

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Reassignment, Election, or Nomination (Month, Day, Year) 1/20/04		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)	
Last Name NICHOLSON		First Name and Middle Initial MARVIN		Termination Filer <input type="checkbox"/>	
Title of Position White House Trip Director and Personal Assistant		Department or Agency (If Applicable) EOP		Telephone No. (Include Area Code) 202-456-1414	
Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Ave. NW Washington DC 20502		Title of Position(s) and Date(s) Held		Name of Congressional Committee Considering Nomination (Do You Intend to Create a Qualified Diversified Trust?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Signature of Reporting Individual		Date (Month, Day, Year) 05/15/2015	
Presidential Nominee Subject to Senate Confirmation		Signature of Other Reviewer		Date (Month, Day, Year) 5/14/2015	
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 Designated Agency Ethics Official/Reviewing Official <i>[Signature]</i>		Date (Month, Day, Year) 5/18/2015	
Other Review (If desired by agency)		Signature		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).		Office of Government Ethics Use Only		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	
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 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.		Agency Use Only	
				OGE Use Only	

SCHEDULE A continued
 (Use only if needed)

Reporting Individual's Name: **NICHOLSON, MARVIN D**

Page Number: **3 of 6**

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.																							
	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honorary				
1 Columbia Marisco Growth (NMICX)		X											X								X															
2																																				
3																																				
4																																				
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.

SCHEDULE D

Reporting Individual's Name
 NICHOLSON, MARVIN 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.)
1	Natl Assn. of Book Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/90
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
1	Doe Jones & Smith, Hometown, State Metro University, (Client of Doe Jones & Smith), Hometown, State	Legal services Legal services in connection with university construction
2		
3		
4		
5		
6		