

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 10/20/2015 KHK		Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Termination Date (If Applicable) (Month, Day, Year) Filer <input type="checkbox"/>	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 McQuaid		Calendar Year Covered by Report 2015	First Name and Middle Initial Nicholas	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: 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 as of any date you choose that is within 31 days of the date of filing. Schedule B—Not applicable. Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing. Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing. Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
Position for Which Filing Deputy Assistant to the President and Deputy Counsel		Department or Agency (If Applicable) White House	Telephone No. (Include Area Code) 202-456-1414	
Location of Present Office (or forwarding address) West Wing 2nd Floor, 1600 Pennsylvania Avenue NW, Washington DC 20500		Address (Number, Street, City, State, and Zip Code)		
Position(s) held with the Federal Government During the Preceding 12 Months (If Not Same as Above) Special Assistant to the President and Senior Counsel, June 2015 to October 2015 Special Assistant to the President and Associate Counsel, January 2015 to June 2015		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Certification 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 Reporting Individual	Date (Month, Day, Year) 4/15/16	
Other Review (If desired by agency)		Signature of Other Reviewer	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).		Signature of Designated Agency Ethics Official/Reviewing Official <i>[Signature]</i>	Date (Month, Day, Year) 4/13/2016	
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 _____) <input type="checkbox"/>		
		(Check box if comments are continued on the reverse side) <input type="checkbox"/>		
		Agency Use Only 4/15/2016 KHK OGE Use Only		

SCHEDULE A

Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																					
	BLOCK B												BLOCK C																					
	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	None (or less than \$201)	Capital Gains	Interest	Rent and Royalties	Dividends	Qualified Trust	Excepted Trust	Excepted Investment Fund	\$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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only If Honoraria		
None <input type="checkbox"/>																																		
Examples																																		
Central Airlines Common																																		
Doc Jones & Smith, Hometown, State																																		
Kempstone Equity Fund																																		
IRA: Heartland 500 Index Fund																																		
1 Bank of America Salary (Spouse)																																		
2 Cash (Fidelity)																																		
3 Fidelity Asset Manager 85% Fund																																		
4 Fidelity New York Muni Income																																		
5 SPDR S&P ETF																																		
6 DODGE & COX INTL STOCK 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.

SCHEDULE A continued
 (Use only if needed)

Reporting Individual's Name
 McQuaid, Nicholas L

Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C 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	Over \$25,000,001 - \$50,000,000	Over \$50,000,000	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
1 FIDELITY BALANCED																								
2 FIDELITY DIVIDEND GROWTH																								
3 <i>Fidelity Stock Selector Small Cap</i>																								
4 CITIBANK JOINT SAVINGS PLUS ACCOUNT																								
5 CITIBANK JOINT INTEREST CHECKING (923)																								
6 TIME WARNER PENSION PLAN (defined benefit plan)																								
7 BANK OF AMERICA LONG TERM CASH REWARD (spouse)																								
8 Aggressive Growth Equity Fund (TW 401K)																								
9 Large Cap Value Fund (TW 401K)																								

* 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
 McQuaid, Nicholas L

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SCHEDULE A continued
 (Use only if needed)

BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Income: type and amount, if "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.														
	BLOCK B												BLOCK C														
	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	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
Dividends	Rent and Royalties	Interest	Capital Gains	Qualified Trust	Excepted Trust	Excepted Investment Fund	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
1 S&P Index (TW 401K)																											
2 Small Cap Index (TW 401K)																											
3 International Index (TW 401K)																											
4 M&N Overseas (TW 401K)																											
5 Aggressive Blended Fund (TW 401K)																											
6 TRP Large Cap Growth (BOA 401K)																											
7 Vanguard International Stock (BOA 401K)																											
8 LifePath 2050 Q (BOA 401K)																											
9 Vanguard Ext Market Index (BOA 401K)																											

* 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.

SCHEDULE A continued
 (Use only if needed)

Reporting Individual's Name
 McQuaid, Nicholas L

Assets and Income	BLOCK H										BLOCK C										Date (Mo., Day, Yr.) Only if Honoraria																		
	Valuation of Assets at close of reporting period										Type					Amount						Other Income (Specify Type & Actual 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	Expected 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							
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* 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.

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

SCHEDULE B

Reporting Individual's Name
McQuaid, Nicholas L.

Part I: Transactions

Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

Identification of Assets	Transaction Type (X)		Date (Mo., Yr.)	Amount of Transaction (X)												
	Purchase	Exchange		\$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										
1 Citibank 12 Month CD (4340)		X														
2 Citibank 12 Month CD (9249)		X			X											
3 Citibank 60 Month CD (4129)		X			X											
4 Calvert DC College Savings 0-5 (DC 529)	X		2/2/15			X										
5 Calvert DC College Savings 0-5 (DC 529)	X		2/17/15			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

Source (Name and Address)	Brief Description	Value
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Inner, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1		
2		
3		
4		
5		

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

Reporting individual's Name
McQuaid, Nicholas L

SCHEDULE B continued (Use only if needed)

Part I: Transactions

	Identification of Assets	Transaction Type (X)			Date (Mo., Day, Yr.)	Amount of Transaction (x)																																
		Purchase	Sale	Exchange		\$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																					
1	State Street Equity Index (DC 529)	X			2/17/15			X																														
2	Exchange DC College Savings 0-5 for DC College Savings 6-10			X	11/24/15			X																														
3																																						
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*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.

Reporting Individual's Name
 McQuaid, Nicholas L

SCHEDULE C

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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

None

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.

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	American Student Assistance	Consolidation Loan	2005	1.625%	25 yrs	X														
2	Access Group	Law Access Loan	2002	2.333%	20 yrs	X														
3	Access Group	Law Access Loan	2003	2.333%	20 yrs	X														
4	Access Group	Law Access Loan	2004	2.333%	20 yrs	X														
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
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
2			
3			
4			
5			
6			

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.)				
	Non-profit education	Law firm			President	Partner	6/92	7/85	Present
1	Nat'l Assn. of Rock Collectors, NY, NY								
2	Doc Jones & Smith, Hometown, State								
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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None

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