## OGE Form 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

| S.C.F.R. Part 2634<br>U.S. Office of Government Ethics   |   |                 |  |  |                                       |                      |  |  |
|--|---|-----------------|--|--|---------------------------------------|----------------------|--|--|
| Date of Appointment, Candidacy, Election, or Nomination (Month, Dzy, Year)   | Reporting<br>Status<br>(Check Appropriate<br>Boxes) | Incumbent       | Calendar Year<br>Covered by Report<br>2014 | Nor  | v Entrant,<br>minee, or indidate      | Termination<br>Filer | Termination Date (#Appli-<br>cable) (Month, Day, Year) | 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                                       |
|  | Last Name   |                 |  |  | First Name and I                      | Middle initial       |  | filed, or, if an extension is granted, more  |
| Reporting<br>Individual's Name   | Hurwitz   |                 | К  | than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee. |                                       |                      |  |  |
|  | Title of Position                                   |                 |  |  | Department or A                       | Agency (H App.       | licable)   |  |
| Position for Which<br>Filing   | Special Assistant to                                | the President   | , Senior Policy and                        | Strateg  | Communications                        |                      |  | Reporting Periods<br>Incumbents: The reporting period is<br>the preceding calendar year except Part  |
| Location of  | Address (Number,                                    | Street, City, S | ate, and ZIP Code)                         | <u> </u>   | · · · · · · · · · · · · · · · · · · · | Telephone N          | n. (Include Area Code)                                 | I of Schedule C and Part I of Schedule D   |
| Present Office (or forwarding address)   | 1600 Pennsylvania                                   |                 |  | <u>!</u>   |                                       | 202-456-141          | 4  | where you must also Include the filing<br>year up to the date you file. Part II of<br>Schedule D is not applicable.  |
| Position(s) field with the Federal<br>Government During the Preceding<br>12 Months (If Not Same as Above)  | Title of Position(s)                                |                 |  |  |                                       |                      |  | 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. |
| Presidential Nominees Subject  | Name of Congressi                                   | onal Committe   | ec Considering Non                         | sination   |                                       | Create a Quali       | fied Diversified Trust?                                | Schedule D is not approxime.   |
| to Senate Confirmation   | Not Applicable                                      |                 |  |  | Yes                                   |                      | No   | Nominees, New Entrants and<br>Candidates for President and   |
|  |   |                 | Д.   |  |                                       |                      | at Day Found   | Vice President:  |
| Certification  | ()-co-l   | elea lediteldu  | i i A                                      |  |                                       | Date (Mor)           | uh, Day, Year)   | Schedule A-The reporting period  |
| JCERTIFY that the statements I have<br>made on this form and all attached<br>schedules are true, complete and correct<br>to the best of my knowledge.                                      |   |                 |  |  |                                       | 4                    | 8/15   | 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                      |
| Other Review   | Signature of Other                                  | Reviewer        |  | 7  |                                       | Date (Mon            | th, Day, Fearl   | 31 days of the date of filing.   |
| (If desired by<br>agency)  |   | <u> </u>        |  |  |                                       |                      |  | Schedule B-Not applicable.   |
|  |   |                 | rules official (**                         | and ve   | ufficial .                            | Date (Mon            | (h, Day, Year)   | Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar  |
| Agency Ethics Official's Opinion   | Signature of Desig                                  | nated Agency    | Einics Official/Revi                       | CALLE C  | ILIN-IAI                              |                      |  | vear and the current calendar year up to   |
| On the basis of information contained in this<br>report, I conclude that the filer is in compliance<br>with applicable laws and regulations (subject to<br>any comments in the box below). |   | . M             | DEN  |  |                                       | 51                   | 14/15  | any date you choose that is within 31 days of the date of filing.  |
|  | Signature   |                 |  |  |                                       | Date (Non            | ith, Day, Year)  | Schedule C, Part II (Agreements or Arrangements)—Show any agreements or  |
| Office of Government Ethics  |   |                 |  |  |                                       |                      |  | arrangements as of the date of filing.   |
| Use Only   |   |                 |  |  |                                       |                      |  | Schedule D-The reporting period is   |
| Comments of Reviewing Officials (  | If additional space                                 | ls required, as | c the reverse side o                       | of this si   | reet)                                 |                      |  | the preceding two calendar years and<br>the current calendar year up to the date<br>of filing.   |
|  |   |                 | (Check box If fi                           | iling exte   | ension granted & it                   | idicate number       | of days}   |  |
| 1  | •   |                 |  |  |                                       |                      |  | Agency Use Only  |
|  |   |                 |  |  |                                       |                      |  |  |
|  |   |                 |  |  |                                       |                      | _  | OGE Use Only   |
|  |   |                 |  | (Check   | box if comments a                     | ire continued or     | the reverse side)                                      |  |
| İ  |   |                 |  |  |                                       |                      |  |  |

Supersedes Prior Editions.

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| Reporting individual's Name       |  |                      | ********            |                      |                       |                       |                         | 5                 | SC                           | H                          | EL                          | )U                | LI                       | Ε/             | 4 (             | :01       | nti     | inı         | ie                | ī                         |                 |                       |                   |                   |    |  |                         |                   |                           | Pag              | e Number   |                                       |
|-----------------------------------|--|----------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|------------------------------|----------------------------|-----------------------------|-------------------|--------------------------|----------------|-----------------|-----------|---------|-------------|-------------------|---------------------------|-----------------|-----------------------|-------------------|-------------------|----|--|-------------------------|-------------------|---------------------------|------------------|--|---------------------------------------|
| Hurwitz, Sarah K                  |  | (Use only if needed) |                     |                      |                       |                       |                         |                   |                              |                            |                             |                   |                          |                |                 | 3 of 7.   |         |             |                   |                           |                 |                       |                   |                   |    |  |                         |                   |                           |                  |  |                                       |
| Assets and Income                 | at close of reporting period checked, no other entry |                      |                     |                      |                       |                       |                         |                   | at close of reporting period |                            |                             |                   |                          |                |                 | y Is      | ne      | f "N<br>ede | d i               | n B                       | ess<br>k C      | than \$20<br>for that | 1)° is<br>item.   |                   |    |  |                         |                   |                           |                  |  |                                       |
|                                   | None (or less than \$1,001)                          | 1 - \$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 | oyaltes | Interest    |                   | None (or less than \$201) | \$201 - \$1,000 | \$1,001 - \$2,500     | \$2,501 - \$5,000 | 55,001 - \$15,000 |    |  | \$100,001 - \$1,000,000 | Over \$1,000,000* | \$1,000,001 - \$5,000,000 | Over \$5,000,000 | Other<br>Income<br>(Specify<br>Type &<br>Actual<br>Amount) | Date (Mo., Day Yr.) Only if Honoraria |
| - MFS Value Fund R3               |  | ×                    |                     |                      |                       |                       | - 1                     |                   |                              |                            |                             |                   | ×                        |                |                 | ×         |         |             | X                 |                           | ×               |                       |                   |                   |    |  |                         |                   | 10                        |                  |  |                                       |
| Z -Touchstone Sands Cap Sel Gr Z  | 1.0  | ×                    |                     |                      |                       |                       |                         |                   |                              |                            | 1                           |                   | ×                        |                |                 |           |         |             | ×                 |                           | ×               |                       |                   |                   |    |  |                         |                   |                           |                  |  |                                       |
| 3 -RS Global Natural Resources A  |  | ×                    |                     |                      |                       |                       |                         |                   |                              |                            |                             |                   | ×                        |                |                 | ×         |         |             | ×                 |                           | ×               |                       |                   |                   |    |  |                         |                   |                           |                  |  |                                       |
| 4 -Causeway international Val 1st |  | ×                    |                     |                      | 8                     |                       |                         |                   | 100                          |                            |                             |                   | ×                        |                |                 | ×         |         |             |                   | ×                         |                 |                       | L                 |                   |    |  |                         |                   |                           |                  |  |                                       |
| s                                 |  |                      | 7                   |                      | 1                     |                       | 1                       |                   | 1000                         |                            |                             |                   | Z.W.W.                   |                | 1000            |           | 100     |             |                   |                           |                 |                       |                   |                   | 80 |  |                         |                   | 900                       |                  |  |                                       |
| 6                                 |  |                      | à                   |                      |                       | Γ                     |                         | -                 | 10                           |                            |                             |                   |                          |                |                 | Γ         |         |             |                   |                           | 1000            |                       |                   |                   |    |  |                         |                   | 1                         |                  |  |                                       |
| 7                                 |  | T                    |                     |                      |                       |                       |                         |                   |                              |                            |                             |                   |                          |                |                 |           |         |             | 3 h<br>1 h<br>2 h |                           |                 |                       |                   |                   |    |  |                         |                   |                           |                  |  |                                       |
| 8                                 | poly a se  |                      |                     |                      | <br>:                 |                       |                         |                   |                              |                            |                             |                   |                          |                |                 |           |         |             |                   |                           |                 |                       |                   | L                 |    |  |                         |                   |                           |                  |  |                                       |
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

| Reporting Individual's Name  SCHEDULE B continued  Hurwitz, Sarah K (Use only if needed) |  |                   |                |            |                            |  |          |                     |          |                      |           |           | Page Number<br>5 of 7       |   |               |  |  |  |  |
|--|--|-------------------|----------------|------------|----------------------------|--|----------|---------------------|----------|----------------------|-----------|-----------|-----------------------------|---|---------------|--|--|--|--|
| Part I: Transactions   |  |                   |                |            |                            |  |          |                     |          |                      |           |           |                             |   |               |  |  |  |  |
|  |  | Tr                | uisac<br>ype ( | ijen<br>x) |                            |  |          |                     |          |                      | of Tran   |           |                             |   |               |  |  |  |  |
|  |  | Purchase          | Sale           | Exchange   | Date<br>(Mo.,<br>Day, Yr.) | 1,001  | 15,001 - | 50,001 -<br>100,000 | 100,001  | 500,000              | 1,000,000 | 1.000.001 | \$5,000,000<br>\$25,000,000 | 50,000,000<br>3ver<br>50,000,000  | artificate of |  |  |  |  |
| Identification o   | of Assets  | ő.                | ů.             | E E        |                            | ***  | S) E)    | 4545                | 50.60    | non (                | 00 00     | * I       |                             |   |               |  |  |  |  |
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|  |  | (*)*<br>  (*)*    | -              |            |                            |  |          | 2.7                 |          |                      |           |           |                             |   | 23<br>27      |  |  |  |  |
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<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.

OGE Form 278 (Rev. 12/2011) S.C.F.R. Part 2634 U.S. Office of Government Ethics Page Number Reporting Individual's Name SCHEDULE D Hurwitz, Sarah K 7 of 7 Part I: Positions Held Outside U.S. Government organization or educational institution, Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary 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 nature, any corporation, firm, partnership, or other business enterprise or any non-profit Position Held From (Mo., Yr.) To (Mo., Fr. Organization (Name and Address) Type of Organization 6/92 Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State Non-profiteducation Partner 7/85 1/00 Law from Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. Part II: Compensation in Excess of \$5,000 Paid by One Source 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. 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 None Brief Description of Duties Source (Name and Address) Legal services in connection with university construction Doe Jones & Smith, Homelows, State Metro University (client of Due Jones & Smith), Muncytown, State