

# Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year) 05/20/2013		Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate		Termination Date (If Applicable) (Month, Day, Year)		Termination Filer <input type="checkbox"/>		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 Cobbina		Last Name and Middle Initial Kwesi		A.		Department or Agency (If Applicable) EOP/WH/O/COS		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.	
Position for Which Filing Special Assistant to the President and Policy Advisor, COS		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue NW, Washington, DC 20500		Telephone No. (Include Area Code) 202-456-1414		Do You Intend to Create a Qualified Diversified Trust? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Title of Position(s) and Date(s) Held		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Termination Filer: 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.	
Presidential Nominees Subject to Senate Confirmation		Signature of Reporting Individual		Date (Month, Day, Year) 4/22/2015		Signature of Other Reviewer		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.	
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year) 5/23/15		Signature		Agency Use Only	
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year) 5/23/15		Signature		OGE Use Only	
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)		Signature		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Signature		(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		Signature		(Check box if comments are continued on the reverse side) <input type="checkbox"/>	

**SCHEDULE A**

**Assets and Income**

**BLOCK A**

For you, your spouse, and dependent children, 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.  
 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

Examples	Central Airlines Common
	Doe, Jones & Smith, Hometown, State
	Kempstone Equity Fund
	IRA: Heardland 500 Index Fund

**Valuation of Assets at close of reporting period**

**BLOCK B**

None (or less than \$1,001)	
\$1,001 - \$15,000	
\$15,001 - \$50,000	x
\$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	x
Excepted Trust	
Qualified Trust	

**Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.**

**BLOCK C**

Type	Amount									Date (Mo., Day, Yr.) Only if Honoraria	
	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*		Over \$5,000,000
Dividends			x								
Rent and Royalties											
Interest											
Capital Gains											
Other Income (Specify Type & Actual Amount)											
Law Partnership Income \$130,000				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.

**Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate**

Reporting Individual's Name  
 Cobbina, Kwesi A.

**SCHEDULE B**

**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.

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.

None

Identification of Assets

Example	Central Airlines Common
1	
2	
3	
4	
5	

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 - \$1,000,000	\$1,000,001 - \$500,000	\$500,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$50,000,000	Over \$25,000,000	Over \$10,000,000
Purchase														
Sale														
Exchange	2/1/99													
Certificate of divestiture														

\*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: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airfare ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1		
2		
3		
4		
5		

Reporting Individual's Name  
 Cobbina, Kwesi A.

## 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 (\$)
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	Over \$50,000,000
2	U.S. Department of Education, Washington, DC	Student Loan	2006	7.65%	on demand	Over \$1,000,000
3	The Student Loan Corporation, Sioux City, SD	Student Loan	2009	10.75%	on demand	Over \$1,000,000
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			
3			
4			
5			
6			

**SCHEDULE D**

Reporting Individual's Name  
 Cobbina, Kwesi A.

**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 7/85	Present 1/00
1			Non-profit education Law firm	President Partner		
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		Legal services Legal services in connection with university construction	
2			
3			
4			
5			
6			