Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

ОСЕ Изе Олју	(Check box if comments are continued on the reverse side)	
Agency Use Only		
of filing.	(Check box if filing extension granted & indicate number of days)	aardenamiinide († 1666)
the preceding two calendar years and the current calendar year up to the date	Comments of Reviewing Officials (if additional space is required, use the reverse side of this sheet)	Comments of Reviewing Official
arrangements as of the date of filing.		Use Only
Schedule C, Part II (Agreements or Arrangements) Show any agreements or	Signature Date (Month, Day, Year)	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.	CBC 4 (6-4-15	On the baris of information contained in this report, I conclude that the filer is in compliance with applicable lews and regulations (subject to any comments in the box below).
reporting period is the preceding calendar	Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year)	AgencyEthicsOfficial'sOpinion
Schedule B-Not applicable.	12/2012/2012	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Signature of Other Reviewer Date (Month, Day, Year)	Other Review
Schedule AThe reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets	4114115	ICERTIFY that the statements I have made on this formant all attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Signature of Reporting individual Date (Month, Day, Year)	Certification
Candidates for President and		
Nominate National Established	Not Applicable XINo	Presidential Nominees Subject to Senate Confirmation
at the date of termination, Part II of Schedule D is not applicable.	Name of Congressional Committee Considering Nomination Do You Intend to Greate a Qualified Diversified Trust?	The state of the s
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 Senior Counsel to the President Office of the White House Counsel (January 2014-March 2014)	Position(s) Held with the Federal Government During the Preceding 12 Menths (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of	160) Pennsylvania Avenue, NW, Washington, DC 20500. 202-486-1414 v	Present Office (or forwarding address)
the preceding calendar year except Part If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Location of
Reporting Periods Incumbents: The reporting period is	Deputy Counsel to the President Office of the White House Counsel EOP I	Position for Which
to a \$200 fee.	Title of Position Department or Agency (If Applicable)	
than 30 days after the last day of the filing extension period, shall be subject	D	Individual's Name
after the date the report is required to be filed, or, if an extension is granted, more	Last Name First Name and Middle initial	2000
Fee for Late Filing Any individual who is required to flie this report and does so more than 30 days	Reporting Incumbent Calendar Year New Entrant, Termination Termination Date (If Appli-Status Covered by Report Nominee, or Hiler Cabe(Acont), Day, Year (Check Appropriate 2014)	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Mear)

C.C. Office of	OF CONTRACTOR DESIGNATION	l	l		l	l	l	l	l	l	ı	ı	l	l	l		l	ı		l	l	l	l	l	l	l	l	l	l	ı	1	l		
Reporti Kang, Ch	Reporting Individual's Name Kang, Christopher D												SC	H	E	SCHEDULE	I		\triangleright													Pag	Page Number 2 of 8	
								1																										
	Assets and Income			at .	Valuation of Assets at close of reporting period	lua se c	of r	epc epc	of/ orti	SS	ets	iod						In Ch	Income: checked,	ne ed,	mo ty) otl	and	l ar	A Di	is r	. If 1ee	dec)ne l in	BI(0)	r le Ock	SS t	type and amount. If "None (or less than \$201)" i no other entry is needed in Block C for that item.	" is m.
	BLOCK A						BL(BLOCK B	В																BLO	BLOCK C	.,							
For you, report e producti value excing peric in incom	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		1,001)						UU .	000			00,000	a <u>u</u> n bas, No	Fund	(44.54), (4.5.5			Туре	ě l		201)						Amount			,000		l	Date
For yourself, amount of ear than from the report the sou income of moactual amour your spouse). None	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).	The second secon	None (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,00	\$5,000,001 - \$25,0	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investme	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000 \$50,001 - \$100,00		\$100,001 - \$1,000	Over \$1,000,000* \$1,000,001 - \$5,00		Over \$5,000,000	(Specify Type & Actual Amount)	Yr.) Only if Honoraria
	Central Airlines Common					×	24,9		(4.0.1			-			4. 0	CT 100		×	\dashv		_		_	×	- 1	_		_			-			
Examples	Doe Jones & Smith, Hometown, State				×	aggar ja	ja kir		TOJA.		34 1		<u> </u>	-31.	3.11	Pa;	*.					34. 1	3		:					-			Law Partnership Income \$130,000	
	Kempstone Equity Fund			لبا		193	×	1	144	-			Ш		×	12.5		V.)	 	NOT HE		إا		إلـــا	×						 	<u> </u>	 	
	IRA: Heartland 500 Index Fund			Ш					×						×					33.67						×	,						 	
1 Bank	Bank of America Checking Account			**		X	A - 1 A A	1.14 10.25					100	. 34	<u>\$</u>	2.4%				×	4 1 . 14%	×	14.5	. **			i			3.54				,
² Fidelit	Fidelity Contrafund		NA M		×		Web WA	840141896	P. 11 13(1)	es es la tra					×	3175 247		×		Y	× ×	294 17 2944			×					100	14			
³ Fidelit	Fidelity Growth Company		7 4			X	NO MA	150 150	17679	1.3.3	1 2 %	+ N. P. 1955		1	X	1.00		×	1,11	×	· XXX	* ******	1,9%	1 54 13	×					1 1071	1 1,314			
4 Fidelit	Fidelity Small Cap Discovery Fund		A. S.			X			7000	. 3		1 5 1 . 1		TO STATE OF THE	×			×			×	V 95,500.0				×				1 1 2 3 5 5	(3)			
⁵ Fidelit	Fidelity Select Retailing					X		* - * - * E							×			X	4 - 1	×	X	11.95.55	3.37.3		×			es, a ne		WKA AT	d.Tanati			
6 Fidelit	Fidelity Select Biotechnology						×	Sec. Sec. 18	1	\$1. 15, N. 1	. P. 1	.,			×	33 T 3 A T	\$1.4 × \$4.		\$1.5KU	~	Х					×	. 100	141,214						
* This by t	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.	me is hild	soli ren,	ely t mar	hat k th	of ti	her	ler's high	spo er c	use ateg	or d	lepe s of	nde valı	nt cl ue, a	hildı ıs ap	ren.)pro	If t pria	he a	sset	/inc	OH	is e	ithe	r th	at o	f the	file	ror	joii	ıtly	helc	_		,

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

	٥	œ	7	9	5	4	3	2	1						중 ;	\mathbb{R}^{2}
* This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/inco by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	Spouse: Fidelity Roth IRA: Fidelity Capital & Income	Spouse: Book Royalties: Domestic Violence Survivor (Civic Research Institute)	Spouse: Domestic Violence Legal Empowerment and Appeals Project	Hartford Life Insurance Company Fixed Annuity	Fidelity Roth IRA: Cash Reserves	Fidelity High Income	Fidelity New Markets Income	Fidelity Select Multimedia	Fidelity Select Software & Computer			BLOCK A	Assets and Income		Kang, Christopher D	Reporting Individual's Name
is so drei	11111	75				×				None (or less than \$1,001)	j 3					١
olely n, m		I					×			\$1,001 - \$15,000		İ	a l			1
/ tha ark		Value		V. T	×	\$2.19(4)			() - T = 1	\$15,001 - \$50,000		1	Valuation of Assets at close of reporting period			1
the t	×	è						×	×	\$50,001 - \$100,000		1	Valuation of Assets close of reporting peri			1
the othe					·			F F		\$100,001 - \$250,000		1	iat of			1
file er hi										\$250,001 - \$500,000		0.13	rel			1
r's s ghei		Ascertainable		1.				ξA.		\$500,001 - \$1,000,000		BLOCK B	DOI.			1
pous : cat		肾厂								Over \$1,000,000*		1 ~	ijξ			1
se o: .ego		lä l					V.			\$1,000,001 - \$5,000,000	V		sse g p		S	1
r de ries						11.	·			\$5,000,001 - \$25,000,000		1	eric		H	1
pen of v		TO -		ja bjaj				- 10 TH NO.	N. A.	\$25,000,001 - \$50,000,000	110.1	ł	ğ	16		-
deni alus		AMERICAN STREET	<u> </u>	N NAME OF	154.5 - 1.755	\$19-1 No.400	1	44.0	-	Over \$50,000,000				Se		1
chi , as	×	7878		N. YA	×	×	×	×	×	Excepted Investment Fund	41.5			Ose omy ii lieeded,	SCHEDULE	
ldre app		* *** * ***		- N N						Excepted Trust		t		5		
in. l				Marin N	No. 199	April 1941	Pi.	***	14, 14 a 1, 1	Qualified Trust					>	
lf th riate			<u> </u>			×	×	×	×	Dividends	T			lee	$\frac{1}{2}$	١
e as		×								Rent and Royalties	<u> </u>		Income: checked,	E	continued	ı
set/								V	273	Interest	Туре		C OB	1 5		1
inco				18 1 4	N 0	×	×	×	×	Capital Gains	<u>ተ</u> ኖ		ă, iei		ΙŢ	1
)me	×				×		×		.,,	None (or less than \$201)	<u> </u>	-	no ţy		þ	.
is e		×			<u> </u>	· · · · · · · · · · · · · · · · · · ·		N\$\$\$\$\$\$	grade in a	\$201 - \$1,000	┨		oth			١
ithe	- 14	<u> </u>				×				\$1,001 - \$2,500	1		er and			1
me is either that of the filer or jointly held	0.50-0.50							7. 4.7		\$2,501 - \$5,000	┨		type and amount. If "None no other entry is needed in			-
ıt of		** <u>*****</u>	\$18 St. 18	\$60 L 1 S	Al? Y	1	13 44 141	×	×	\$5,001 - \$15,000	┨	BLOCK C	77 L			١
the	300 300		Water Te				15160	^		\$15,001 - \$15,000	┨.	IX.	is r			1
file	Maring.	de la	Service Plan	341 1214			*			\$50,001 - \$100,000	Į₽ H		leeć ⊞			1
ror							Nil-AAR			\$100,001 - \$1,000,000	Amount		ied (N			١
joir				1 111	No. 1	601 17 1	Patricipan	10000000			Ę		l in			1
ıtly					1. The	14. I S	10.500	iye ta		Over \$1,000,000*	-		ᄧ()			1
helc										\$1,000,001 - \$5,000,000			(or less Block C			╛
_										Over \$5,000,000			Ss t		Š	Page
			Salary ,	Monthly annuity of \$3,446						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			tem.	00	3	

Q	8	7	6 New York Lif	Spouse: Miss Development	4 Spouse; Mer	Spouse: Virginia College Savings	Virginia Educ Savings Proc	Spouse: Fide				Ast	g	Reporting Individual's Name
			New York Life Custom Whole Life Insurance	Spouse: Mississippi Consortium for International Development	Spouse: Meridian International Center	Spouse: Virginia Education Savings Trust (529 College Savings Program) - Moderate Portfolio	Virginia Education Savings Trust (529 College Savings Program) - Aggressive Portfolio	Spouse: Fidelity Roth IRA: Cash Reserves			BLOCK A	Assets and Income		idual's Name
	• .			100 Ex 100 100 Ex 100					None (or less than \$1,001)					
									\$1,001 - \$15,000			at		- 1
					100	×	×	×	\$15,001 - \$50,000	•		o Va		
10.00000				4 1, 1, 1, 1, 1	2010 01 181		14,00 A, 11 A, 11 A		\$50,001 - \$100,000	Jagar.		Valuation of Assets at close of reporting period		
N SAN	\$5 H.Y.			1134	(a)				\$100,001 - \$250,000		В	ati of r		
									\$250,001 - \$500,000		BLOCK B	eb on		
100	\$1940		×		AG: 14				\$500,001 - \$1,000,000		κB	ordi		
						~	2.004.3		Over \$1,000,000*			As		\sim
	3347								\$1,000,001 - \$5,000,000	W.Q		Set per		Ω
									\$5,000,001 - \$25,000,000			rioc		ΞI
									\$25,000,001 - \$50,000,000			****	Us	Ü
									Over \$50,000,000		<u> </u>		l e o	\subseteq
						×	×	×	Excepted Investment Fund				<u>L</u>	SCHEDULE
									Excepted Trust			1	/ if	\triangleright
					1 1	9 J.			Qualified Trust	٠			ne	
									Dividends	ر		다 대	(Use only if needed)	continued
		42.42		1784E	100				Rent and Royalties	Type		Income: checked,	ed)	Ē.
				5000000		* ****	7888		Interest)e		me ed,		nu
				1111111	. 11 4 4 1		NOS.		Capital Gains					ec
9.9250.00					A 1 2 2 3 2 3	×	×	×	None (or less than \$201)			9 <u>7</u> 0		
.) 1000	A 1			N V 14 N 12	3 3 2 2 2	3.3	4,5%, 3		\$201 - \$1,000			an(
							1		\$1,001 - \$2,500		<u> </u>	i ar		
	4		-	-	100000			*. *	\$2,501 - \$5,000		BLOCK C	Ty Ton		
					<u> </u>		- 23	15. Table 11.	\$5,001 - \$15,000 \$15,001 - \$50,000		 	is r		
		5 5 Egs	<u> </u>				- N		\$50,001 - \$100,000	Δπ	`′	leec If		
435		. 10,400	NA S		<u> </u>					Amount		ded "N		
		18-37	1 101	D + 15 3	<u> </u>			3.5 mg ⁽¹⁾	\$100,001 - \$1,000,000	l H)ne Lin		
		Sur Print					88+83	1.04674	Over \$1,000,000*	`		BE (01		ı
1 3 4	11.0	1 1 1 1 1 1 1 1					1 10	1, 104-1-1	\$1,000,001 - \$5,000,000			r le Ck	<u> </u>	
				44 -	44~		<u> </u>		Over \$5,000,000			Ss t C f		Page
				Honoraria \$250	Honoraria \$300				Other Income (Specify Type & Actual Amount)			type and amount. If "None (or less than \$201)" is no other entry is needed in Block C for that item.	4 of	Page Number
				11/17/2014	10/27/2014				Date (Mo., Day, Yr.) Only if Honoraria			1)" is tem.		·

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

ري ا	4	Ç.	2	1			fu an In	re Ch.	ب ۾ ک	Ka Re
Fidelity Contrafund	Fidelity New Markets Income	Fidelity Roth IRA: Fidelity Capital & Income	Fidelity High Income	Fidelity Spartan Intermediate Treasury Bond Index Fund - Fidelity Advantage Class	Example Central Airlines Common	Identifi	futures, and other securities when the amount of the transaction exceeded \$1,000 Include transactions that resulted in a loss.	children during the reporting period of any real property, stocks, bonds, commodity	Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Reporting Individual's Name Kang, Christopher D
				Index F		cation	00. ss.	ıny		:
				Fund - Fidelity Advantage Class		Identification of Assets	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	residence, or a transaction solely between you, your spouse, or dependent child.	Do not report a transaction involving property used solely as your personal	SCHEDULE B
			115. 135.		×	ρ	urchase	Ħ	Nor	IU(
X	X	X	X	X	_	H	ale	Transaction Type (x)	None 🔲	Œ
						Ε	xchange	tion (x)	1	8
12/24/14	12/22/14	11/28/14	11/26/14	10/28/14	2/1/99		Date (Mo., Day, Yr.)			
						\$:	1,001 - 15,000			
X		X				\$:	15,001 - 50,000			
	X		X	X	×	\$:	50,001°- 100,000			
	- 1	1411				8.	100,001 - 250,000 250,001 -	Amo		
			1 1			\$	500,000 500,001 -	Amount of Transaction		
					H	\$ O	1,000,000 ver	Tran		P _e
						\$	1,000,000* 1,000,001 - 5,000,000	sactio		Page Number 5
		.5. 5.	Marin .			\$	5,000,000 5,000,001 - 25,000,000	(x)		
						\$2	25,000,001 50,000,000	-		of 8
•		14. F			0.5	\$.	ver 50,000,000			
							ertificate of vestiture			

^{*}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 descripthe the U.S.

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 X

2 3 4

Reporting Individual's Name Kang, Christopher D	SCHEDULE B contin (Use only if needed)	inued		
Part I: Transactions			·	
	Transaction Type (x)	ion ()		Amount of Transaction
	rchase	Date (Mo., Day, Yr.)	,001 - 5,000 5,001 - 0,000 0,001 - 00,000	00,001 - 50,000 50,001 - 00,000 00,001 - ,000,000
Identification of Assets	Pun	Exc	\$15 \$50	\$25 \$50
Spouse 401(k) City National Bank: Vanguard Target Retirement 2040	×	12/9/14	×	
2				
3	A. A			
4				
5				
6				
7				
9				
10				
11				
12				
13				
14				
15				
16	. 1973. 1973. 1973. 1973.			13 - 12 - 13 5 - 13 - 13 5 - 13

c	n n	4	W	2	1		Ξ'		ずじえげ	₹ 7	7.	찓
							Examples		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 to any one creditor at any time	Kang, Christopher D	Reporting Individual's Name
						John Jo	FirstDi	Creditors (Name and Address)	e repo ise, or highe	Li: bilities	stopher	ndividua
						John Jones, Washington, DC	First District Bank, Washington, DC	s (Name	rting p depen st amo	abil s over		d's Nam
						shington,	ık, Washi	and Ac	eriod dent c ount ov eriod.	itie \$10,00		e l
						DC	ngton, Do	dress)	by you hildren wed Exclu	S)O owe		
							`` 		n. ade	₽.		•
						Pro	Mo		or applia certain re See instri accounts	a mo unle		
						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 automobiles household furniture		
						note	rental p	Ту	tives li	on yor rented		
							roperty,	Type of Liability	d liabil isted ir or revo	ur pers		
							Delawar	ability	ities on instra	sonal r bans se		
							@ 		wed to actions charge	esiden Ecured		
							_		<i>y</i> ,	by Lice	SC	
477.1						1999	1991	Incurred		None 🔀	HED	
*This optonous anniting only if the lightlitude collection of the file of the						10%	8%	Rate	Interes		SCHEDULE C	:
						on d	2.5				C	
tha file						on demand	25 yrs.		i i			
7							<u> </u> 	\$1	0,001 - 5,000			
nint lin	gerra r					_	 _×	\$5	5,001 - 0,000 0,001 -			
hility (144	刘克· 菲亚	:				- 	\$1 \$1	00,000	Cate		
-	4					×		\$2	50,000 50,001 - 00,000	Category of Amount or Value (x)		
ilor					ar sugi			\$5	00,000 00,001 - ,000,000	Amou		
								Ov		nt or V		Page
									,000,001- ,000,000	alue (x		Page Number
			- 1						,000,001 - 5,000,000		7 of 8	ēr
			- N.S. V. V	1,75.34	- Alba			\$5	5,000,001 - 0,000,000		CO	
	1.						L		er 0,000,000		1	- 1

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 $\boxed{\mathbb{X}}$

Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.		Status and Terms of any Agreement or Arrangement	
	Example		Doe Jones & Smith, Hometown, State
	1		
	2		
	w.		
5	4		·
	51		
	6		

6	5.	4	ω		Examples Met	1	Report sou business af the reporti corporation	Part II	5	4.	3	2:	1 Estate of	Examples Do	Na	Report any sated or no trustee, ger any corpor	T) T.	Kang, Christopher D	Reporting Ind	J.S. Office of C
					Metro University (client of Doe Jones & Smith), Moneytown, State	Source (Name and Address)	rces of more than \$5,000 cor filation for services provide filation. This includes the 1 n, firm, partnership, or other	: Compensation					Estate of Young Woo Kang	Doe Jones & Smith, Hometown, State	Organization (Name and Address)	positions held during the appositions held during the aptt. Positions include but are neral partner, proprietor, repation, firm, partnership, or of	Docitions II ald	opher D	Reporting Individual's Name	O.S. Office of Government Eurics
·					uith), Moneytown, State	Address)	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	Part II: Compensation in Excess of \$5,000 Paid by One Source							na Adaress)	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	Dutaida II o Carra			
					Legal services			0 Paid b					Father's estate	Law firm	Non-profit educatio	ַנְ װְרָ װְיִבְּיִר װְרָ װְיִבְּיִר בְּיִבְּיִר בְּיִבְּיִים בְּיִבְּיִבְּיִבְּיִים בְּיִבְּיִבְּיִבְּיִבְּיִבְּיִבְּיִבְּיִ		SCH		
					Legal services in connection with university construction	Brie	non-profit organization when you directly provided the services generating a fee or pased not report the U.S. Gove	ov One Source							Lype of Organization	organization or educational social, fraternal, or political nature.		SCHEDULE D		
				,	action	Brief Description of Duties	non-profit organization when Presidential or Presidential Candidate. 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.	Do not complete thi					Executor	Partner	President	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature. No. 1				
							tion Filer, o Idential Can You	s part if you					03/2012	7/85	6/92	gio		. 8 of	Page Number	
							or Vice ididate.	are an					08/2014	1/00	Present			of 8		