## 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 a		
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Agency Use Only				
of filing.	ndicate number of days)	(Check box if filing extension granted & indicate number of days		
Schedule D—The reporting period is 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)	f additional space is require	Comments of Reviewing Officials (I
arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or Arrangements)-Show any agreements or	Date (Month, Day, Year)	The following in the case of t	Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	5/2/16	N	Tachil Down	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).
reporting period is the preceding calendar	Date (Month, Day, Year)	ency Ethics Official/Reviewing Official	Signature of Designated Agency Ethics	Agency Ethics Official's Opinion
Schedule B-Not applicable.	4138/16	<i>O</i>	Polan box	(if desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	The second secon	Signature of Other Reviewer	OtherReview
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	4/13/10			ICENTIFY 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)	vidual	Signature of Reporting Individual	Certification
Candidates for President and				
Nominees, New Entrants and	8	Yes	Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination Do You Intend to	Name of Congressional Con	-
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  Director of Online Engagement, Office of Digital Strategy, The White House	Title of Position(s) and Date(s) Held Director of Online Engagement, Offic	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Chedule II is not applicable.	202-456-1414	Washington DC 20500	1600 Pennsylvania Ave NW, Washington DC 20500	g address)
Ine preceding calendar year except Part  If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	ity, State, and ZIP Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is	Se	Digital Strategy The White House	SAP and Deputy Director of Digital Strategy	Filing
to a \$200 fee.	Department or Agency (If Applicable)	Department or A	Title of Position	h
than 30 days after the last day of the filing extension period, shall be subject	ഗ	Kori	Schulman	Individual's Name
filed, or, if an extension is granted, more	Middle Initial	First Name and Middle Initial	Last Name	Reporting
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (IfAppli- Filer sable) (Month, Day, Year)	Covered by Report New Entrant, New Entrant, Nominee, or Candidate	Reporting Incumbent Status (Check Appropriate Boxes)	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 09/16/2015
		DW		U.S. Office of Government Ethics

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	e pri se de la companya de la compa						IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.  For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the source but not be amount of earned income of more than \$1,000 (except report the your spouse).  None X	For you, your spouse, and dependent children, report each asset held for investment or the	BLOCK A	Assets and Income		, Kori S	Reporting Individual's Name
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											Date (Mo., Day, Yr.) Only if Honoraria	•		1)" is em.		N	

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

Reporting Individual's Name Schulman, Kori S  Part I: Transactions	SCHEDULE SCHEDULE	OULE B		1 1				Page Number 4
y I.	Do not report a transaction involving property used solely as your personal	None X						
children during the reporting period of any	residence, or a transaction solely between	Transaction Type (x)	XG.	ction (x)	ction (x)	(x)		ction Amount of Transaction
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	chase		Date (Mo., Day,	Date (Mo., Day, Yr.)	Date (Mo., Day,	Date (Mo., 2001 - 1,000 - 1,00	Day, Yr.)  001- ,000 ,001- ,000 ,001- 0,000 0,001- 0,000
Identification of Assets	Assets		Sal	ot throne	Exc	\$1, \$1, \$15 \$50	\$1, \$1, \$1, \$1, \$5, \$5, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1, \$1	\$1, \$15 \$15 \$50 \$10 \$25 \$25 \$50 \$1, Ove \$1,
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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	*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	gories of values		derlying asset ie, as appropri	lerlying asset is either ie, as appropriate.	lerlying asset is either held le, as appropriate.	lerlying asset is either held le, as appropriate.	lerlying asset is either held le, as appropriate.
(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	lely that of the filer's spouse or dependent children or dependent children, use the other higher cate; or dependent children, use the other higher cate; on the source, a brief descriptems, transportation, lodging, receivitating more than \$350 and om one source totaling more independicate a basis for receipt, such 5. § 4111 or other statutory for ot sements, include travel itinerary, de anything given to you by	r categories of value, a reategories of value, a reategories of value, a received from relative independent of their the donor's residence total value from one for other exclusions.	valund va	ralue, as appropri ralue, as appropri relatives; receiv f their relationsh idence. Also, fo n one source, ex-	ralue, as appropriate.  ralue, as appropriate.  rmment; given to your apprelatives; received by your fitheir relationship to you idence. Also, for purpositions.	rahe, as appropriate.  rament; given to your agency in a relatives; received by your spous f their relationship to you; or providence. Also, for purposes of agging one source, exclude items word ssions.	ralue, as appropriate.  ralue, as appropriate.  rannent; given to your agency in connection relatives; received by your spouse or depet their relationship to you; or provided as a fidence. Also, for purposes of aggregating mone source, exclude items worth \$140 ossions.	underlying asset is either held ralue, as appropriate.  "nment; given to your agency in connection with official travel; relatives; received by your spouse or dependent child totally f their relationship to you; or provided as personal hospitality at idence. Also, for purposes of aggregating gifts to determine the n one source, exclude items worth \$140 or less. See instruction islons.
(2) travel-related cash reimbursements receive than \$350. For conflicts analysis, it is helpful as personal friend, agency approval under 5 U authority, etc. For travel-related gifts and reim dates, and the nature of expenses provided. Expenses provided. Expenses provided.	lely that of the filer's spouse or dependent childred or dependent children, use the other higher cate.  Ints, and Travel Expens or the source, a brief descriptems, transportation, lodging, totaling more than \$350 and come source totaling more independicate a basis for receipt, such \$4111 or other statutory sements, include travel litherary, de anything given to you by	esn. It the gories of gories of gories of sove .S. Gove .ed from endent o mor's recond from value fro value from their exclusions.	und valu valu valu valu side f the iside m o usio	underlying asset value, as appropri	underlying asset is either value, as appropriate.  rnment; given to your at relatives; received by your ftheir relationship to you idence. Also, for purpoor mone source, exclude it usions.	underlying asset is either held value, as appropriate.  rinment; given to your agency in a relatives; received by your spous f their relationship to you; or prosidence. Also, for purposes of agg m one source, exclude items word usions.	underlying asset is either held value, as appropriate.  rinneut; given to your agency in connectio relatives; received by your spouse or depe f their relationship to you; or provided as I sidence. Also, for purposes of aggregating m one source, exclude items worth \$140 o isions.	underlying asset is either held value, as appropriate.  relatives; received by your spouse or dependent child to fit their relationship to you; or provided as personal host sidence. Also, for purposes of aggregating gifts to determ one source, exclude items worth \$140 or less. See in usions.
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