|-------------------|--------------------------|----------------|-----------------|-----------|--------------------|----------|---------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|---|--|-------------------|---------------------------|
| BLOCK A | | BLOCK B | | | | | | | | | | BLOCK C | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 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) | Date (Mo., Day, Yr.) Only if Honoraria | | |
| | | | | | | | | | | | | | | | | | | | | | | | | 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 |
| NEW YORK ST THRUWAY AUTH BONDS 5.0% | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEW YORK ST THRUWAY AUTH BONDS 5.0% | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PORT AUTH NY&NJ CONS. -140th SERIES BONDS 5.0% | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SALES TAX ASSET REC. CORP (NY) REV. BONDS 2015A 3.0% | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEW YORK NY GEN. OBL. BONDS FISCAL 2011 SERIES B 5.0% | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JPMORGAN TR I 100% U S TREAS SECS MONEY MKT AGENCY SHARE (PRIXX) | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEUBERGER BERMAN STRATEGIC INCOME FUND INSTL CLASS | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARCELORMITTAL SR UNSECURED 4.500000% 2/25/2017 (CORP. BONDS) | | | | | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BARCLAYS BK PLC NT 5.000000% 09/22/2016 06739FGF2 MS_22 (CORP BONDS) | | | | | | | | | 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
 Hanlon, Seth D.

SCHEDULE A continued
 (Use only if needed)

| 1 | 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 | | | | | | | | | | | | | | | | | | | | | | | |
| | | 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 | | | | | | | | | | | | | | | | |
| 1 | AMERICAN EXPRESS COMPANY | | | X | | | | | | | | | | | | | | X | 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 | | | |
| 2 | ANTERO RESOURCES CORP | | X | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 3 | APPLE INC. | | | X | | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | |
| 4 | ATMOS ENERGY GROUP | | X | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 5 | BECTON DICKINSON & CO | | X | | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | |
| 6 | BLACKROCK INC CL A | | X | | | | | | | | | | | | | | | | X | | | | X | | | X | | | | | | | | | | |
| 7 | BLACKSTONE MORTGATE TRUST INC NEW | | X | | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | | |
| 8 | BORG WARNER AUTOMOTIVE INC | | X | | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | |
| 9 | BRISTOL MYERS SQUIBB CO | | X | | | | | | | | | | | | | | | | X | | | | X | | | | | | | | | | | | | |

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Reporting Individual's Name
 Hanlon, Seth D.

SCHEDULE A continued

(Use only if needed)

Page Number

15 of 31

| 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 | |
| | | | | | | | | | | | Type | | Amount | | | | | | | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honorary |
| 1 | EQUITY RESIDENTIAL TRUST | | | | | | | | | | | | | | | | | | | | | |
| 2 | ESTEE LAUDER COMPANIES CL A | X | | | | | | | | | | | | | | | | | | | | |
| 3 | EXPRESS SCRIPTS HLDG CO COM | X | | | | | | | | | | | | | | | | | | | | |
| 4 | EXTRA SPACE STORAGE INC | X | | | | | | | | | | | | | | | | | | | | |
| 5 | FEDEX CORP | X | | | | | | | | | | | | | | | | | | | | |
| 6 | FISERV INC | X | | | | | | | | | | | | | | | | | | | | |
| 7 | FMC TECHNOLOGIES INC | X | | | | | | | | | | | | | | | | | | | | |
| 8 | GENERAL ELECTRIC CO | X | | | | | | | | | | | | | | | | | | | | |
| 9 | HASBRO INC | X | | | | | | | | | | | | | | | | | | | | |

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Reporting Individual's Name
 Hanton, Seth D.

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.

| BLOCK A | BLOCK B | | | | | | | | | | BLOCK C | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|------------------------------------|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-----------------------------|-------------------|--------------------------|----------------|-----------------|-----------|--------------------|----------|---------------|---------------------------|-----------------|---|--|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|---------------------------|------------------|--|--|--|--|--|--|
| | | | | | | | | | | | Type | Amount | | | | | | | | | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | | | | | | | | | | | | | | | |
| | 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 | | | | | | |
| 1 | HERMAN MILLER INC | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| 2 | HOST HOTELS & RESORTS INC | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| 3 | INTERCONTINENTALEXCHANGE GROUPINC | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| 4 | INTUIT INC | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| 5 | IPG PHOTONICS CORP | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| 6 | JOHNSON & JOHNSON | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| 7 | KIMBERLY CLARK CORP | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| 8 | LENNAR CORP CL A | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |
| 9 | LEVEL 3 COMMUNICATIONS INC COM NEW | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | | |

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Reporting Individual's Name
 Hanlon, Seth D.

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. | | | | | | | | | | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | | | | | | | | | | | | |
|--------------------------------------|--|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-----------------------------|--|--------------------------|----------------|-----------------|-----------|--------------------|----------|---------------|---------------------------|-----------------|-------------------|---|--|---------------------|----------------------|-------------------------|-------------------|---------------------------|------------------|--|--|--|--|--|--|
| | BLOCK B | | | | | | | | | | | BLOCK C | | | | | | | | | | | | | | | | | | | | | | | | |
| | Type | | | | | | | | | | | Amount | | | | | | | | | | | | | | | | | | | | | | | | |
| | 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 | | | | | | |
| 1 LYONDELLBASELL INDUSTRIES N V CL A | X | | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| 2 MANPOWER INC-WISC | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| 3 MASTERCARD INC | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| 4 MCDONALDS CORP | | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | |
| 5 MOODYS CORP | | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | |
| 6 NEWELL RUBBERMAID INC | | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | |
| 7 NEXTERA ENERGY INC | | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | |
| 8 NISOURCE INC COM | | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | |
| 9 NOBLE ENERGY INC | | X | | | | | | | | | | | | | | X | | | | | X | | | | | | | | | | | | | | | |

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Reporting Individual's Name
 Hanlon, Seth D.

SCHEDULE A continued
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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. | | | | | | | | | | | | | | | | | | | | | |
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| | | BLOCK B | | | | | | | | | | | BLOCK C | | | | | | | | | | | | | | | | | | | | | |
| BLOCK A | | 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 | |
| BLOCK B | | BLOCK C | | | | | | | | | | | Type | Amount | | | | | | | | | | | | | | | | | | | | |
| 1 | NATIONAL GRID PLC NEW SPONSORED ADR | X | | | | | | | | | | | | | | | X | | | X | | X | | | | | | | | | | | | |
| 2 | WILLIAMS COMPANIES | X | | | | | | | | | | | | | | | X | | | X | | X | | | | | | | | | | | | |
| 3 | AMERICAN CAMPUS COMMUNITIES INC | X | | | | | | | | | | | | | | | X | | | X | | X | | | | | | | | | | | | |
| 4 | HCP INC | X | | | | | | | | | | | | | | | X | | | X | | X | | | | | | | | | | | | |
| 5 | NOVARTIS AG AMERICAN DEPOSITARY SHARES | X | | | | | | | | | | | | | | | X | | | X | | X | | | | | | | | | | | | |
| 6 | PFIZER INC | X | | | | | | | | | | | | | | | X | | | X | | X | | | | | | | | | | | | |
| 7 | PLUM CREEK TIMBER CO INC | X | | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 8 | SATS LTD | X | | | | | | | | | | | | | | | | | X | | X | | | | | | | | | | | | | |
| 9 | SINGAPORE TELECOMMUNICATIONS LTD | X | | | | | | | | | | | | | | | X | | | X | | X | | | | | | | | | | | | |

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Reporting Individual's Name
 Hanlon, Seth D.

SCHEDULE A continued
 (Use only if needed)

| 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 B | | | | | | | | | | BLOCK C | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOCK A | | 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) | Date (Mo., Day, Yr.) Only if Honoraria | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | 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 | VORNADO REALTY TRUST | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | | | |
| 2 | WISCONSIN ENERGY CORP | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | | | |
| 3 | NUVASIVE INC | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | | | |
| 4 | COVIDIEN PLC | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | | | |
| 5 | ECOLAB INC | X | | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | | | |
| 6 | GOOGLE INC | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| 7 | PALL CORP | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| 8 | JB HUNT TRANSPORT SERVICES INC | X | | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | | |
| 9 | MCCORMICK & CO INC NON VOTING | 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.

SCHEDULE B

Reporting Individual's Name
Hanlon, Seth D.

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.

None

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.

| 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 | |
| Example: Central Airlines Common | X | | | 2/1/99 | | | X | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
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| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |

*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

| | Source (Name and Address) | | Brief Description | Value |
|---|---------------------------------------|--|-------------------|-------|
| | Examples | | | |
| 1 | Natl Assn. of Rock Collectors, NY, NY | Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) | \$500 | |
| 2 | Frank Jones, San Francisco, CA | Leather briefcase (personal friend) | \$385 | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Reporting Individual's Name
 Hanlon, Seth D.

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) | | | | | | | | | | | |
|----------|---|---|---------------|---------------|--------------------|---------------------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-----------------------------|-------------------|--|
| | | | | | | \$10,001 - \$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 | Neuberger Berman, New York, NY | Margin loan | 2013 | 3.75% | n/a | | | | X | | | | | | | | |
| 3 | Cagen Family LLC | | | | | | | | | | | | | | | | |
| 4 | --Sunlife Assurance of Canada, Toronto, OR | Mortgage on Westpark real estate, White Plains, NY (sold Dec. 2014) | 2006 | 6.25% | 9/1/06 - 8/1/22 | | | | | | | | | | | X | |
| 5 | --Allstate TFI, Northbrook, Ill. | Mortgage on Melville real estate, Melville, NY | 2006 | 5.18% | 117 months | | | | | | | | | | | X | |
| 6 | --Lincoln Life and Annuity Co. Syracuse, NY | Mortgage on Melville real estate, Melville, NY | 2012 | 3.90% | 120 months | | | | | | | | | | | X | |

*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 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

Reporting Individual's Name
 Hanlon, Seth D.

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

None

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.

| Examples | Creditors (Name and Address) | Type of Liability | Date Incurred | Interest Rate | Term if applicable | Category of Amount or Value (X) | | | | | | | | | | | | |
|----------|--|--|---------------|---------------|--------------------|---------------------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|---------------------------|----------------------------|-----------------------------|-------------------|--|--|
| | | | | | | \$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 | Lincoln Life and Annuity Co., Syracuse, NY | Mortgage on Melville real estate, Melville, NY | 1991 | 8% | 25 yrs. on demand | | | X | | | | | | | | | | |
| 2 | Capital One Bank, McLean, VA | Mortgage on Melville real estate, Melville, NY | 2005 | 5.5% | 180 months | | | | | | | | | | | | | |
| 3 | Sunlife Assurance of Canada, Toronto, OR | Mortgage on Melville real estate, Huntington Station, NY | 2014 | 4.68% | 120 months | | | | X | | | | | | | | | |
| 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

| Status and Terms of any Agreement or Arrangement | | Parties | Date |
|--|---|------------------------------------|------|
| Example | 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 |
| 1 | | | |
| 2 | | | |
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Reporting Individual's Name
 Hanlon, Seth D.

SCHEDULE D

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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.

| Examples | Organization (Name and Address) | Type of Organization | Position Held | From (Mo, Yr.) | | To (Mo, Yr.) | |
|----------|--|-----------------------|---------------------------|----------------|---------|--------------|-----------|
| | | | | | | | |
| | Natl Assn. of Book Collectors, NY, NY | Non-profit education | President | | 6/92 | | Present |
| | Doc Jones & Smith, Hometown, State | Law firm | Partner | | 7/85 | | 1/00 |
| 1 | Center for American Progress / CAP Action Fund | 501(c)(3) / 501(c)(4) | Director of Fiscal Reform | | 09/2010 | | Feb. 2013 |
| 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.

| Examples | Source (Name and Address) | Type of Organization | Position Held | From (Mo, Yr.) | To (Mo, Yr.) |
|----------|--|---|---------------|----------------|--------------|
| | Doe Jones & Smith, Hometown, State | Legal services | | | |
| | Metro University (client of Doe Jones & Smith), Moneytown, State | Legal services in connection with university construction | | | |
| 1 | | | | | |
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Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None