Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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Agency Use Only					
of filing.	icate number of days)	ension granted & indi	(Check box if filing extension granted & indicate number of days		II
the preceding two calendar years and the current calendar year up to the date		heet)	(If additional space is required, use the reverse side of this sheet)	f additional s	Comments of Reviewing Officials (1
arrangements as of the date of filing.					Use Only
Schedule C, Part II (Agreements or Arrangements)-Show any agreements or	Date (Month, Day, Year)		3	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.	5/5/16		BehelDowell	Beh	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).
schedule C, Part I (Liabilities)—The reporting period is the preceding calendar	Date (Month, Day, Year)	Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of	Agency Ethics Official's Opinion
Schedule B-Not applicable.					(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		Signature of Other Reviewer	Signature of	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	4-12-16				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 President:	Date (Month, Day, Year)		Signature of Reporting Individual	Signature of	Certification
Candidates for President and	-				
Nominees, New Entrants and	× No	Yes	de colonia commune commentale commune	Not Applicable	Presidential Nominees Subject to Senate Confirmation
at the date of termination. Part II of Schedule D is not applicable.	Create a Oualified Diversified Trust?	Do You Intend to Create a Ou	Name of Congressional Committee Considering Nomination	Name of Cor	
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends	FOR INTERNATIONAL	SEL, U.S. AGENCY	Title of Position(s) and Date(s) Held SENIOR ATTORNEY ADVISOR TO THE GENERAL COUNSEL, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT, MARCH 2014 - SEPTEMBER 2015.	Title of Posi SENIOR AT DEVELOPM	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 I) is not applicable.	202-456-3870		THE WHITE HOUSE, WASHINGTON, DC 20502	THE WHITE	Present Office (or forwarding address)
the preceding calendar year except Part II of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Nu	Location of
Reporting Periods Incumbents: The reporting period is	ICE OF THE PRESIDENT	EXECUTIVE OFFICE OF TH	SPEC ASSIT TO THE PRES. AND ASSOC. COUNSEL	SPEC ASS'T	Position for Which Filing
to a \$200 fee.	Department or Agency (If Applicable)	Department or Ag	tion	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject		ZAID		ZAID	Individual's Name
filed, or, if an extension is granted, more	fiddle Initial	First Name and Middle Initial	(2)	Last Name	Dosostissa
	Termination Termination Date (If Appli- Filer	New Entrant, Nominee, or Candidate	Incumbent Calendar Year Covered by Report 2015	Reporting Status (Check Appropriate Boxes)	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 07 02 20 5

Reporting Individual's Name ZAID, ZAID				- 1	1					S	C	SCHEDULE	D		Ħ														, i	2 of
Assets and Income	מ	Valuation of Assets at close of reporting period	Valuation of Assets close of reporting peri	of	on rep	ort	As	pe	rio	<u>a</u>					CI	Income checked,	me		ype	an	r er		un ' is	t. Ii	ede	type and amount. If "None no other entry is needed in	1 BI	(or less Block C	SSS	type and amount. If "None (or less than \$201)" is no other entry is needed in Block C for that item.
BLOCK A				BI	BLOCK B	B																BL	BLOCK C	C						
For you, your spouse, and dependent children,	9.5°	\exists														Туре	pe]		J	J		B	Amount	ļa	↓		
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.		0	00	000	000	0,000		000,000	,000,000	0,000,000)	ent Fund				es .			n \$201)					0	00			000,000		Other Date Income (Mo., Day,
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).	None (or less than \$1,001 - \$15,000	\$15,001 - \$50,00	\$50,001 - \$100,00	\$100,001 - \$250,	\$250,001 - \$500,	\$500,001 - \$1,00	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25	\$25,000,001 - \$5	Over \$50,000,000	Excepted Investm	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less that	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,00	\$50,001 - \$100,0	\$100,001 - \$1,00	Over \$1,000,000*	\$1,000,001 - \$5,0	Over \$5,000,000	Type & Only if Amount) Honoraria
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Examples Doe Jones & Smith, Hometown, State	_ 	×			l	ļ		l			i						l		i											Law Partnership Income \$130,000
Kempstone Equity Fund				×						Ιİ		×							L	<u>i</u>	لـــا	×					H		Ы	
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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/inco by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.					BB&T (checking)	State St. Equity Index (DC 529)	DC College Savigs Age 0-5 (DC 529)	International Opportunities Fund (DC 529 Plan)	Calvert Equity Fund (DC 529 Plan)	5		BLOCK A	Assets and Income	ZAID, ZAID	Reporting Individual's Name
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er's nigh										\$250,001 - \$500,000		BLOCK B	on c		
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tha										\$2,501 - \$5,000		-	an ent		
me is either that of the filer or jointly held										\$5,001 - \$15,000	-	BLOCK C	type and amount. If "None no other entry is needed in		
the										\$15,001 - \$50,000	1	K C	nt. s n		
filer										\$50,001 - \$100,000	Amount		If "		
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eld										Over \$5,000,000	-		les ck	-	T
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										Other Income (Specify Type & Actual Amount)			type and amount. If "None (or less than \$201)" is no other entry is needed in Block C for that item.		Page Number
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					Example Central Airlines Common	Identification of Assets	futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	children during the reporting period of any	Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Reporting Individual's Name ZAID, ZAID	
			8			of Assets	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	residence, or a transaction solely between vou. vour spouse, or dependent child.	Do not report a transaction involving property used solely as your personal	SCHEDULE B	
					×	Р	urchase	Trai Ty	None 🔀	ULI	
							ale	Transaction Type (x)	X	B	
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							ertificate of ivestiture				

Part II: Gifts, Reimbursements, *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. 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, than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and dates, and the nature of expenses provided. Exclude anything given to you by (2) travel-related cash reimbursements received from one source totaling more For you, your spouse and dependent children, report the source, a brief descrip

> the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally 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 independent of their relationship to you; or provided as personal hospitality at for other exclusions.

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					- Compress	Evamples		
				48	Frank Jones, San Francisco, CA		Source (Name and Address)	
					Leather briefcase (personal friend)	9 (Brief Description	
					\$385	\$500	Value	

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			124		Example		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	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of t with the spouse or dependent children, mark the other higher categories, as appropriate.	ACS Education Loan Services, Utica, NY	ьхапріса			during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	Report liabilities over \$10,000 owed	Part I: Liabilities	ZAID, ZAID	Reporting Individual's Name	U.S. Office of Government Ethics				
					Pursu		II: A your agr ee benef payment	egory a spouse	lucation	lucation	lucation	lucation	lucation	John J	FirstD	Creditors (Name and Address)	ie repouse, or higher repo	abilitie	[: Li	J	ndividu	f Govern
					rant to I		Agreements greements or arranger nefit plan (e.g. pension ent by a former employ	pplies or dep	Loan Se	Loan S	Loan S	Loan Se	Loan S	John Jones, Washington, DC	First District Bank, Washington, DC	rs (Nam	deperest amorting I	s over	abil		al's Nan	ment Et
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					will reco	Status and Terms of any Agreement or Arrangement	Ar: s for: (k, defo ncludi	solely to k the ot		[2		5	L	Pr	M		or a cert	lun	a m			
					eive lum 00.	any Ag	ran; 1) con erred con ng sev	nat of the	Law School Laon	Law School Loan	Law School Loan	Law School Laon	Law School Loan	Promissory note	ortgage o		or applian certain rel See instruace	ess it is	ortgag			
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					ayment	or Arr	Arrangements for: (1) continuing particles, deferred compensation); cluding severance payments	s spous egories,							Mortgage on rental property, Delaware	Type of Liability	or appliances; and liabilities owed to certain relatives listed in instructions See instructions for revolving charge accounts.	unless it is rented out; loans secured by	a mortgage on vour personal residence			
					of capit	angeme	cipation); (2) lents);	e or de as app							y, Delaw	iability	ilities of in inst	loans	rsonal			
					al accou	nt	on in a contin (3) lea	penden ropriat							are		owed t ruction charg	secure	reside			
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					Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.		of abo	en. If th	2007	2004	2006	2005	2005	1999	1991	Incurred			None	SCHEDULE		
					share		sence; negot	e liabili	2.6					_	-	2007/10	<u> </u>			TOC	1	
							and (4	ty is th	2.629%	2.029%	2.029%	2.625%	2.625%		8%	200	Interest			E		
					Doe Jones		of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non	he	20 yrs.	20 yrs.	20 yrs.	20 yrs	15 yrs.	on demand	25 yrs.	applicable	Term if					
					es & Smith,		employ of the	filer or					X	Ω	<u> </u> 	\$1	0,001 - 5,000					
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					itate	Parties	nstruc ients o	a joint liability of the filer	-					×	 -	\$2	00,001- 50,000 50,001 -	Category of				
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U.S. Office of Government Ethics		
Reporting Individual's Name		Page Number
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ZAID, ZAID	SCHEDOLE D	6 of 6
Part I: Positions Held C	Part I: Positions Held Outside U.S. Government	

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,

> social, fraternal, or political entities and those solely of an honorary organization or educational institution. Exclude positions with religious,

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			-			ECOS	Examples	•		trustee, general partner, proprietor, representative, employee, or consultant or any corporation, firm, partnership, or other business enterprise or any non-profit
1					Georgetown University Alumni Association Goard of Governors, Washington, DC	ECOSEAN USA, Portland, OR	Doe Jones & Smith, Hometown, State	Nat'l Ass		general oration
					iversity /	۹, Portlar	es & Smit	n. of Roc		partne ı, firm,
					Vlumni As	ıd, OR	1, Hometo	k Collecto	Organiza	er, prop partne
					sociation		wn, State	Nat'l Assn. of Rock Collectors, NY, NY	Organization (Name and Address)	rietor, rship, c
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					06/15	6/15	1/00	Present) To (M	None [
3					15	5		ant	o.,Yr.)	

Part II: Compensation in Excess of \$5,000 Paid by One Source

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 Report sources of more than \$5,000 compensation received by you or your

non-profit organization when you directly provided the

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

services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None

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						Metro University (client of Doc Jones d	Byamples Doe Jones & Smith, Hometown, State	Source (Name and Address)
						construction	Legal services	Brief Description of Duties