OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT Hollow Form Approved: OMB No. 3209 - 0001

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4/25/16		S			
Agency Use Only					
of filing.	is it is a single state of days	(Check box if filing extension granted & indicate number of days	(Check box if filin		
the preceding two calendar years and the current calendar year up to the date		his sheet)	, use the reverse side of t	If additional space is required	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
arrangements as of the date of fitting. Schedule D The reporting period is					Use Only
Arrangements)—Show any agreements or	Date (Month, Day, Year)			Signature	Office of Government Ethics
any date you choose that is within 31 days of the date of filing.	6/2/16			Mast	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 year and the current calendar year up to	Date (Month, Day, Year)	ing Official	ncy Ethics Official/Review	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable. Schedule C, Part I (Liabilities)-The	4214		See !	mar 2	(If desired by agency)
31 days of the date of filing.	Date (Month, Day, Year)			Signature of Other Reviewer	Other Review
for income (BLOCK C) is the preceding for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value asset year up to the date of the total to within	04/25/2016				ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice Fresident.	Date (Month, Day, Year)		dual	Signature of Reporting Individual	Certification
Candidates for President and		100		Not Applicable	to Senate Confirmation
Nominage New Entra	No.				Presidential Nominees Subject
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	_	ittee Considering Nomina	Name of Congressional Committee Considering Nomination	
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends of the date of termination part II of)) 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 illing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414	20520	W, WASHINGTON, D.C.	1650 PENNSYLVANIA AVE NW, WASHINGTON, D.C. 20520	ice dress)
II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		, State, and ZIP Code)	Address (Number, Street, City, State, and ZIP Code)	Togation of
Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part		ЕОР/МНО	RSONNEL	SAP FOR PRESIDENTIAL PERSONNEL	Position for Which Filing
ני מ הביני זררי	Department or Agency (If Applicable)	Department or Ag		Title of Position	
than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee	J	CHRISTOPHER		LE MON	Reporting Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initial		Last Name	
this report and does so more than 30 days after the date the report is required to be			2015	Status (Check Appropriate Boxes)	12/02/2014
Any individual who is required to file	HIGT Came, harman and a real	Nominee, or	Covered by Keport		

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* This ca	Vanguar	(S) Rent	Rental A	(J) Renta	(J) Citiba	(S) Georg			Examples	0	report each asset production of inco value exceeding \$1 ing period, or whit in income during to with such income. For yourself, also amount of earned than from the U.S. (report the source income of mount of your spouse). None None	you, yo		ł		porting I MON, CH	DITICE OF O
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.	Vanguard Total Stock Market Index Fund	(S) Rental Apartment #3, Washington, D.C	Rental Apartment #2, Washington, D.C	(J) Rental Apartment #1, Washington, D.C	(J) Citibank Personal Banking Accounts	(S) Georgetown University Law Center	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	report each asset neth for investment of 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 source but not one carried income of more than \$1,000 (except report the your spouse). None	nd d	BLOCK A	Assets and Income		Reporting Individual's Name LE MON, CHRISTOPHER J	U.S. Office of Government Euros
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LE MON, CHRISTOPHER J Reporting Individual's Name (J) Vanguard Total Stock Market Index Fund (J) Vanguard Total International Stock Index Fund (S) Vanguard Total Stock Market Index Fund (D) Vanguard Aggressive Age-Based Growth Fund 529 (S) Fidelity Investments Spartan Total Market Index Fund (S) Vanguard 2040 Target Investment Fund (D) Vanguard Aggressive Age-Based Growth Fund 529 (D) Vanguard Aggressive Age-Based Growth Fund 529 Inst (not a duplicate) (S) Vanguard Total Stock Market Index Fund 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. Assets and Income BLOCK A None (or less than \$1,001) \$1,001 - \$15,000 at close of reporting period \$15,001 - \$50,000 Valuation of Assets X X X X X \$50,001 - \$100,000 X X X \$100,001 - \$250,000 X BLOCK B \$250,001 - \$500,000 \$500,001 - \$1,000,000 Over \$1,000,000* SCHEDULE \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 (Use only if needed) \$25,000,001 - \$50,000,000 Over \$50,000,000 **Excepted Investment Fund** X × X X X X × X × **Excepted Trust** Qualified Trust continued Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. X X × X Dividends X X Type Rent and Royalties Interest Capital Gains None (or less than \$201) X X X \$201 - \$1,000 X \$1,001 - \$2,500 X X \$2,501 - \$5,000 × X BLOCK C \$5,001 - \$15,000 X \$15,001 - \$50,000 Amount \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 Page Number Over \$5,000,000 Income (Specify Type & Actual Amount) Other of, (Mo., Day, Yr.) Q) Honoraria Only if

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									Other Income (Specify Type & Actual Amount)			type and amount. If "None (or less than \$201)" in other entry is needed in Block C for that item.	9	<u>C</u>
									Date (Mo., Day, Yr.) Only if Honoraria			01)" is item.		F

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

J.S. Office of Government Ethics										,					
Reporting Individual's Name LE MON, CHRISTOPHER J	SCHEDULE	JLE	B							200	5	o o	Q.		
Part I: Transactions Report any purchase, sale, or exchange		None [
any	property used solely as your personal residence, or a transaction solely between	Trans Typ	Transaction Type (x)			4	_	moun.	t of T	Amount of Transaction (x)	tion (0)		
8	you, your spouse, or dependent cand. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	urchase	xchange	Date (Mo., Day, Yr.)	1,001 - 315,000	315,001 - 350,000 350,001 -	\$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 o	divestiture
Identification of Assets	f Assets	Ŧ.	-			9	× 5	1			3		- 1	\neg	
Example Central Airlines Common		×		2/1/99		+	_	+	1			4		+	
1 (S) Rental Apartment #3, Washington, D.C.		×		12/30/15			>						+	+	
2 (J) Vanguard Total International Stock Market Index Fund	-und		×	12/18/15		×		\vdash					-	-	
3 (J) Vanguard Total International Stock Market Index Fund	-und	-	×	6/15/15		×	\vdash	+	+					+	1
4 (J) Vanguard Total International Stock Market Index Fund	=und	X		4/10/15	×	-	\vdash	+				1	+	+	_
5 (J) Vanguard Total International Stock Market Index Fund	Fund	×		4/17/15	\times									-	
Part II: Gifts, Reimbursements, and Travel 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 retertainment) received from one source totaling more than \$350 and	Expe	S. Gove	ernment relativ	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	our ag by yo to you	ency ur sp u; or J	in cor ouse orovio	nnect or dej	on w	ith of int ch	fficial fild to hospi	trave tally tality	il;		
than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such 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		nlue fro er excl	total value from one source, for other exclusions.	source, exclude items worth \$140 or less. See instructions None	ude iti	ems v	vorth	\$140	or le	SS. X	e ins	None		\boxtimes	
Source (Name and Address)		Bri	Brief Description	ption				-					Value	lue	
Nati	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	al confe	ence 6/1	5/99 (persona	ıl activi	ty uni	elated	lo dut	18		į	1	\$500	18	
Examples Frank Jones, San Francisco, CA	Leather briefcase (personal friend)			To see									\$580	80	
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LE MON, CHRISTOPHER J Reporting Individual's Name 14 16 15 Part I: Transactions (J) Vanguard Total Stock Market Index Fund (J) Vanguard Emerging Markets Index Fund (J) Vanguard Emerging Markets Index Fund (J) Vanguard Total International Stock Market Index Fund (J) Vanguard Total Stock Market Index Fund (J) Vanguard Total Stock Market Index Fund *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. (J) Vanguard Total Stock Market Index Fund (J) Vanguard Total Stock Market Index Fund (S) Vanguard 2040 Target Investment Fund Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate Identification of Assets SCHEDULE DULE B conti (Use only if needed) Transaction Type (x) continued X Purchase X X X X Sale X Exchange 6/15/15 02/19/15 02/19/15 02/19/15 02/19/15 Date (Mo., Day, Yr.) Recurring 6/4/15 12/28/15 Recurring \$1,001 -\$15,000 X \$15,001 \$50,000 X X X X X \$50,001 -\$100,000 X \$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 6 \$5,000,001 -\$25,000,000 of \$25,000,001 \$50,000,000 0 Over \$50,000,000 Certificate of divestiture

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LE MON, CHRISTOPHER J	SCHEDULE C	TU	E	EC	EC	EC	EC				EC 7 of S
Part I: Liabilities a mortgage on your personal residence unless it is rented out; loans secured by	sidence None	Ш				Catego	Category of Ar	Category of Amount c	Category of Amount or Valu	Category of Amount or Value (x)	Category of Amount or Value (x)
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 automobiles, household turniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	ed to ctions. narge	Interest		Term if	10,001 - 15,000 15,001 - 150,000	10,001 - 15,000	10,001 - 15,000 15,001 - 50,000 50,001 - 100,001 250,000 250,000 250,000	10,001 - 15,000 15,001 - 50,000 50,001 - 100,000 100,001 250,000 250,000 500,001 - 1,000,000	10,001 - 15,000 15,001 - 50,000 50,001 - 100,000 100,001 250,000 250,001 - 500,001 - 1,000,000 ver 1,000,000*	100,001 - 15,000 - 15,001 - 100,000 - 100,000 - 100,001 - 100,000 - 100,000 - 100,000 - 1,000,000 - 1,000,000 - 1,000,000 - 1,000,000 - 1,000,000 - 1,000,000 -	10,001 - 15,000 - 15,000 - 15,001 - 100,000 - 100,001 - 100,001 - 100,000 - 100,001 - 1,000,000 - 1,000,000 - 1,000,000 - 1,000,001 -
Creditors (Name and Address) Type of Liability	Incurred	20		applicable	cable \$1	cable s1	cable si	cable sist	cable state	cable sisting	cable sist sist sist sist sist sist sist sis
First District Bank, Washington, DC. Mortgage on rental property, Delaware	 	8%		25 yrs.	13.	25 yrs x	TS.	TS.	TS.	TS.	TS.
	1999	10%		on demand	on demand	on demand	on demand x	mand	mand	mand	mand
(J) Wells Fargo Bank Mortgage on rental property #1, DC	2012	4.25%		30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs
Citibank Mortgage on rental property #2, DC	2014	4.75%		30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs
(S) Citibank Mortgage on rental property #3, DC	2015	4.75%		30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs	30 yrs
Navient/Sallie Mae Student loans	2002	1.875%	0	6 30 yrs	30	30	30	30	30	30	30
	2002										

or Arrangements

Part 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 Agreements

> of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. None X

6	55	4	نن	2	1	Example 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	tion of payment by a former employer (medianing sever more personal).
								Extractly (C) and a
						Doe Jones & Smith, Hometown, State		Parties
							7/85	Date

sated or not. Positions include but are not limited to those of an officer, director, Report any positions held during the applicable reporting period, whether compentrustee, general partner, proprietor, representative, employee, or consultant of Part I: Positions Held Outside U.S. Government Reporting Individual's Name Examples any corporation, firm, partnership, or other business enterprise or any non-profit LE MON, CHRISTOPHER J 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 Examples corporation, firm, partnership, or other business enterprise, or any other Part Nat'l Assn. of Rock Collectors, NY, NY
Doe Jones & Smith, Hometown, State Doe Jones & Smith, Hometown, State

Metro University (client of Doe Jones & Smith), Moneytown, State II: Compensation in Excess of \$5,000 Paid Organization (Name and Address) Source (Name and Address) Non-profit education Law firm Legal services in connection with university construction Legal services SCHEDULE social, fraternal, or political entities and those solely of an honorary organization or educational institution. Exclude positions with religious nature. by One Source services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. you directly provided the non-profit organization when Type of Organization U Brief Description of Duties President Partner Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. Position Held Page Number From (Mo., 6/92 7/85 00 Yr.) of. None None 6 To (Mo., Yr., 1/00 Present X