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

## 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		
Agency Use Only				
ot filing.	cate number of days)	(Check box if filing extension granted & indicate number		
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)	lf additional space is r	Comments of Reviewing Officials (
arrangements as of the date of filing.  Schedule D.—The reporting period is			0 "	Use Only
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Date (Month, Day, Year)		Signature	Office of Covernment Rehice
any date you choose that is within 31 days of the date of filing.	3//3/15			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 hot helow)
reporting period is the preceding calendar	Date (Month, Day, Year)	ed Agency Ethic <del>e Off</del> icial/Reviewing Official	Signature of Designated Agency Ethics	Agency Ethics Official's Opinion
Schedule C. Part I (Liabilities)The		भिवन्द्रिया जन्म		-
Schedule B-Not applicable.				(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	viewer	Signature of Other Reviewer	Other Review
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	12/30/2014			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.
ATCC ETCOTACTE.	Date (Month, Day, Year)	g Individual	Signature of Reporting Individual	Certification
Candidates for President and Vice President:				
Nominees, New Entrants and	X No	Yes	Not Applicable	to Senate Confirmation
Schedule D is not applicable.	reate a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination Do You Intend to Create a Qua	Name of Congressions	The state of the 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			+4	Government During the Preceding 12 Months (If Not Same as Above)
\$ 1		d Date(s) Held	Title of Position(s) and Date(s) Held	Position(s) Held with the Federal
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414	1600 Pennsylvania Avenue, NW, Washington, DC 20500	1600 Pennsylvania Av	(Ce dress)
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, Str	Incation of
Reporting Periods Incumbents: The reporting period is	White House Office of Public Engagement	Special Assistant to the President, Principal Deputy Director White House Office	Special Assistant to th	Position for Which Filing
10 & \$200 Ice.		Department or Agency (If Applicable)	Title of Position	,
than 30 days after the last day of the filing extension period, shall be subject	D	Marion	Marshall	Individual's Name
filed, or, if an extension is granted, more		First Name and Middle Initial	Last Name	5
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	cable) (Month, Day, Year) 01/02/2015	Covered by Report Nominee, or Candidate	Status (Check Appropriate Boxes)	
Fee for Late Filing	Termination Termination Date (If Appli-	New Entrant,		Election,
				U.S. Office of Government Ethics

OGE Form 278 (Rev. 12/2011)
5 CF R, Part 2634
U.S. Office of Government Ethics

SCHEDULE A   SCHEDULE A   SCHEDULE A   SCHEDULE A   SO,000,000   Investment Fund   Trust   Income: type and amount of the state of th	hecked, no other en as by alties  Type  ns ss than \$201)  no ns ss than \$201)
Royalties Type ains A	hecked, no
Royalties Type ains A	hecked, no
ess than \$201) 000 2,500 5,000	ss than \$201) 00 ,500 ,000 5,000 100,000 \$1,000,000
	5,000   OCK C   Junt ock of the control of the control ock ock of the control ock of the control ock of the control ock of the control ock ock of the control ock of the control ock ock ock ock of the control ock

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

		٥	8	7	Q.	٧٠	4	ιŲ	2	<u> </u>	en est commence comment en la compagnación de consecuent en consecuent en consecuent en consecuent en consecue		9,000		Т	3	₽
* This category applies only if the asset/income is solely that of the flier's spouse of dependent children, mark the other higher categories of value, as appropriate, by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.							Vanguard Index FDS S&P 500 ETF (SOLD)	SPDR BARCLAYS INTER TERM CORP BOND ETF (ITR)	POWERSHARES ETF TRUST II (BKLN)	VANGUARD TOTAL STOCK MKT ETF (VTI)			BLOCK A	Assets and Income		Marshall, Marlon D	Reporting Individual's Name
ildre							×	×			None (or less than \$1,001)						
in, m		-							×		\$1,001 - \$15,000		1	ايع			
y th	-								l	×	\$15,001 - \$50,000		1	<u>0</u> <			
the											\$50,001 - \$100,000		]	Valuation of Assets at close of reporting period			
othe											\$100,001 - \$250,000			of			
r hi											\$250,001 - \$500,000		BLOCK B	on			
gher C S S						_					\$500,001 - \$1,000,000		<u>₩</u>	ort of			
cat											Over \$1,000,000*			As		ľ	
egor											\$1,000,001 - \$5,000,000			set per		۶	<u>ن</u>
ies (	-						. "				\$5,000,001 - \$25,000,000		<u> </u>	rioc	.		H H
of va											\$25,000,001 - \$50,000,000		] .	-		ا ي	ا ژ
alue,											Over \$50,000,000					e S	Ξ
as a								×	×	×	Excepted Investment Fund					(Use only if needed)	SCHEDIILE
nddh											Excepted Trust		4			¥ :	$\triangleright$
opri	<del>-</del> Γ										Qualified Trust					ne	
ate.	the							ļ <u> </u>	<u> </u>	ļ	Dividends	┦ _		Ch II	i	ede	continue
asse	3886										Rent and Royalties	Туре		Income: type and amount. If "None (or less checked, no other entry is needed in Block C		ad)	<u>∓</u> .
100									ļ	ļ	Interest	⊸		me ed,	ĺ		=
											Capital Gains		4	no no			ed
1 5	<u> </u>	-						×	×		None (or less than \$201)	4		ре		· '	_
	<u></u>			·						×	\$201 - \$1,000	4		and her			
	L										\$1,001 - \$2,500	4	"	d an en			
	12			<u> </u>	<u> </u>		ļ		ļ	<u> </u>	\$2,501 - \$5,000	_	0.18	Ly Vi			
	<u> </u>		<u> </u>	<u> </u>	ļ		×		<u> </u>	1	\$5,001 - \$15,000		BLOCK C	is r		]	
	e <u>fil</u>		<u> </u>		<u> </u>	ļ		<u> </u>		<u> </u>	\$15,001 - \$50,000	լե	.[.,	. If 1ee			
	er o			ļ	<u> </u>		٠.		<u> </u>	<u> </u>	\$50,001 - \$100,000	Amount		dec.			
,			<u> </u>		ļ				<u> </u>		\$100,001 - \$1,000,000	-  i	.	)ne l in			
3									<del> </del>	<u> </u>	Over \$1,000,000*	-  _		BE (01			
	he L					<u> </u>	_		1		\$1,000,001 - \$5,000,000	4		r je Ock			
	ے ا	···	<u> </u>					ļ			Over \$5,000,000	4		Cf Cf	İ		Page
											Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" i 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 tem.		e	

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

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

ζ	4	₹	2	)				r.dec.da a a	שי	t*1	-5	4	w	2	 			fu an In	₽?	R <b>'</b>	Rej Mai
						Examples		or you, you, or end to ood, or end to ood, or end to ood, or end o	Part II:	This catego by the filer						Example (		tures, an nount of clude tra	ildren dı	art I:	Reporting Individu Marshall, Marlon D
					Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)	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 itinerar dates, and the nature of expenses provided. Exclude anything given to you by	l: Gifts, Reimbursements,	ory applies only if the underlying a r or jointly held by the filer with th						Example   Central Airlines Common	Identifi	real property, stocks, bonds, commonly 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	Part I: Transactions Report any purchase, sale, or exchange by your spouse or dependent	Reporting Individual's Name Marshall, Marlon D
						   		ngible it source source reived froful to ir 5 U.S.C. 5 Exclu	seme	sset is so e spouse							Identification of Assets	·		g D	
					Leather briefcase (personal friend)	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)		rry,	ents, and Travel Expenses	*This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is ei by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.							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	Do not report a transaction involving property used solely as your personal	SCHEDULE
						l confe	В	s. Government Government of the formal of the following the following for the follow	Š	n. If th ories o						×	Р	urchase	Tra Ta	None	
						rence 6	Brief Description	/ernme n relat of the of an om on lusion		e unde f value							╀	ale	Transaction Type (x)		В
		-				/15/99	criptio	ent; gir ives; i ir relat ce. Al le sour s.		rlying , as ap			<u> </u>		<u>.</u>		=	xchange	1		
						(persona	'n	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		asset is either held propriate.						2/1/99		Date (Mo., Day, Yr.)		1	
						l activit		by you to you urpose ude ite	÷	ither h						Ĺ		1,001 - 15,000			
						y unrel		ency ir ur spoi ; or pr s of ag ms wc		eld					_	×	\$	15,001 - 50,000 50,001 -	-		
						ated to		1 connuse or ovide ggrega									\$	100,000 100,001 - 250,000	An		
						duty)		ection dependence de desendence de desenden									\$	250,001 - 500,000	Amount of Transaction (x)		
						 		n with ndent ndent erson erson gifts t							_	_	\$	500,001 - 1,000,000	of Tra		
								office child child all hose o detresses See i							-	$\vdash$	s	ver 1,000,000* 1,000,001 -	nsacti		Page Number
						]		cial tratal total spitali remine mstrue			-	<u> </u>			$\vdash$	+		5,000,000 5,000,001 - 25,000,000	(x)	:	umber <b>4</b>
					$\dagger$	<del> </del>		ravel; lly lity at lie the actions			<del>                                     </del>		<u> </u>		$\vdash$			25,000,000 25,000,001 50,000,000	1		of 6
					\$385	\$500	Value										10	ver 50,000,000	]		
																	C	ertificate of ivestiture			

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

5 C.F.K. Part 2634 U.S. Office of Government Ethics													
Reporting Individual's Name Marshall, Marlon D	SC	SCHEDULE C							Page Number <b>5</b>		o ☞		
Part I. Liabilities		17,22,											
Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	Noise				Categor	y of An	nount c	Category of Amount or Value	e (x)			Ц
to any one creator at any time during the reporting period by you, your spouse, or dependent children.	or appliances; and liabilities owed to certain relatives listed in instructions.					•				0	00	000	000
Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.			0,001 - 5,000 5,001 -	0,000 0,001 - 00,000	00,001- 50,000	50,001 - 00,000	,000,000	er ,000,000 ,000,00	,000,00	5,000,00	0,000,0 /er	0,000,0
Creditors (Name and Address)	Type of Liability	Incurred Rate	Ĭe	\$1 \$1	<b>\$</b> 5		\$5	\$1	\$1	\$5	\$2	\$5	
ļ	Mortgage on rental property, Delaware	<del> </del>	25 yrs.	<del> </del>	_   <sub>×</sub>		Ļ		 	<u> </u>	-	<u> </u>	Ĺ
John Jones, Washington, DC	Promissory note	1999 10%	on demand		+		×			-	+	+	
American Education Services, Harrisburg, PA	Student Loan	2004 3%	21 yrs	X					_	<u> </u>		<u> </u>	<u> </u>
2													<u> </u>
3													
							ļ						
5												_	<u></u>
*This category applies only if the liability is so with the spouse or dependent children, mark	*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 liability is t	hat of the filer	r or a joint liability of the filer	nt liabi	ity of t	he file:						
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) continua- tion of payment by a former employer (including severance payments); (3) leaves	Arrangements for: (1) continuing participation in an deferred compensation); (2) continua- cluding 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	4) future en ns for any o	nploym f these :	ent. Se arrang	e instr ement	uction s or b	ıs reg enefit	ardin s.	g the	repoi N	ort- None	
Status and Ter	Status and Terms of any Agreement or Arrangement					Parties	S					Date	ro
Example Pursuant to partnership agreement, w	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	rtnership share	Doe Jones &	& Smith, Hometown, State	ometow	1, State						7/85	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
1 Fiture employer			270 Strategies,	s, Washington DC	gton DC							cilis	7
2								-					
3													
4						į							
5													
6													

U.S. Office of Government Ethics					
Reporting Individual's Name Marshall, Marlon D		SCHEDULE D		Page Number	
	and the state of t	The state of the s			
Part I: Positions Held Outside U.S. Governmen Report any positions held during the applicable reporting period, whether compen-	Outside U.S. Government pplicable reporting period, whether compensation of the first director.		organization or educational institution. <b>Exclude</b> positions with religious social fraternal or nolitical entities and those solely of an honorary	with religious,	
trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	resentative, employee, or consult ther business enterprise or any n		·	None	
Organization (Name and Address)	nd Address)	Type of Organization	Position Held	From (Mo., Yr.) To	To (Mo., Yr.)
Nat'l Assn. of Roc		Non-profit education	President	ı	Hesent
Examples Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
2					
(J.)					
4					
Ç,					
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 non-profit organization versions and the source of	in Excess of \$5,00 npensation received by you or you	lid	Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.	part if you ar ion Filer, or V dential Candid	e an ice ate.
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 o names of clients and customers o the customers or any other.		services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.	You None	
Source (Name and Address)	1 Address)	Brief	Brief Description of Duties		
Examples Doe Jones & Smith, Hometown, State		Legalservices			
Metro University (client of Doe Jones & Smith), Moneyown, State  1	mith), Moneytown, State	And the state of t			
				, TUMBER	
2					
33				(	
4					
5				-	