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)	box if comments are	(Check		
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Agency Use Only					
of filing.	cate number of days)	nsion granted & indi	(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 		eet)	use the reverse side of this sh	additional space is required,	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
arrangements as of the date of filing.					Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)			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.	5/12/16			Tachel Dove	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable have and regulations (subject to any comments in the box below).
reporting period is the preceding calendar	Date (Month, Day, Year)	fficial	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Designated Agen	Agency Ethics Official's Opinion
Schedule B-Not applicable.	5 12 2016		Iden	C Marine	(If desired by agency)
as of any date you choose that is within	Date (Month, Day, Year)			Signature of Other Reviewer	Other Review
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	9102/11/h				I CEKILFY 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)		dual _	Signature of Reporting Individual	Certification
Candidates for President and	manufacture and the second sec				
Schedule D is not applicable. Nominees New Entrants and	Do you mend to create a Quaimed Diversified Trust/		Ittee Considering Nomination	Name of Congressional Committee Considering Nomination Not Applicable	Presidential Nominees Subject to Senate Confirmation
period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II of					
Termination Filers: The reporting			Office of the First Lady	Deputy Director of Scheduling, Office of the First Lady	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 Schedule D is not applicable.	202-456-2351		209	1600 Pennsylvania Ave, Suite 209	Present Office (or forwarding address)
the preceding calendar year except Part If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		, State, and ZIP Code)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is	White House, Office of the First Lady	White House, Offic	or of Scheduline and advance	Special Ast, to the Pres., Diretor of Scheduline and advance	Filing
to a \$200 fee.	Department or Agency (If Applicable)	Department or Ag		Title of Position	Donies - For William
than 30 days after the last day of the filing extension period, shall be subject	על	MacKenzie		Smith	Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initial		Last Name	Reporting
	Termination Termination Date (IfAppli- Filer able) (Wonth, Day, Year)	New Entrant, Nominee, or Candidate	Calendar Year Covered by Report 2015	Reporting Incumbent Status (Check Appropriate Roxes)	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 09/01/2015

Reporting Individu Smith, MacKenzie R	As		For you, your spo report each asset production of inc value exceeding \$1 ing period, or whi in income during t with such income	For yourself, amount of ear than from the report the sou income of mo actual amoun your 'spouse). None	Cer	Examples Doo	Kei	IR4	L	2		ω	& 4	ω 4 ω
Reporting Individual's Name mith, MacKenzie R	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	IRA: Heartland 500 Index Fund			and the second s			The state of the s
		Total Comment	encycles and the second	None (or less that		THE REAL PROPERTY.								
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יםי נפי	ess k C			Over \$5,000,000			†							
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.		1	Type & Actual Amount)		Law Partnership Income \$130,000				97				
)" is		Date (Mo., Day,	Only if Honoraria			and distance and							

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

U.S. Office of Government Ethics		Western and Adoption of the Control		Traverse terrena service contract and the serv
Reporting Individual's Name Smith, MacKenzie R	SCHEDULE	ULE B	P	Page Number of
nge		None X		
any	residence, or a transaction solely between	Transaction Type (x)	Amount of Transaction	saction (x)
	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OCF	Date (Mo., Day, Yr.)	01 - 000 001 - 000 001 - ,000 ,001 - ,000 - ,001 - ,000 - ,000 - ,000 - ,000 -	00,000* 00,001 - 00,000 00,000 - 000,000 000,000 - 000,000 000,000 ficate of stiture
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Part II: Gifts, Reimbursements,	ents, and Travel Expenses	S	777	
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 before the factor of the statutory when \$350. For conflicts analysis, it is before the statutory and the statutory when the statutory was the statutory and the statutory when the statutory was the statutory and the statutory was the statutory was the statutory and the statutory was	ታ	5. Government; given to ad from relatives; received from relatives; received notest of their relationshour's residence. Also, for hour from one source, expensions.	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	official travel; child totally al hospitality at determine the See instructions
as personal friend, agency approval mineral of colors, and the nature of expenses provided. Exclude anything given to you by dates, and the nature of expenses provided. Exclude anything given to you by		TOT OHIST EVENTEDITIES.		None X
Source (Name and Address)		Brief Description		Value
Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	d conference 6/15/99 (perso	onal activity unrelated to duty)	\$500
	Leather briefcase (personal friend)			\$385
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~ [8 1	None Date	n. If the liability is that of the filer or a joint liability of the filer of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non Parties Doe Jones & Smith, Hometown, State	arding	nefits	or a Joint liability of the filer ployment. See instructions regathese arrangements or benefits. Parties Smith, Hometown, State	or a Joint Hability of the filer ployment. See instruction these arrangements or be Parties	t liabili	or a Joint liability of these arrangement these arrangement Partic	lier or lier or of the	n. If the liability is that of the filer of absence; and (4) future eming of negotiations for any of the filer any of the filer and the filer	y is that und (4) ations j	ence; a negoti	of abs	dent child riate. n an tinua- leaves	use or deperes, as appro-	in liability is solely that of the filer's spouse or depechildren, mark the other higher categories, as appropriate of the other higher categories, as appropriate of the other higher categories, as appropriate of the other of the other higher categories as a propriation of the other categories of the other categories, as appropriate of the other categories of the	solely that k the other ATT a s for: (1) k, deferrent including srms of any with receive	*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 with the spouse or dependent children, mark the other higher categories, as appropriate. *This category applies only if the liability is solely that of the filer with the spouse or dependent children. If the liability is that of the filer with the spouse or dependent children. If the liability is that of the filer spouse or dependent children. If the liability is that of the filer part II: Agreements or Arrangements *This category applies only if the liability is solely that of the filer with the spouse or dependent children. If the liability is that of the filer part II: Agreements of appropriate. *This category applies only if the liability is that of the filer of the filer with the spouse or dependent children. If the liability is that of the filer part II: Agreement in an of absence; and (4) future employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employee (including severance payments); (3) leaves *This category applies only if the liability is that of the filer or appropriate. *This category applies only if the liability is that of the filer or appropriate.	ory applies on rouse or dependence or agreement ragreement by a forment by a forment or particular o	*This categor with the spo Part II: Report your employee be tion of paym
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\$50	\$50	\$5,	\$1,		\$50	\$25	× \$50	\$15	\$10	applicable 25 yrs.	1 8		Incurred 1991		Type of Liability al property, Delaware	157	Mortg	and Address) , Washington, DC	Creditors (Name and Address) FirstDistrictBank, Washington, DC Library Washington, DC	Cr Examples
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<u></u>		mber of	Page Number	+ত							C	TIDE	SCHEDULE	S	*)	100 Miles		0	Smith, MacKenzie R	Reporting Individual Smith, MacKenzie R

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 trustee, general partner, proprietor, representative, employee, or consultant of sated or not. Positions include but are not limited to those of an officer, director, Report any positions held during the applicable reporting period, whether compen-Examples Part II: Compensation in Excess of \$5,000 Paid Examples any corporation, firm, partnership, or other business enterprise or any non-profit Part I: Positions Held Outside U.S. Government Smith, MacKenzie R Reporting Individual's Name Metro University (client of Doe Jones & Smith), Moneytown, State Doe Jones & Smith, Hometown, State Doe Jones & Smith, Hometown, State Nat'l Assn. of Rock Collectors, NY, NY Organization (Name and Address) Source (Name and Address) Non-profit education Law firm Legal services in connection with university construction Legalservices SCHEDULE non-profit organization when Presidential or Presidentyou 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. by One Source social, fraternal, or political entities and those solely of an honorary organization or educational institution. Exclude positions with religious, Type of Organization U Brief Description of Duties President Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. Position Held Page Number From (Mo., Yr.) To (Mo., Yr.) 6/92 7/85 으 None None 1/00 Present