

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year)		10/23/2013	Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report		New Entrant, Nominee, or Candidate	<input type="checkbox"/>	Filer	<input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	01/02/2015	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 filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.
Reporting Individual's Name		Last Name		First Name and Middle Initial		Department or Agency (If Applicable)		Termination Date (If Applicable)		Termination Date (If Applicable)			
Position for Which Filing		Special Assistant to the President, Principal Deputy Director		White House Office of Public Engagement									Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable. 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. Nominees, New Entrants and Candidates for President and Vice President:
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		1600 Pennsylvania Avenue, NW, Washington, DC 20500		Telephone No. (Include Area Code)		202-456-1414					
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											
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		Not Applicable		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No			
Certification		Signature of Reporting Individual		Date (Month, Day, Year)									
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)									
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)									
Agency Ethics Official's Opinion		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).		Date (Month, Day, Year)									
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)									
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)													

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

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

Agency Use Only

OGE Use Only

Reporting Individual's Name
Marshall, Marlon D

SCHEDULE A

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																						
		Valuation of Assets at close of reporting period										Type										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria											
												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			
Examples	Central Airlines Common																																	
	Doe Jones & Smith, Hometown, State																																	
	Kempstone Equity Fund																																	
	IRA: Heartland 500 Index Fund																																	
1	UBS Bank Deposit Account	X																																
2	UBS Traditional IRA, consisting of: -- SPDR Barclays 1-3 Mth T-Bill (SOLD)	X																																
3	-- UBS BANK USA DEPOSIT ACCOUNT	X																																
4	-- ISHARES MSCI EAFE ETF (EFA)		X																															
5	-- VANGUARD DIVID APPRECIATION ETF (VIG)		X																															
6	-- VANGUARD INDEX FUNDS VANGUARD GROWTH ETF (VUG)		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
 Marshall, Marlon 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																											
	Valuation of Assets at close of reporting period										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 -- VANGUARD TOTAL STOCK MKT ETF (VTI)			X										X								X																	
2 -- POWERSHARES ETF TRUST II (BKLN)		X											X							X																		
3 -- SPDR BARCLAYS INTER TERM CORP BOND ETF (ITR)		X											X							X																		
4 -- Vanguard Index FDS S&P 500 ETF (SOLD)		X																						X														
5																																						
6																																						
7																																						
8																																						
9																																						

* 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
 Marshall, Marlon D

SCHEDULE B

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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

1	2	3	4	5	Transaction Type (X)	Date (Mo., Day, Yr.)	Amount of Transaction (X)														
							None														
							\$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											

*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

1	2	3	4	5	Brief Description	Value						
							Source (Name and Address)					
							None					
Examples					Natl Assn. of Rock Collectors, NY, NY	\$500						
					Frank Jones, San Francisco, CA	\$385						
					Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)							
					Leather briefcase (personal friend)							

Reporting Individual's Name
 Marshall, Marlon 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

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 1999	8% 10%	25 yrs. on demand			X										
2	American Education Services, Harrisburg, PA	Student Loan	2004	3%	21 yrs		X											
3																		
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

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
2			
3			
4			
5			
6			

Reporting Individual's Name: Marshall, Marlon D

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SCHEDULE D

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.

None

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
				6/92	Present
	Natl Assn. of Rock Collectors, NY, NY	Non-profit education	President	7/85	1/00
	Doe Jones & Smith, Hometown, State	Law firm	Partner		
1					
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. None

Examples	Source (Name and Address)	Brief Description of Duties
	Doe Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		