Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side).	(Check box if comments are			oo
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of filing.	icate number of days)	(Check box if filing extension granted & indicate number of days	(Check box if fil		oceaning the polyce hilled
the preceding two calendar years and the current calendar year up to the date		f this sheet)	required, use the reverse side of	f additional space is	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
arrangements as of the date of filing.				was well and the second of the	Use Only
Schedule C., Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)		AND THE REAL PROPERTY OF THE P	Signature	Office of Covernment Ethics
year and the current caterical year up to any date you choose that is within 31 days of the date of filing.	8-4-18		J. W. B		On the basis of information contained in this ceport, I conclude that the file; is in compliance with applicable laws and regulations (subject to any comments in the low below)
reporting period is the preceding calendar	Date (Month, Day, Year)	ewing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Design	Agency Ethics Official's Opinion
Schedule B-Not applicable. Schedule C. Part I (Liabilities)-The	6/4/15		whell Jacks	Mu	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	WANTED TO THE	Reviewer	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					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 President:	Date (Month, Day, Year)		ing Individual	Signature of Reporting Individual	Certification
Nominees, New Entrants and	XX	Yes	(Calming the property of the p	Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust!	ination Do You Intend to C	Name of Congressional Committee Considering Nomination	Name of Congressio	Presidential Nominees Subject
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			Title of Position(s) and Date(s) Held Associate Counsel, October 2013 to March 2014	Title of Position(s) and Date(s) Held Associate Counsel, October 2013 to	Position(s) Held with the Federal Government During the Freceding 12 Months (If Not Same as Above)
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	DC 20502	EEOB, 1650 Pennsylvania Avenue NW, Washington DC	EEOB, 1650 Pennsy	Present Office (or forwarding address)
the preceding calendar year except rait. 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, S	Location of
Reporting Periods Incumbents: The reporting period is		nsel White House	Special Assistant to the President and Associate Counsel	Special Assistant to	Position for Which Filing
to a szovi ree	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		Nicholas		МсQuaid	Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initial		last Name	
Any individual who is required to lie this report and does so more than 30 days		Candidate	2014	Status (Check Appropriate Boxes)	03/31/2014
Fee for Late Filing	Termination Termination Date (#Appli-	New Entrant,	Incumbent Calendar Year	Reporting	Date of Appointment, Candidacy, Election, or Nomination (Month Day Year)

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OGE Form 278 (Rev. 12/2011)
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U.S. Office of Government Ethics
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										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.		6 of	Page Number
										Date (Mo., Day, Yr.) Only if Honoraria)1)" is item.		10	

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

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\$385											(d)	Leather briefcase (personal friend)		Frank Jones, San Francisco, CA	
\$500		uty)	to di	nrelate	ivity u	(personal activity unrelated to duty)	99 (persor	6/15/	erence	confe	eals incident to nationa	Airline ticket, hotel room & meals incident to national conference 6/15/99	, NY		Examples
Value							ion	Brief Description	ief De	Br			ess)	Source (Name and Address)	
ictions None	total value from one source, exclude items worth \$140 or less. See instructions for other exclusions. None	0 or less.	h \$14	s word	items	clude	urce, exc	ne so ns.	om o dusio	t exc		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	is helpful under 5 U s and reim ovided. Ex	350. For conflicts analysis, it conflicts analysis, it conflicts approval ity, etc. For travel-related gift and the nature of expenses program of the nature of expenses program	than \$. as pers author dates,
vel; y y at	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 dependence. Also, for nurroses of agoregating office of determine the	ction with ependent as person	connected or defined in	y in c spous r prov	agenc your o	your a d by y	given to ; receive ationshi	nent; g atives; eir rel	n rela	Gox 1 from dent	·	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	t children, h as tangib m one sou	u, your spouse and dependent and the value of: (1) gifts (such or entertainment) received from the level test and the reinforcement.	For yo tion, au food, c
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of 10	rage Number								K		SCHEDULE			Reporting Individual's Name McQuaid, Nicholas L	Reportin, //cQuaid
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						Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	Status and	Part II: Agreements Of Afrangements 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	use or dependent children	gory applies only if the liability i		Broup	3roup	sroup	American Student Assistance	John Jones, Washington, DC	First District Bank, Washington, DC	Creditors (Name and Address)	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	Reporting Individual's Name McQuaid, Nicholas L	5 C.F.R. Part 2634 U.S. Office of Government Ethics
						it, will re hrough 1	Terms of	nts for: 01k, det (includ	ark thể c	s solely i						ą	 		or accordance	a m unl		
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					Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Source (Name and Address)	Part II: Compensation in Excess of \$5,000 Paid 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						Princeton National Rowing Association	-	Nat'l Assn. of Rock Collectors, NY, NY	trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	Part I: Positions Held Outside U.S. Governmen 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,	Reporting Individual's Name McQuaid, Nicholas L	OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics
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