

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	01/05/2015	Reporting Status (Check Appropriate Boxes)	Incumbent <input type="checkbox"/> Calendar Year Covered by Report 2015	New Entrant Nominee or Candidate <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name	Then	Last Name	Corey	First Name and Middle Initial	M	
Position for Which Filing	Special Assistant to the President for Presidential Personnel	Title of Position	WHO	Department or Agency (If Applicable)		
Location of Present Office (or forwarding address)	1650 Pennsylvania Avenue, Washington, DC	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Deputy Associate Counsel (March 2013 to December 2014)	Title of Position(s) and Date(s) Held				
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)	2/20/15
Other Review (if desired by agency)	Signature of Other Reviewer			Date (Month, Day, Year)	3/25/15	
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official			Date (Month, Day, Year)	4/6/15	
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			Date (Month, Day, Year)		
Office of Government Ethics Use Only						
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
<p><i>* Additions per filer 4/6/15 gfk</i></p> <p>(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/></p> <p>(Check box if comments are continued on the reverse side) <input type="checkbox"/></p>						
<p>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 granted, more than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.</p> <p>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.</p> <p>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.</p> <p>Nominees, New Entrants and Candidates for President and Vice President:</p> <p>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 assess as of any date you choose that is within 31 days of the date of filing.</p> <p>Schedule B--Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>						
Agency Use Only						
OGE Use Only						

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/05/2015	Reporting Status (Check Appropriate Boxes) Incumbent <input type="checkbox"/>	Calendar Year Covered by Report 2015	New Entrant Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name Then		Title of Position Special Assistant to the President for Presidential Personnel		Department or Agency (If Applicable) M	
Position for Which Filing		Title of Position(s) and Date(s) Held Deputy Associate Counsel (March 2013 to December 2014)			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue, Washington, DC			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Date(s) Held Deputy Associate Counsel (March 2013 to December 2014)			
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Not Applicable		Do You Intend to Create a Qualified Diversified Trust? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Certification		Signature of Reporting Individual		Date (Month, Day, Year)	
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 Other Reviewer		Date (Month, Day, Year)	
Other Reviewer (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)	
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).			
Office of Government Ethics Use Only		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"/>					
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. 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.					
Agency Use Only					
OGE Use Only					

Reporting Individual's Name
 Then, Corey M

SCHEDULE A

Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																							
	BLOCK B Valuation of Assets at close of reporting period										BLOCK C 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	Over \$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					
None <input type="checkbox"/>																																		
Examples																																		
Central Airlines Common																																		
Doe, Jones & Smith, Hometown, State																																		
Kempstone Equity Fund																																		
IRA: Heartland 500 Index Fund																																		
1 Poisinelli LLP (Spouse income) <i>(Law Firm, Washington, DC)</i>																																		
2 Tigerhawk Capital, LLC (Spouse income) <i>(Washington, DC)</i>																																		
3 AAPL																																		
4 AGX																																		
5 ANIK																																		
6 APOL																																		

* 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
 Then, Corey M

SCHEDULE A continued
 (Use only if needed)

Page Number
 of

Assets and Income	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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria												
	BLOCK A					BLOCK B					Type		BLOCK C																					
	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	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				
1 BAC			X																	X														
2 BCOR			X																	X														
3 BKE			X																	X														
4 BRCD			X													X					X													
5 BRK-B						X														X														
6 CA			X																	X														
7 CBI			X																	X														
8 COH			X													X				X														
9 CSCO			X													X				X														

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Reporting Individual's Name
 Then, Corey M

SCHEDULE A continued

(Use only if needed)

Page Number _____ of _____

Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C 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	Over \$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				
1 DHX																																	
2 FLR																																	
3 FRAN																																	
4 FRFHF																																	
5 GME																																	
6 HIINX																																	
7 IBM																																	
8 IILG																																	
9 INTX																																	

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Reporting Individual's Name: **Then, Corey M**

SCHEDULE A continued
 (Use only if needed)

Page Number _____ of _____

Assets and Income	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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
	BLOCK B										BLOCK C																					
BLOCK A	BLOCK B										BLOCK C										Type	Amount										
	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	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 PFMT			X																X	None (or less than \$201)												
2 TPUB			X																X	None (or less than \$201)												
3 Tigerhawk Capital (spouse - finance/consulting)				X															X	None (or less than \$201)												
4 UBNT			X																X	None (or less than \$201)												
5 VEC			X																X	None (or less than \$201)												
6 VEIEX			X																X	None (or less than \$201)												
7 VEU				X															X	None (or less than \$201)												
8 VIAB			X																X	None (or less than \$201)												
9 VMMXX		X																	X	None (or less than \$201)												

* 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)

Page Number _____ of _____

Reporting Individual's Name
 Then, Corey M

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										BLOCK C														
	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	
Type	Dividends	Rent and Royalties	Interest	Capital Gains																					
1 L	X																								
2 LQDT		X																							
3 LUK				X																					
4 MBUU		X																							
5 MIL					X																				
6 MKL						X																			
7 MMS																									
8 MSFT																									
9 NSR																									

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Reporting Individual's Name
 Then, Corey M

SCHEDULE A continued
 (Use only if needed)

Page Number
 of

Assets and Income		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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria													
BLOCK A		BLOCK B										BLOCK C										Type	Amount													
		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	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					
1	VMO		X													X																				
2	WTW			X																	X															
3	XLS			X																	X															
4	Dupaco accounts - cash							X															X													
5	Merrill Lynch brokerage - cash				X																	X														
6	Bank of America checking and savings accounts combined								X										X																	
7	VISGX (held in Utah Educational Savings Plan)		X																																	
8	VGTSX (held in Utah Educational Savings Plan)		X																																	
9	BAH (sold)	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
 Then, Corey M

SCHEDULE A continued

(Use only if needed)

Page Number _____ of _____

Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.															
BLOCK A	BLOCK B										BLOCK C															
	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)	Date (Mo., Day, Yr.) Only if Honoraria	
1 HPQ (sold)	X																									
2 VISVX (held in Utah Educational Savings Plan)		X																								
3 DFSVX (held in Utah Educational Savings Plan)		X																								
4 TZOO			X																							
5 Residential Rental (Washington, DC)																			X							
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.

Reporting Individual's Name: **Then, Corey M**

SCHEDULE B

Page Number _____ of _____

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.

None

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.

Example	Identification of Assets	Transaction Type (X)	Date (Mo, Day, Yr.)	Amount of Transaction (X)														
				\$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	Certificate of divestiture			
1	Central Airlines Common	Purchase	2/1/99			X												
2																		
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	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
1	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$385
2			
3			
4			
5			

Reporting Individual's Name
 Then, Corey M

SCHEDULE C

Page Number
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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	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs. on demand			x											
2	Dupaco	Mortgage on rental property, DC	2008	4.125	30						X								
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

Status and Terms of any Agreement or Arrangement		Parties	Date
Example	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
1			
2			
3			
4			
5			
6			

Reporting Individual's Name: **Then, Corey M** Page Number: _____ of _____

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.)	
	Nat'l Assn. of Rock Collectors, NY, NY	Doe Jones & Smith, Hometown, State			6/92	Present
1	Tigerhawk Capital	(* Washington, DC)	financial/consulting company	employee	01/2013	03/2013
2						
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
	Doe Jones & Smith, Hometown, State	Metro University (client of Doe Jones & Smith), Moneytown, State	
1	* Tigerhawk Capital	(* Washington, DC)	financial/consulting company
2			
3			
4			
5			
6			