

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 02/13/2013	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report 2014	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<p><b>Fee for Late Filing</b> 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.</p> <p><b>Reporting Periods</b> 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.</p>
First Name and Middle Initial David M					
Department or Agency (If Applicable) EOP/WHO					
Telephone No. (Include Area Code) 202-456-1414					
Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Congressional Committee Considering Nomination Not Applicable					
Signature of Reporting Individual [Redacted Signature]					
Date (Month, Day, Year) 5/12/15					
Signature of Other Reviewer [Redacted Signature]					
Date (Month, Day, Year) 6/1/18					
Signature of Designated Agency Ethics Official/Reviewing Official [Redacted Signature]					
Date (Month, Day, Year) 6-2-15					
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"/>					

**SCHEDULE A**

Reporting Individual's Name  
 Simas, David M

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BLOCK A	BLOCK B											BLOCK C																																			
	Valuation of Assets at close of reporting period											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	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																		
<p><b>Assets and Income</b></p> <p>For you, your spouse, and dependent children, report each asset held for investment or the 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.</p> <p>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 actual amount of any honoraria over \$200 of your spouse).</p> <p>None <input type="checkbox"/></p>																																															
<p><b>Examples</b></p> <p>Central Airlines Common</p> <p>Doe Jones &amp; Smith, Hometown, State</p> <p>Kempstone Equity Fund</p> <p>IRA: Heartland 500 Index Fund</p>																																															
1	Bank of America (Cash Account)	X															X																														
2	Vanguard - Education Savings Account Total Stock Market Index	X															X																														
3	Rental Real Estate, Taunton, MA																																														
4	Federated-Kaufmann Fund-Education Savings Account	X															X																														
5	Fidelity - MA 529 Plan (U Fund College Savings Plan in MA Portfolio 2024 Fidelity Funds)	X															X																														
6	Fidelity - MA 529 Plan #2 (U Fund College Savings Plan in MA Portfolio 2024 Fid. Fnds)	X															X																														

\* 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  
**Simas, David M**

**SCHEDULE A continued**  
(Use only if needed)

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Amount										Date (Mo., Day, Yr.) Only if Honoraria													
	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Amount																							
	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Amount																							
Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C Amount										Date (Mo., Day, Yr.) Only if Honoraria													
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Assets and Income	BLOCK B Valuation of Assets at close of reporting period												BLOCK C 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 \$25,000,000	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 Honoraria				
1 IRA - UBS - American Funds Growth Fund Class A	X												X							X																
2 Coverdell Education Savings - UBS - American Funds American Balanced CL A	X												X							X																
3 Vanguard-Roth IRA - (VTSAX) Total Stock Market Index	X												X							X																
4 State of Massachusetts Defined Benefit Pension Plan (Value not readily ascertainable)													X							X																
5 EBAY Inc. - Common																				X																
6 IRA - UBS - Whole Foods Market Inc (WFMI)																				X																
7 IRA - UBS - UBS Bank USA Deposit Account																				X																
8 Massachusetts Deferred Compensation Plan (453B) Great West Retirement Services)																				X																
9 - State Street Daily EAFE Sec LND Series T																				X																

\* 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  
 Simas, David M

Assets and Income	BLOCK B Valuation of Assets at close of reporting period													BLOCK C 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	\$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)								
Type														Dividends	Rent and Royalties	Interest	Capital Gains																
	Qualified Trust	Excepted Trust	Excepted Investment Fund																														
1 - Harding Loevner (HLMIX)																																	
2 - Wellington Active Small Cap Stock Portfolio																																	
3 - The Fidelity Fund																																	
4 - Massachusetts Deferred Compensation Plan (453B) (Great West Retirement Services)																																	
5 - State Street Daily EAFE Sec LND Series T																																	
6 - International Equity Fund; in funds from Harding Loevner (MIEIX) and MFS (HLMIX)																																	
7 - State Street Russ 2000 Ind Sec LND Ser A																																	
8 - The Fidelity Fund																																	
9 - Fidelity Growth Company Fund																																	

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Reporting Individual's Name  
 Simas, David M

**SCHEDULE A continued**  
 (Use only if needed)

BLOCK A	BLOCK B										BLOCK C										Date (Mo., Day, Yr.) Only if Honoraria						
	Valuation of Assets at close of reporting period										Amount																
Assets and Income	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 \$25,000,000	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)			
	Type	Dividends	Rent and Royalties	Interest	Capital Gains	Qualified Trust	Excepted Trust	Excepted Investment Fund																			
1 (Continued) Massachusetts Deferred Comp. Plan (453B)( Great West Ret. Services)																											
2 - PIMCO Total Return - Inst		X																									
3 - PIMCO - The Income Fund																											
4 MFS (MIEX)			X																								
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.

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

Reporting Individual's Name  
Simas, David M

**SCHEDULE B**

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**Part I: Transactions**

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.

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., Day, Yr.)	Amount of Transaction (X)											
	Purchase	Sale	Exchange		\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$250,000,000	\$250,000,001 - \$500,000,000	Over \$50,000,000	Certificate of Divestiture
Example   Central/Airlines Common				2/1/99			X									
1   Roth IRA - UBS - Lord Abbett Fundamental Equity Class A	X	X			X											
2   Roth IRA - UBS - American Funds Growth Fund Class A	X	X			X											
3																
4																
5																

\*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	Natl Assn. of Rock Collectors, NY, NY Frank Jones, 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	Planned Parenthood Federation of America	Tickets to annual gala	\$500
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  
 Simas, David M

**SCHEDULE B continued**  
 (Use only if needed)

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**Part I: Transactions**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	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 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000*	\$5,000,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$250,000,000	Over \$250,000,000	Certificate of Divestiture																
Identification of Assets																																																				

\* 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  
 Simas, David M

## 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

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.

None

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	Over \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
1	Chase Home Mtg First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on Rental Property Promissory note	1991 1999	8% 10%	25 yrs. on demand			X										
2	USAA	Mortgage on Rental Property	1998	5.25	30				X									
3		Home Equity Line of Credit	2010	4.5	25													
4																		
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	Massachusetts Deferred Compensation Plan (453B) - Neither I nor my former employer will make further contributions to this plan	Commonwealth of MA	01/01
3	State of Massachusetts Defined Benefit Pension Plan. At age 55, I will be eligible to receive estimated \$1,575/mo	Commonwealth of MA	1/94
4			
5			
6			



Reporting Individual's Name  
 Simas, David M

**SCHEDULE D**

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**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			Present	1/00
1	Natl Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
2	Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
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
	1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State
2		
3		
4		
5		
6		