U.S. OFFICE OF GOVERNMENT ETHICS Certification of Ethics Agreement Compliance (June 2017 version)

1. Appointee's Information	a. Appointee's Name:	to be completed by OGE Russell Vought to be completed by OGE Director			
	b. Position Title:				
	c. Agency:	to be completed by OGE Office of Management and Budget			
	d. Date Ethics Agreement Signed:	to be completed by OGE March 24, 2020			
	e. Date Confirmed:	to be completed by OGE July 20, 2020			
	f. Due Date for Certification of Ethics Agreement Compliance:	to be completed by OGE October 26, 2020			
2. Resignations	I completed all of the resignations indicated in my ethics agreement before I assumed the duties of my current government position.	O'Yes ONo ON/A			
3. Divestitures	a. I have completed all of the divestitures indicated in my ethics agreement. I also understand that I may not repurchase these assets during my appointment without OGE's prior approval.	OYes ONo ON/A			
	b. I have filed a periodic transaction report, or periodic transaction reports, (OGE Form-T) to disclose the completion of these agreed upon divestitures.	OYes ONo ON/A			
		Filing Date(s) of OGE Form 278-T Report(s			
4. Managed Accounts	If I have a managed account or use the services of an investment professional, I have notified the manager or professional of the limitations indicated in my ethics agreement. In addition, I am continuing to monitor purchases.	OYes ONo ON/A			
5. Interim Recusals	I complied with my interim recusal obligations pending the divestitures required by my ethics agreement.	OYes ONo ON/A			

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Russell Vought

status. They are not intended to modify ethics agreement commitments or create new recusal obligations.) unless I have been authorized under 5 C.F.R. $\Im 2635.502(d)$. c. I am recusing from particular matters in which any former employer or client I served in the two years prior to my appointment is a party or represents a party, unless I have received a waiver nuder Esce. Order 13770. O Yes 7. I received a waiver pursuant to 18 U.S.C. $\Im 208$. O Yes 7. If yes, indicate the date of the waiver and indicate the financial interest covered by the waiver. Date: Financial interest: 7. If yes, indicate the date of the waiver and indicate the financial interest covered by the waiver. Date: Since I received a waiver pursuant to Executive Order 13770. If yes, indicate the date of the waiver and the subject of the waiver (i.e., applicable paragraph of the ethics pledge, parties, particular matters, specific issue areas, as applicable). Date: Subject: If yes, indicate the date of authorization pursuant to $S C.F.R.$ $\Im 2635.502(d)$. Date: Subject: If yes, indicate the date of the waiver and the subject of the waiver (i.e., applicable paragraph of the ethics pledge, parties, particular matters, specific issue areas, as as pplicable. Date: Subject: If yes, indicate date of authorization pursuant to $S C.F.R.$ $\Im 2635.502(d)$. Date: Covered person(\$):	
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$\int 208.$ $\int 208.$ 7.If yes, indicate the date of the waiver and indicate the financial interest covered by the waiver.Date: Financial interest:8.If yes, indicate the date of the waiver and order 13770. \bigcirc Yes \bigcirc No9.If yes, indicate the date of the waiver and the subject of the waiver (i.e., applicable paragraph of the ethics pledge, parties, particular matters, specific issue areas, as applicable). \bigcirc Yes \bigcirc No0.If yes, indicate date of authorization pursuant to $5 \ C.F.R. \int 2635.502(d).$ \bigcirc Yes \bigcirc No1.If yes, indicate date of authorization and identify the covered person(s) as to whom you have been authorized (e.g., former employer, former client, spouse's employer, \bigcirc Yes \bigcirc No	N/A
7.Financial interest:Waivers and AuthorizationsIf yes, indicate the date of the waiver and indicate the financial interest covered by the waiver. \bigcirc Yesb. I received a waiver pursuant to Executive Order 13770. \bigcirc Yes \bigcirc NoIf yes, indicate the date of the waiver and the subject of the waiver (i.e., applicable paragraph of the ethics pledge, parties, particular matters, specific issue areas, as applicable).Date: Subject:c. I received an authorization pursuant to 5 C.F.R. § 2635.502(d). \bigcirc Yes \bigcirc NoIf yes, indicate tate of authorization and identify the covered person(s) as to whom you have been authorized (e.g., former employer, former client, spouse's employer, \bigcirc Yes \bigcirc No	
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spouse's current client, etc.).	
d. I received a waiver pursuant to 5 C.F.R. \bigcirc Yes \bigcirc No	
Date: Former employer or payer: If yes, indicate the date of the waiver and identify the former employer or payer.	9. T

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8. Payments, Accelerations, or Divestitures Required to be Completed Prior to Entering Government Service	Mark this box if not applicable:	 a. If I committed that I would forfeit a financial interest or payment, unless it was received or accelerated prior to my assumption of the duties of the government position: b. Financial interest or payment at issue: 	assumption of the assumption of the or the assumption of the or the assumption of th	it was accelerated) <u>prior to</u> my be duties of the position. it was accelerated) <u>after</u> my be duties of the position.			
9. Requirements for Regular Appointees	<i>pursuant to 5</i> If you are a Sp	ted my initial ethics briefing, C.F.R. § 2638.305. ecial Government Employee er Foreign Service Officer (FSO),	• Yes	O No O N/A			
	Executive Or If you are a SC	the ethics pledge pursuant to der 13770. GE or career FSO or previously lge, select N/A.	O Yes	No ON/A			
10. Additional Ethics Agreement Requirements	to	be completed by OGE		leted by appointee se requirements as described in No () N/A			
11. Comments of Appointee							
Any intentionally false or misleading statement or response provided in this certification is a violation of law punishable by a fine or imprisonment, or both, under 18 U.S.C. § 1001.							
I certify that the in	dormation Appointee's Signature:			Date:			
I have provided is complete and accurate. 10 24 20							

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