## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

			Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Use Only	Office of Covernment Ethics	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable hast and regulations (subject to any comments in the box below).	Agency Ethics Official's Opinion	(Li desired by	OtherReview	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.	Certification		to Senate Confirmation	Presidential Naminees Subject	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Present Office (or forwarding address)	Location of	Filing	Bosision for Which	Individual's Name	Reporting	Date of Appointment, Candidacy, Election, or Nomination ( <i>Month, Day, Year)</i>
			If additional space is		Signature	Rachel Bourl	Signature of Design	Just by	Signature of Other Reviewer		Signature of Reporting Individual		Not Applicable	Name of Congressional Committee Considering Nomination	Title of Position(s) and Date(s) Held	1600 Pennsylvania Ave. NW, Washington, DC 20502	Address (Number, Street, City, State, and ZIP Code)	Special Assistant to the President, Senior Policy and Strateg	Title of Position	Hurwitz	Last Name	Reporting Status (Check Appropriate Boxes)
	ж	76	required, use the r			Buell	lated Agency Ethics	Bhil	Reviewer (		ሳንg Individual ,			nal Committee Con-	and Date(s) Held	Ave. NW, Washingto	treet, City, State . a	the President, Senio				Incumbent Calend: Covered 2015
(Chec		(Check box if filing extension granted & indicate number of days	everse side of this s				Signature of Designated Agency Ethics Official/Reviewing Official	(			1			sidering Nomination		m, DC 20502	nd ZIP Code)	r Policy and Strateg				ar Year d by Report
(Check box if comments are continued on the reverse side)		ension granted & ind	heet)				Official						Yes					Communications/White House	Department or Ag	Sarah	First Name and Middle Initial	New Entrant, Nomines, or Candidate
e continued on the r		licate number of day:			Date (Month, Day, Year)	4/22/1	Date (Month, Da	4/21/	Date (Month. Day, Year)	100 h	Date (Month, Day, Year)		<b>₹</b>	Do You Intend to Create a Qualified Diversified Trust?		202-456-1414	Telephone No. (Include Area Code)	White House	Department or Agency (If Applicable		iddle Initial	Termination Termin Gable)
everse side)			:		y, Year)	6	ıy, Year)	16	y, Year)	16	y, Year)			versified Trust?		<u>.</u>	clude Area Code)		c)	<b>x</b>		Termination Date (#Appli- cuble) (Houth, Day, Year)
OGE Use Only	Agency Use Only	of filing.	the current calendar year up to the date	arrangements as of the date of filing.	Schedule C, Part II (Agreements or	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	reporting period is the preceding calendar	Schedule B-Not applicable.	as of any date you choose that is within 31 days of the date of filing.	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	Vice President:	Candidates for President and	Nominees, New Entrants and	Schedule D is not applicable.	Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends	where you must also include the filing year up to the date you file. Part il of	Il of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	to a \$200 fee.	than 30 days after the last day of the filing extension period, shall be subject	filed, or, if an extension is granted, more	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days

## 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	(Check		
Agency Use Only					
of filing.	cate number of days)	nsion granted & Indi	(Check box if filing extension granted & indicate number of days		
the preceding two calendar years and the current calendar year up to the date		cet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	f additional space i	Comments of Reviewing Officials (
arrangements as of the date of filing.					Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)			Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.				7	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)	fficial	Designated Agency Ethics Official/Reviewing Official	Signature of Desig	Agency Ethics Official's Opinion
Schedule B-Not applicable.					(I'desired by agency)
as of any date you choose that is within	Date (Month, Day, Year)		r 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					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.
Vice President:	Date (Month, Day, Year)		rting Individual	Signature of Reporting Individual	Certification
Candidates for President and					
Nominees, New Entrants and		Yes		Not Applicable	to Senate Confirmation
at the date of termination. Part II of Schedule D is not applicable.	reate a Qualified Diversified Trust?	Do You intend to Create a Qua	Name of Congressional Committee Considering Nomination	Name of Congressi	Destablished Manager St. Fig.
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			) and Date(s) Held	Title of Position(s) and Date(s) Held	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. Fart II of	202-456-1414		1600 Pennsylvania Ave. NW, Washington, DC 20502	1600 Pennsylvania	
the preceding calendar year except Part  If 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	Vhite House	Communications/White Hous	Special Assistant to the President, Senior Policy and Strateg	Special Assistant to	Filing
to a \$200 fee.	ency (If Applicable)	Department or Agency		Title of Position	621
than 30 days after the last day of the filling extension period, shall be subject		Sarah		Hurwitz	Individual's Name
filed, or, if an extension is granted, more	and Middle Initial	First Name and Mi		Last Name	Reporting
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (#Appli- Filer	New Entrant, Nominee, or Candidate	Incumbent Calendar Year New Covered by Report No Calendar Year No Covered by Report No Calendar Year No Cale	Reporting Status (Check Appropriate Boxes)	Date of Appointment, Candidacy, Election, or Nomination (Month. Day, Year)

	6	5	4	ü	2	-			ÜΠ		No young that For Mining Aprel For Hall I	1
* This ca	-Tweed)	-GRT Va	Wilmerh -Artisan	Parking DC)	Bank of	Bank of			Examples		Reporting Individe Hurwitz, Sarah K  Hurwitz, Sarah K  ASSet  For you, your spo  report each asset  report cach asset  with such income during Si  ing period, or whi  in income during Si  in income during Si  in in income during Si  in income during Si  in in income during Si  in income during Si  in income during Si  in income during Si  i	
tegory applie filer with the	-Tweedy Browne Global Value Fd	-GRT Value Fund Advisor	WilmerHale 401(k) -Artisan Mid Cap Fund	Space (part of	Bank of America Checking Account	Bank of America Savings Account	IRA: Heartland	Kempstone Equity Fund	Doe Jones & Smit	Central Airlines Common	Reporting individual's Name urwitz, Sarah K  BLOCK / B	
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.	al Value Fd	isor	<b>-</b>	Parking Space (part of my condo – Washington, DC)	king Account	ngs Account	IRA: Heartland 500 Index Fund	ity Fund	Doe Jones & Smith, Hometown, State	Common	Assets and Income  BLOCK A  BLOCK A  BLOCK A  For you, your spouse, and dependent children, 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 of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).	
/income i dent child				hington,					   	   	hildren, or the market report- ireport- an \$200 ogether \$200 ogether \$200 of other spouse, earned soort the \$200 of	
s sol		×		"madel"							None (or less than \$1,001)	
m ely	×				×						\$1,001 - \$15,000 a	ı
F F F			×			×			×		\$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	1
0 t				X						×	\$50,001 - \$100,000	
ther								×	0		\$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 - \$5,000,000	
at ler											\$250,001 - \$500,000 \$500,001 - \$1,000,000	ı
her s sp					Uu 1		×				\$500,001 - \$1,000,000	ı
Cate										_	Over \$1,000,000*	ı
gori or		1000	lima	(M)							\$1,000,001 - \$5,000,000	ı
dep es o											\$5,000,001 - \$25,000,000	ı
ends f val		mb	V == (1)	low B	XIII X							ı
iue,											Over \$50,000,000	ı
as a	X	×	×				×	×			Over \$50,000,000  Excepted Investment Fund  Excepted Trust  Qualified Trust  Dividends	ı
ppro										<u> </u>	Excepted Trust	ı
pi =					1		0.0				Qualified Trust	ı
If the asset/inco oriate.	$\Box$									×	Dividends C I	ı
asse				X							Rent and Royalties Interest  Type  Rent and Royalties	ı
<u> </u>					×	×					Interest ê B	ı
0 0 0 0 0											Capital Gains	ı
me is either that of the filer or jointly held		×			×	×					None (or less than \$201)  \$201 - \$1,000  \$1,001 - \$2,500  \$2,501 - \$5,000  \$5,001 - \$15,000  \$15,001 - \$100,000  \$100,001 - \$1,000,000  Over \$1,000,000*	ı
eith	×		Ü XII								\$201 - \$1,000 h an	
er t			×	X						×	\$1,001 - \$2,500	ı
hat	lodi Vi	ASSAVE.	100		1 0			×			\$2,501 - \$5,000	1
š							×				\$5,001 - \$15,000 E TY OF THE STATE OF THE ST	
le fil	TO BE	100		12504							\$15,001 - \$50,000	
er o								_		Ш	\$50,001 - \$100,000	
Ď				1.2							\$50,001 - \$100,000 Amount 6 'None ()  \$100,001 - \$1,000,000 Over \$1,000,000*	
ind											Over \$1,000,000*	
) he											\$1,000,001 - \$5,000,000	
<u> </u>											Over \$5,000,000	1
		ı							Law Partnership Income \$130,000		Rent and Royalties   Interest   Capital Gains   None (or less than \$201)   \$201 - \$1,000   \$1,001 - \$2,500   \$5,001 - \$15,000   \$15,001 - \$1,000,000   \$100,001 - \$1,000,000   Over \$1,000,000   Over \$1,000,000   Over \$5,000,000   Over \$6,000,000   Over \$1,000,000   Over \$1,000,000	
											7 )" is em.  Date (Mo., Day, Yr.) Only if Honoraria	

ı	9	∞	7	9	Ŋ	4	3	2	1						Ē	
* 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.					- ASTON/Silvercrest Sm Cap Fd I	-Causeway International Val 1st	-RS Global Natural Resources A	-Touchstone Sands Cap Sel Gr Z	-MFS Value Fund R3			BLOCK A	Assets and Income		Hurwitz, Sarah K	Reporting Individual's Name
ome is		70.0		200												
sole			4		×	×	×	×	×	None (or less than \$1,001) \$1,001 - \$15,000						
nar v				PER SECTION		^	$\hat{}$	^	^	\$15,001 - \$50,000			at (			- 1
c the					100000	100000				\$50,001 - \$100,000			Valuation of Assets at close of reporting period			- 1
OH S	AUTO LOS	1000000	Janes III.	10-3	1-27	PM III	40.2			\$100,001 - \$250,000	7170		ua			- 1
d p		-								\$250,001 - \$500,000		BLC	fio			- 1
ighe				100 J	-				13 54	\$500,001 - \$1,000,000		вгоск в	poi n o			- 1
r ca										Over \$1,000,000*		В	ri A			
se o	political designation of the second	230.0			100	avera		9214		\$1,000,001 - \$5,000,000			SS P		3	2
r de ries					,					\$5,000,001 - \$25,000,000			eric			ďl
of v		23 4				1 4			Sus,	\$25,000,001 - \$50,000,000			<u>g</u> .		(a)	<u> </u>
dent										Over \$50,000,000					Ise	ן גְּ
as Chi	District.	100	12788	West,	×	×	×	×	×	Excepted Investment Fund	III.				Use only	<del>-</del>
appi										Excepted Trust						
op :		101	ЩБ					القر		Qualified Trust					if n	
the										Dividends			0.5		if needed)	3
asse		1881		XXX . ()	Hari			Q.II		Rent and Royalties	뒣		hec		led	1
ا ج										Interest	Туре		Ke B			ï
СОЛ		<b>1</b>					No.	9-00		Capital Gains	1		in e		Цe	5
ne is						×	×			None (or less than \$201)			oo	- 1	7	L.
eich				7	×		==8	022771	×	\$201 - \$1,000	1		the			
is either that of the filer or jointly held								×		\$1,001 - \$2,500	]		re			
hat								1		\$2,501 - \$5,000		BL		Į		
l s										\$5,001 - \$15,000		BLOCK C	) is			
⊒		<b>X</b> 3							4.1	\$15,001 - \$50,000	≥	С	nea C. If			
ero										\$50,001 - \$100,000	日日		ede X	- 1		
jo					280	12078		BHE O		\$100,001 - \$1,000,000	Amount		d ii			- 1
l indy										Over \$1,000,000*	7		n BE			- 1
<u>े हे</u>										\$1,000,001 - \$5,000,000			O H			- 1
										Over \$5,000,000	]		ess ess	١.		125
							*		ñ	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.		3 of	Page Number
										Date (Mo., Day, Yr.) Only if Honoraria			)1)" is item.		7	

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

## Part Hurwitz, Sarah K futures, and other securities when the amount of the transaction exceeded \$1,000. real property, stocks, bonds, commodity children during the reporting period of any Report any purchase, sale, or exchange Reporting Individual's Name by you, your spouse, or dependent include transactions that resulted in a loss. **GRT Value Fund Advisor** ASTON/Silvercrest Sm Cap Fd I Central Airlines Common **Transactions** Identification of Assets Check the "Certificate of divestiture" block certificate of divestiture from OGE to indicate sales made pursuant to a you, your spouse, or dependent child. residence, or a transaction solely between property used solely as your personal Do not report a transaction involving SCHEDULE None Purchase Transaction Type (x) $\boxtimes$ Sale B Exchange 9/24/15 9/24/15 Date (Mo., Day, Yr.) 2/1/99 \$1,001 -\$15,000 \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 \$250,000 Amount of Transaction (x) \$250,001 \$500,000 \$500,001 -\$1,000,000 Over \$1,000,000\* Page Number \$1,000,001 \$5,000,000 \$5,000,001 -\$25,000,000 잋 \$25,000,001 \$50,000,000 Over \$50,000,000 Certificate of divestiture

## 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

Ų	4	w	2	-			
				Schust	١.	Examples	
				Schusterman Foundation	Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
				Travel expenses, hotels, meals, programming expenses for Reality Global trip to Israel (personal activity unrelated to duty)	Leather briefcase (personal friend)	ident to national conference 6/15/99 (per	Brief Description
				\$5,000	\$385	\$500	Value

<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.

E 12 11 10	H H Z H	E 2 E 5	G <b>:</b> 3	1 0	10		9	8	7	9	5	4-	3	2	1			Part	Reporting Individ Hurwitz, Sarah K	OGE Form 278 5 C.F.R. Part 2: U.S. Office of (
																Identifit		Part I: Transactions	Reporting Individual's Name Hurwitz, Sarah K	OGE Form 278 (Rev. 12/2011) 5 C F R. Part 2634 U.S. Office of Government Ethics
																Identification of Assets				plete Schedule B if you a
																Purchase		1	SCHEDULE B conti	Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate
																Sale	Transaction Type (x)		continued <sub>eeded)</sub>	e, or
											v j					Exchange	Sign		inu	Vice
										:						Date (Mo., Day, Yr.)			.ed	Presider
					H						E.					\$1,001 - \$15,000				tial
																\$15,001 - \$50,000				우 면
							21								B	\$50,001 - \$100,000				res
																\$100,001 - \$250,000	<u>}</u>			den
7			Maj			A-cc										\$250,001 - \$500,000	Amount of Transaction			tial
																\$500,001 - \$1,000,000	0 J			Cai
					EG				MIL			[[8]				Over \$1,000,000*	Tang		Pag	n di
		100,000	2000000	1												\$1,000,000 - \$1,000,000 - \$5,000,000	sactic		Page Number 5 (	date
								No.						1000	MITT	\$5,000,001 -	оп (x)		mber 5	
		2000		1500	100	92.11	\$500	277.0								\$25,000,000 \$25,000,001 -	~		of 7	
/ C Op		100019			-				100			701		11111	-	\$25,000,001 - \$50,000,000 Over				
					112		_ (6	1, -1	. =			1	[EE]		10	\$50,000,000 Certificate of				
- 1		I														divestiture	1			

U.S	U.S. Office of Government Ethics																
쿊	Reporting Individual's Name									1		77	Page Number	umbe	]		
푸	Hurwitz, Sarah K	SC	SCHEDULE	LE C										_	6 of 7		
P	Part I: Liabilities	a mortgage on vour personal residence	None														
군	Report liabilities over \$10,000 owed	unless it is rented out; loans secured by				7	ı	ı	වූල	0 770	Amo	unt o	Category of Amount or Value	е (х)			_
<u>p</u> 8	during the reporting period by you,	or appliances; and liabilities owed to									-6						
<del>5</del> 0%	your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions. See instructions for revolving charge accounts.				,001 - ,000	001 -	,001 - 0,000	0,001-	0,001 -	0,000	00,000	00,000*	00,001-	00,001 - 000,000 000,001 000,000		000,000
	Creditors (Name and Address)	Type of Liability	Date incurred	Rate	applicable	\$10 \$15		\$50	\$10	\$25	\$50	\$1,0 Ove	\$1,0		\$25 \$25	Ove	\$50
g	Examples First District Bank, Washington, DC	Mortgage on remal property. Delaware	1991	Ц	25 yrs.			×	H								
	L	Promissory note	1999	10%	on demand					×						39	
	SunTrust	Mortgage on condo, Washington, DC (I rent out the parking space that comes with the condo)	2009	3.4%	30 years					X	/\	195/0					
2						Ū		Τä		87		20.00					
w																	
4												231					
თ						100						6.00					
_ +	This category applies only if the liability is with the spouse or dependent children, man	*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.	en. If the lial	oility is th	at of the filer	유	a join	t liab	a joint liability of the filer	[ the I	îler						
P	Part II: Agreements or	or Arrangements															
G G R	port your agreements or arrangement iployee benefit plan (e.g. pension, 40 in of payment by a former employer (	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.  Non	e; and (4 gotiations	) future e s for any	mple of the	yme se a	nt. So	e ins	its o	ions r ben	rega	urdin	g tho	report- None		_ <del>_</del>
	Status and T	Status and Terms of any Agreement or Arrangement							Parties	ies						Date	
Ē	Example Pursuant to partnership agreement, calculated on service performed thr	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	tnership shar	e	Dae Jones	& Smith, Hometown, State	h, Ho	nctow	n, Stai	ë						7/85	
ı	401(k) plan to which I no longer contriubte - I stop	401(k) plan to which I no longer contribbte — I stopped making contributions when I left WilmerHate in February of 2007	of 2007		WilmerHale, Washington, DC	Wash	ington	C								12/04	
2																	
LAJ																	
+																	
5																	
6																	

O S Office of Covernment Estiles					
Reporting Individual's Name		מכשבחווו ב ח		Page Number	
Hurwitz, Sarah K		SCHEDULE D		7 of	7
Part I: Positions Held Outside U.S. Governmen Report any positions held during the applicable reporting period, whether compensations are provided in the property of the provided in the prov	Outside U.S. Government pplicable reporting period, whether compen-	nt In	organization or educational institution. Exclude positions with religious	with religious,	
sated 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	of limited to those of an officer, escentative, employee, or consult her business enterprise or any n		social, fraternal, or political entities and those solely of an honorary nature.	q	None X
Organization (Name and Address)	nd Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Ma, Yr.)
Nat'l Assn. of Roc		Non-profit education	President	_	Present
Examples Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	5
_					
2					
3	:				
+					
5					
6					
Part II: Compensation Report sources of more than \$5,000 con business affiliation for services provided	in Excess of \$5,00 pensation received by you or yoldirectly by you during any one	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 non-profit organization when business affiliation for services provided directly by you during any one year of you directly provided the	Do not complete this part if you are an incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.	part if you a ion Filer, or dential Candi	re an Vice date.
the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other	names of clients and customers obusiness enterprise, or any othe	services generating a fee need not report the U.S. (	or payment of more than \$5,000. You Government as a source.	You None	e L
Source (Name and Address)	Address)	Brief	Brief Description of Duties		
Examples   Netro University (client of Doe Jones & Smith), Moneytown, State	ith), Moneytown, State	Legal services in connection with university construction	iction — — — — — —		
2			:		
3					
-4					
5					
6					