OGH Form 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT U.S. Office of Government Ethics

Form Approved: OMB No. 3209 - 0001

	(check box it comments are continued on the reverse side)	ECK DOX II COMMENIS AI	Ch		
OGE Use Only		•			
Agency Use Only		u .			S
or nimg.	(Check box if filing extension granted & indicate number of days)	xtension granted & inc	(Check box if filing e		
the preceding two calendar years and the preceding two calendar years and the current calendar year up to the date		sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	f additional space is i	Comments of Reviewing Officials (
arrangements as of the date of filing.					Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)			Signature	Office of Covernment Ethics
year and the current catendar year up to any date you choose that is within 31 days of the date of filing.	4/27/16		burell	Tachel Dawell	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)	Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Designa	AgencyEthicsOfficial'sOpinion
Schedule B-Not applicable.			er.		agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		eviewer	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	4/15/16				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.
Vice Fresident:	Date (Month, Day, Year)		ng Individual	Signature of Reporting Individual	Certification
Candidates for President and	sangkonons tra ye i isi ningagi Mafayatalidda midda midda ka a a a a a a a a a a a a a a a a a	,			
Nominees, New Entrants and	No.	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	Name of Congression	Brookdential Mominees Subject
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			nd 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 filing year up to the date you file. Part I of Schedule D is not applicable.	202-456-1414		1600 Pennsylvania Avenue NW, Washington, DC 20502	1600 Pennsylvania Av	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)		Address (Number, Street, City, State, and ZIP Code)	Address (Number, St	Location of
Reporting Periods Incumbents: The reporting period is		WHO/DPC	Special Assistant to the President for Economic Mobility	Special Assistant to the	Position for Which Filing
10 % \$200 Tee.	Department or Agency (If Applicable)	Department or A	T 45	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	r	Lucas		Tate	Individual's Name
filed, or, if an extension is granted, more	Middle Initial	First Name and Middle Initial		Last Name	3
this report and does so more than 30 days		Candidate		(Check Appropriate Boxes)	01/11/2015
Fee for Late Filing	Termination Termination Date (If Appli- Filer cable) (Month, Day, Year)	New Entrant, Nominee, or	Incumbent Calendar Year 1	Reporting I	Date of Appointment, Candidacy, Election, or Nomination (Month, Dav. Year)

Supersedes Prior Editions.

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* Thi by					Bank	Natio			Examples		product product value ex value ex value ex ing peri in incon with suc with suc amount than fro report to income actual a syour spyour s	r you				Reporting In Tate, Lucas L	Office
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.			V		Bank of America, Checking Account	National Conference on Citizenship	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common		For you, your spouse, and dependent children, report each asset held for investment or the	BLOCK A	Assets and Income		Reporting Individual's Name ate, Lucas L	U.S. Office of Government Ethics
me is child								_ ¦	i		The state of the s	he ji					
s sol ren,											None (or less than \$1,001)						
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hat -k th									×		\$15,001 - \$50,000			Valuation of Assets at close of reporting period			
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If the asset/income is either that of the filer or jointly held priate.										×	Dividends			CH	1		
asse											Rent and Royalties	Ty		Income: t checked, n		\triangleright	
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						Spouse's Income			Law Partnership Income \$130,000		Other Income (Specify Type & Actual Amount)			ype and amount. If "None (or less than \$201)" is o other entry is needed in Block C for that item.		Page Number 2 of	
	8										Date (Mo., Day, Yr.) Only if Honoraria			.)" is em.			

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* This category applies only if the asset/ii by the filer with the spouse or depende												BLOCK A	Assets and Income		Tate, Lucas L	Reporting Individual's Name
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.										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 \$25,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000		BLOCK B	Valuation of Assets at close of reporting period			SCHEDIII E
t children. If the asset/in e, as appropriate.										Excepted Investment Fund Excepted Trust Qualified Trust Dividends Rent and Royalties Interest	Туре		Income: checked,		if r	II F A continue
come is either that of the filer or jointly h										Capital Gains None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000	Amount	втоск с	type and amount. If "None no other entry is needed in			Pd
neld										Other Date Income (Mo., Day, (Specify Yr.) Over \$5,000 Anount) Over \$1,000 Anount			(or less than \$201)" is Block C for that item.		of	Page Number

you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. On of Assets Type (x) Date (Mo., 10,000 10,0	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Pure (Mo., 100,000,000) pure (Mo., 100,000,000) pure (Mo., 100,000,000) pure (Mo., 100,000,000) pure (Mo., 100,000) pu	you, your spouse, or dependent child. Check the "Certificate of divestiture" block Ito indicate sales made pursuant to a certificate of divestiture from OGE. Pursuant to a legal manual pay, Yr.) Solution of Assets X Z/1/99 X Z/1/99 X Z/1/99			B B	Page Number
Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Purchase Exchange Date (Mo., 100, 100, 100, 100, 100, 100, 100, 10	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. Pursuant to a ge (Mo., 10,000 10,00	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE. x Date (Mo., 100 100 100 100 100 100 100 100 100 10	d of any	/een	Type (x)	Amoun
Purch Sale Excha \$1,00 \$15,0 \$15,0 \$15,0 \$15,0 \$100 \$250	X Purch Sale Excha	X Purch Sale Excha 2/1/99 \$1,00 \$15,0 \$50,0 \$10		e" block	ange	000 001 - 000 001 - 0,000 0,001 -
	x 2/1/99	x 2/1/99	Identification of Assets	_	-	\$15 \$15 \$50 \$10 \$10 \$25

Part II: Gifts, Reimbursements, and Travel Expenses

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 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 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

> 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; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at for other exclusions.

None X



Ο	4	w	2	-				
					Frank Jones, San Francisco, CA	Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)	
						(personal activity unrelated to duty)	Brief Description	
					\$385	\$500 	Value	

^{*}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.

SCHEDULE Recommendation SCHEDULE Recommendation Recommendation
Purchase Purchase
Exchange S

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U.S. Office of Government Ethics														
Reporting Individual's Name Tate, Lucas L	SC	SCHEDULE C	ULE C							Pag	Page Number	ber of		
()	a mortgage on your personal residence	None [
ved.	unless it is rented out; loans secured by automobiles, household furniture						Cate	Category of Amount or Value	Amoui	nt or V	alue (x)	٥		
during the reporting period by you, your spouse, or dependent children.	or appliances; and liabilities owed to certain relatives listed in instructions.							-		5 gaz 5 V W)1-	1 -		000
Check the highest amount owed during the reporting period. Exclude	See instructions for revolving charge accounts.	,		1	0,001 - 5,000 5,001 -	0,000	00,000	50,000 50,001 - 50,000	00,001 -	100/10	000,000	000,000	5,000,00	er 0,000,00
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1:	\$50 \$50	\$10	\$2:	\$5	Ov	\$1	\$5	\$5	95
	Mortgage on rental property, Delaware	1991	8%	25 yrs.	<u> </u> -	l l×	L	i	İ	 	T		Ĺ	Ĺ
John Jones, Washington, DC	Promissory note	1999	10%	on demand				×			T			
1 USAA, San Antonio, TX	Revolving charge	2014	11.15%	revolving	X									
2 U.S. Department of Education, Washington, D.C.	Student loan consolidation	2014	4.625%	15 yrs	\times									
Bank of America, Arlington, VA	Revolving charge	2015	13.24%	revolving	\times									
5 2														
*This category applies only if the liability is sol with the spouse or dependent children, mark t	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the li	ability is th	at of the filer	er or a jo	or a joint liability of the	oility c	f the f	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) continuation of payment by a former employer (including severance payments); (3) leaves	for: (1) continuing participation in an deferred compensation); (2) continuacluding severance payments); (3) leaves	of abser ing of n	of absence; and (4) fut ing of negotiations for	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non	ure employment. See instructions rega any of these arrangements or benefits	nent. S arrar	see in geme	struct nts or	ons r bene	egaro fits.	ling t	he rep	D	\boxtimes
Status and Terr	Status and Terms of any Agreement or Arrangement						Par	Parties					Date	te
Example Pursuant to partnership agreement, wi calculated on service performed throu	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	rtnership sh	are	Doe Jones	& Smith, Hometown, State	Hometo	wn, Sta	te					7/85	57
H														
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2	Н	Examples			trustee, any cor	Report :	Part	Tate, Lucas L	Reportin	OGE Form 278 (R 5 C.F.R. Part 2634 U.S. Office of Gov
		Doe Jones & Smith, Hometown, State	Nat'l Assn. of Rock Collectors, NY, NY	Organization (Name and Address)	general partner, proprietor, rep poration, firm, partnership, or ot	any positions held during the ap not. Positions include but are n	I: Positions Held (bas L	Reporting Individual's Name	OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics
				nd Address)	trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	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,	Part I: Positions Held Outside U.S. Government			
		Law firm	Non-profit education		tant of ion-profit	er compen- director,	nment	00	20	
			ication	Type of Organization	nature.	organization or educational social, fraternal, or political		SCHEDOLE D	יוובסווו ב ס	
		Partner	President	Position Held		organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary				
		7/85	6/92	From (Mo., Yr.)	1	s with religiou honorary	•	of	Page Number	
		1/00	Present	-	None X	s,		*		

Part II: Compensation in Excess of \$5,000 Paid bУ 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

non-profit organization when Presidential or President 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.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

corpor	corporation, firm, partnership, or other business enterprise, or any other	need not report the U.S. Government as a source.	None
	Source (Name and Address)	Brief Description of Duties	
Tample	Doe Jones & Smith, Hometown, State	Legal services	
Examples	Metro University (client of Doe Jones & Smith), Moneytown, State		
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