OGE Form 278 (Rev. 12/2011) 5 C.F.R. Pari 2634

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	re continued on the reverse side)	(Check box if comments are continued on the			
Agency Use Only	dicate number of days)	(Check box if fliing extension granted & indicate number of days:	(Check box If III		
the preceding two calendar years and the current calendar year up to the date of filing.		(this sheet)	uired, use the reverse side of	If additional space is rec	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
arrangements as of the date of filing.  Schedule D—The reporting period is					Use Only
Schedule C, Part il (Agreements or Arrangements) - Show any agreements or	Date (Month, Day, Year)			Signature	Office of Government Ethics
any date you choose that is within 31 days of the date of filing.	5/16/16	161	well	Thehellower	On the basis of information contained in this report, I conclude that the filler 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)	wing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Designated	Agency Ethics Official's Opinion
Schedule B-Not applicable.  Schedule C. Part I (Liabilities)-The	5 116 116		Wilde	- Many	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		ewer	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	91/8/10				I CENTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
AIGE President:	Date (Month. Day. Year)		Individual	Signature of Reporting Individual	Certification -
Candidates for President and	3	Lies		Not Applicable	to Senate Contirmation
Schedule has not appurable.	Name of Congressional Committee Considering Nomination   Do You Intend to Create a Quantitied Diversitied Flux:	nation Do you intend to	Committee Considering Nomi	Name of Congressional	
at the date of termination. Part II of		1			
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			Date(s) Held	Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the ming year up to the date you file. Part II of Schedule D is not applicable.	202.456.6620	on, DC, 20500	112 East Wing, 1600 pennsylvania Ave NW, Washington, DC, 20500	112 East Wing, 1600 pe	Office g address)
II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Number, Stree	Location of
Reporting Periods Incumbents: The reporting period is		OLA	President	Special Assistant to the President	Position for Which Filing
10 d 97/0 tee:	Department or Agency (If Applicable)	Department or A		Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	0	Donald		Sisson	Individual's Name
filed, or, if an extension is granted, more	Middle Initial	First Name and Middle Initial		Last Name	j
Any individual who is required to file this report and does so more than 30 days after the days the report is required to be	Filer cable) (Month, Day, Year)	Nominee. or Candidate	Covered by Report 2015	Status (Check Appropriate Soxes)	or Nomination (Month, Day, Year) 11/23/2014
d control of the cont	Termination Termination Date (HAppli-	Non- Financia			U.S. Office of Government Euros

OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

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S. Office of Government Ethics Reporting Individual's Name sson, Donald C	Assets and Income	BLOCK A	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.	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).	Central Airlines Common	Doe Jones & Smith, Hometown, State	Kempstone Equity Fund	ffA: Heartland 500 Index Fund	Renal House, Albion, NY				ii.	
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Page Number 2 of	Income: type and amount. If "None (or less than \$201)" i checked, no other entry is needed in Block C for that item.		Other Income (Specify	Type & Actual Amount)		Income \$130,000			Rental Incomo: \$3950/yr before expenses					
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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.											BLOCK A	Assets and Income	Sisson, Donald C	Reporting Individual's Name
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					17				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.	Of C	1 e.Bc Isamiber
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

## Part Part Sisson, Donald C amount of the transaction exceeded \$1,000 by you, your spouse, or dependent children during the reporting period of any Reporting Individual's Name futures, and other securities when the real property, stocks, bonds, commodity Report any purchase, sale, or exchange \*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. Include transactions that resulted in a loss. 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 as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such (2) travel-related cash reimbursements received from one source totaling more I: Transactions Central Airlines Common Gifts, Reimbursements, Identification of Assets certificate of divestiture from OGE to indicate sales made pursuant to a Check the "Certificate of divestiture" block you, your spouse, or dependent child. residence, or a transaction solely between property used solely as your personal Do not report a transaction involving and Travel Expenses SCHE 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 the U.S. Government; given to your agency in connection with official travel; for other exclusions. DULE None × Purchase Type (x) Sale X W Exchange Date (Mo., Day, Yr.) 2/1/99 \$1,001 -\$15,000 \$15,001 \$50,000 \$50,001 -\$100,000 \$100,001 \$250,000 Amount of Transaction \$250,001 \$500,000 \$500,001 -\$1,000,000 Over Page Number \$1,000,000\* \$1,000,001 \$5,000,001 -\$25,000,000 X 0 \$25,000,001 \$50,000,000 Over \$50,000,000 Certificate of divestiture

authority, etc. For travel-related gifts and reimbursements, include travel itinerary

dates, and the nature of expenses provided. Exclude anything given to you by

Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA

Leather briefcase (personal friend)

Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)

Brief Description

None

X

Value \$500 \$385

Source (Name and Address)

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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.																				Part I:	Reporting Individual's Name Sisson, Donald C	U.S. Office of Government Ethics
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U.S. Office of Government Ethics								p <sub>30</sub>	Page Number	196		vecuus.
Sisson, Donald C	SC	SCHEDULE	0							으,		
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None				Or Amount	25	3	Value (v)			
to any one creditor at a ny time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Trong	Torm if	0,001 - 5,000 5,001 -	0,000 0,001 - 00,000	00,001- 50,000	50,001 - 00,000 00,001 -	er .	,000,001-	,000,001 - 5,000,000	5,000,001 - 60,000,000	/er 60,000,000
Creditors (Name and Address)	Type of Liability	Incurred Rate	-	\$1 S1	\$5	\$2	\$5	Ov	\$1	\$5	\$5	
Circi District Pank Washington DC	Mostrage on rental property Delaware	1991 8%	25 vrs.		×			er (Titles)				
Examples John Jones, Washington, DC	Promissory note	H	0				×	-	H			
1 First Niagara Bank, Albion, NY	Mortgage on house, Albion, NY	2000 6%	30	X								
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*This category applies only if the liability is s with the spouse or dependent children, mark	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the liability	is that of the fi	62	joint liability of the filer	ty of th	e filer					
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) continua- tion of payment by a former employer (including severance payments); (3) leaves	Arrangements for: (1) continuing participation in an k, deferred compensation); (2) continuancluding severance payments); (3) leaves	of absence; a: ing of negoti	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  None	of these a	oloyment. See instructions rega hese arrangements or benefits	instra ments	ictions or ben	regar efits.	ding t	he rep	None X	
Status and Te	Status and Terms of any Agreement or Arrangement					Parties					Date	6
Example Pursuant to partnership agreement calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	artnership share	Doe Jones	Doe Jones & Smith. Hometown, State	ometown	. State					7/85	SS
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Reporting Individual's Name Sisson, Donald C		SCHEDULE D		rage Number
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Part I: Positions Held (	Outside U.S. Government		organization or educational institution. Exclude positions with religious	with religious,
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	sucable reporting period, whethe thin limited to those of an officer, desentative, employee, or consult	i i	social, fraternal, or political entities and those solely of an honorary nature.	honorary  None X
arry corporation, resembly by the and Addresses	d Address	Type of Organization	Position Held	From (Mo. Yr.) To (Mo. Yr.)
Nat'l Assn. of Rock Collectors, NY, NY				6/92 Present
Examples Doe Jones & Smith, Hometown, State			Partner	7/85 1/00
2				
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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	in Excess of \$5,00 apensation received by you or you directly by you during any one lames of clients and customers or business enterprise, or any other	E.	by One Source Incumbent, Termination Filer, or Vice 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.	part if you are an ion Filer, or Vice dential Candidate. You  None
Source (Name and Address)	Address)	Brie	Brief Description of Duties	
Examples Doe Jones & Smith, Hometown, State  Metro University (client of Doe Jones & Smith), Moneytown, State	iith), Moneytown, State	Legal services in connection with university construction	ction	
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