

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year) 10/29/14		Reporting Status (Check Appropriate Boxes)		Incumbent		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate		Termination Filer		Termination Date (If Applicable) (Month, Day, Year)		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 Individual's Name Smith		Last Name		First Name and Middle Initial Michael D.		Department or Agency (If Applicable) WHO		Telephone No. (Include Area Code) 202-456-1444		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.		Termination Date (If Applicable) (Month, Day, Year)		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.	
Position for Which Filing		Title of Position SAP & Sr Director of Cabinet Affairs for My Brother's Keeper		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		Date (Month, Day, Year) 2 28 2015		Signature of Reporting Individual		Signature of Other Reviewer		Agency Use Only 3/2/15	
Location of Present Office (or forwarding address) 1600 Pennsylvania Ave, N.W. Washington, D.C. 20522		Title of Position(s) and Date(s) Held Director, Social Innovation Fund, Corporation for National and Community Service (7/2013 - 10/2014)		Signature of Designated Agency Ethics Official/Reviewing Official <i>Jan Mudd</i>		Date (Month, Day, Year) 5/13/2015		Signature		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Office of Government Ethics Use Only		OGE Use Only	
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date (Month, Day, Year)		Signature		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Office of Government Ethics Use Only		OGE Use Only	
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 Reporting Individual		Date (Month, Day, Year)		Signature of Other Reviewer		Date (Month, Day, Year)		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Office of Government Ethics Use Only		OGE Use Only	
Other Review (if desired by agency)		Signature of Reporting Individual		Date (Month, Day, Year)		Signature of Other Reviewer		Date (Month, Day, Year)		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Office of Government Ethics Use Only		OGE Use Only	
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).		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Signature		Date (Month, Day, Year)		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Office of Government Ethics Use Only		OGE Use Only	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Signature		Date (Month, Day, Year)		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Office of Government Ethics Use Only		OGE Use Only	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		Signature		Date (Month, Day, Year)		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Office of Government Ethics Use Only		OGE Use Only	
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Reporting Individual's Name

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	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				
1	AMERICAN EXPRESS	CREDIT CARD	2011	18.2%	N/A	X														
2																				
3																				
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	I WILL CONTINUE TO PARTICIPATE IN MY FORMER EMPLOYER'S DEFINED CONTRIBUTION PLAN (401K). MY FORMER EMPLOYER STOPPED MAKING CONTRIBUTIONS TO THE PLAN UPON MY RESIGNATION.	THE CASE FOUNDATION, WASHINGTON, D.C.	2007	
3				
4				
5				
6				

SCHEDULE 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.)	
	Natl. Assn. of Rock Collectors, NY, NY Doe, Jones & Smith, Hometown, State	Non-profit education Law firm			6/92 7/85	Present 1/00
1	HARVARD NATIONAL PUBLIC SERVICE ADVISORY BOARD		NON-PROFIT UNIVERSITY	MEMBER	9/2013	10/14
2	PUBLIC ALLIES		NON-PROFIT	BOARD MEMBER	2009	6/2013
3	PHILANTHROPY FOR ACTIVE CIVIC ENGAGEMENT		NON-PROFIT	BOARD MEMBER	2009	6/2013
4	IDEALIST.ORG		NON-PROFIT	BOARD MEMBER	2009	6/2013
5	THE CASE FOUNDATION		NON-PROFIT	SENIOR VICE PRESIDENT	1/2006	6/2013
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.

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), Moneytown, State	Legal services Legal services in connection with university construction SENIOR VICE PRESIDENT FOR SOCIAL INNOVATION
2		
3		
4		
5		
6		