OGEF-00m 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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OGE Use Only					
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Agency Use Only					
	dicate number of days)	(Check box if flling excension granted & indicate number of da;	(Check box if filing		
of filing.			i d		Commence of the streaming of the cases in
the preceding two calendar years and the date		is sheet)	equired, use the reverse side of th	f additional space is i	Commonre of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
schedule D—The reporting period is					Use Only
Arrangements)-Show any agreements or	Date (Month, Day, Year)		NOTE AND ADDRESS OF THE PARTY O	Signature	Office of Covernment Hthise
any date you choose that is within 31 days of the date of filing.	6-3-15		8/2	#FEN	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to
reporting period is the preceding calendar year and the current calendar year up to	Date (Month, Day, Year)	ng Official	ed Agency Ethics Official/Reviewing Official	Signature of Designated Agency Ethics	Agency Ethics Official's Opinion
Schedule B-Not applicable. Schedule C, Part I (Liabilities)-The	6/02/15		helle Inde	Min	(It desired by agency)
31 days of the date of filing.	Date (Month, Day, Year)		viewer	Signature of Other Reviewer	OtherReview
as of any date you choose that is within					to the best of my knowledge.
Schedule A-The reporting period for income (BLOCK) is the preceding calendar year and the current calendar year after of filing. Value assets	Filed: 05/06/15				I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct
Vice President:	Date (Month, Day, Year)		g Individual	Signature of Reporting Individual	Certification
Candidates for President and					
Nominees, New Entrants and	⊠	Yes		Not Applicable	Presidential Nominees Subject to Senate Confirmation
Schedule II is not applicable.	Do You Intend to Create a Qualified Diversified Trust?		Name of Congressional Committee Considering Nomination	Name of Congression	
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			I Date(s) Heid	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)
Schedule D is not applicable.					(or forwarding address)
where you must also include the filing year up to the date you file. Part II of	202-456-1414		1600 Pennsylvania Avenue, NW Washington, DC 20500	1600 Pennsylvania Av	×
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, Str	t
Reporting Periods Incumbents: The reporting period is	nsel	White House Counsel	nite House Counsel	SAP and Associate White House Counsel	Position for Which Filing
	gency (If Applicable)	Department or Agency		Title of Position	
than 30 days after the fast day of the filling extension period, shall be subject to a \$200 fee.		llona R		Cohen	Individual's Name
filed, or, if an extension is granted, more	iddle Initial	First Name and Middle Initial		Last Name	
this report and does so more than 30 days after the date the report is required to be		Candidate L	2014	(Check Appropriate Boxes)	
Fee for Late Filing Any individual who is required to file	Filer Cable) (Month, Day, Year)	New Entrant, Nominee, or	Incumbent Calendar Year Covered by Report	Reporting In Status	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)
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5 C.F.R. Part 2634
U.S. Office of Government Ethics

Reporting Individual's Name Cohen, Ilona R		SCHEDULE	A		
Assets and Income	Valuation of Assets at close of reporting period		ncome: ty hecked, no	pe and amoun other entry is	Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.
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For your your spouse, and dependent children,			Туре		Amount
For you, your spouse, and dependent cruid ether proport each asset held for investment or the production of income which had a fair market value exceeding \$1,000 ar the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.	an \$1,001) 0 00 000 0,000 0,000 0,000 0* 0,000,000	00)	000 ,000 000,000 00*
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 that \$1,001 - \$15,000 \$15,001 - \$50,001 - \$100,001 - \$250,001 - \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,001 - \$5,000,001 - \$250,000 - \$250	\$25,000,001 - \$3 Over \$50,000,00 Excepted Investor Excepted Trust Qualified Trust Dividends	Rent and Royalti Interest Capital Gains	None (or less the \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000	\$15,001 - \$50,0 \$50,001 - \$100, \$100,001 - \$1,0 Over \$1,000,000 \$1,000,001 - \$5
Central Airlines Common	×	×		×	
	×				
Kempsione Equity Fund		×	<u> </u>	 ×	
IRA: Heartland 500 Index Fund	×	×		×	
1 DC Public Schools					
² Fidelity Fcash	×			×	
3 Fidelity Fifty	×	×		×	
4 Granite Real Estate Inc. Stapled Unit	×	×		×	
5 Ishares Core S&P 500 ETF		×		×	
6 Lord Abbett Affiliated Class A	×	×		×	

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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/income is ell by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	IRA: Berkshire Hathaway Inc Class B	IRA: Thomburg Intl Value CL Insti	IRA: Fidelity Contrafund	IRA: CRM Mid Cap Value Investor Shares	IRA: Fidelity Cash Reserves	Corporate Executive Board	Newell Rubbermaid Inc.	Northern Technologies Inti Corp	McDenalds Corp			BLOCK A	Assets and Income		Cohen, Ilona R	Reporting Individual's Name
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										Date (Mo., Day, Yr.) Only if Honoraria			1)" is tem.		10	

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Reporting Individual's Name Cohen, Ilona R								S	SCHEDULE (Use only		EDULE (Use only			if n	ee CO	A conti	continued reeded)	цe	ď										7,	rage Number 4 of 1	
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7 JRA: Oakmark Equity and Income Fund		×							ļ	1	<u> </u>	×	 ^	-		<u> </u>	†	4.2.3		×		-	1			1	†	<u> </u>	-		
RA: The Hartford Mid Cap Fund		×										×	<u> </u>	 						×		 	<u> </u>	 				-	-		
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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/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.	me is solu children,	nam	hat o	of th	her i	er's righ	er c	ateg	or de	of of	valu	c, at	ildr i apj	oror	If th	e as	set/	inco	me	is ei	ther	tha	읔	the .	filer	or j	Oint	ly h	eld		

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Reporting Individual's Name Cohen, Ilona R	SCHEDULE (Use only	A continuec	Page Number 6 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.	less than ck C for th
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IRA: Vanguard Prime Money Market Fund	×	×	
IRA: Vanguard Windsor II Fund	×	×	
529: Maryland College Investment Plan. Balanced Portfolio	×	×	
529: Maryland College Investment Plan, Portfolio 2027	×	×	
529: Maryland College Investment Plan, Portfolio for College	×	×	
Suntrust Bank Account	×	×	
IRA: Touchstone Sands Cap Sei Gr Z	×	×	
529: Michigan Education Savings Program, Aggressive Age Based Allocation	×	×	
529: Michigan Education Savings Program,	X	× × ×	

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										Date (Mo., Day, Yr.) Only if Honoraria)1)" is item.		10		

Part II: Gifts, Reimbu For you, your spouse and dependent ch tion, and the value of: (1) gifts (such as food, or entertainment) received from o (2) travel-related cash reimbursements than \$350. For conflicts analysis, it is t as personal friend, agency approval un authority, etc. For travel-related gifts a dates, and the nature of expenses provi Source (Name and Address) Nat'l Assn. of Rock Collectors, NY. NY Examples Frank Jones, San Francisco, CA 1 2 2 3 3	R Transactions Transactions Transactions Transactions Pourchase, sale, or exchange or spouse, or dependent uring the reporting period or try, stocks, bonds, commodited other securities when the transaction exceeded \$1 insactions that resulted in a lident corresponding to the transaction with the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the underlying ory applies only if the related cash reimbursements in the value of: Source (Name and Address) Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA Frank Jones, San Francisco, CA						
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Reporting Individual's Name Cohen, Ilona R	SC	SCHEDULE C	LE C						P	Page Number 9		of 10	
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None X					Caregory of Amount or Value	of Am	ount o	Value	ž.		
to any one creditor at any time 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	automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.				0,001 - 5,000 5,001 - 0,000	0,001 - 00,000	00,001- 50,000	50,001 - 00,000 00,001 -	000,000	000,000* 000,001-	000,000	5,000,000 5,000.001 - 0,000,000	
(Treditors (Name and Address)	Type of Liability	Incurred	Kate aj	applicable	\$1 \$1	\$5	\$2	\$5		\$1 \$1	\$5 \$5	\$2	O1
First District Bank Washington DC	Mortgage on rental property. Delaware	1661	8%	25 yrs.	-	×	-	<u></u>	<u> </u>	 -	<u> </u>	 	Ţ
Examples John Jones, Washington, DC	Promissory note	1999		on demand				×	-	\vdash	+	\dagger	1-
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5											_		
*This category applies only if the liability is s with the spouse or dependent children, mar	*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's spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the liab	ility is that	of the filer	or a	joint liability	ity of th	of the 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) continu tion of payment by a former employer (including severance payments); (3) leav	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) continua- tion of payment by a former employer (including severance payments); (3) leaves	of absence; and (4) future ing of negotiations for any	of absence; and (4) future ing of negotiations for any	future en for any o	employment. See instructions regarding the report- of these arrangements or benefits. Non	ent. Seurrange	instr ments	uction or be	nefit:	urding	, the I	report- None	
Status and Te	Status and Terms of any Agreement or Arrangement						Parties	3				-	Date
Example Pursuant to partnership agreement, calculated on service performed thr	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/90.	artnership shar		Doe Jones &	Smith,	Hometown, State	, Stare					-	7/85
1 Holds prior 401(k) through former employer WilmerHale. account.	Hale. The former employer does not, and never has, made contributions to the	e contributions to	the	WilmerHale, \	Washington, DC	n, DC							09/04
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U.S. Office of Government Ethics				Page Number	
Reporting Individual's Name Cohen, Ilona R		SCHEDULE D		10 of	îô
Part I: Positions Held Outside U.S. Government	Jutside U.S. Gover		organization or educational institution. Exclude positions with religious	with religious,	
sated or not Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of	or limited to those of an officer, creentative, employee, or consult	į	social, fraternal, or political entities and those solely of an honorary nature.		None X
any corporation, firm, partnersnip, or other busiliess eliterprise of any non-profit	Her busiliess elicer prise of any in	Type of Organization	Position Held	From (Ma., Yr.)	To (Mo.,Yr.)
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Examples 8 6 14 House Constitution		law firm	Partner	7/85	1/00
Doe Jones & Smith, Hometown, State	The state of the s	Colon 122 tr			
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Part II: Compensation in Excess of \$5,000 Pa 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	in Excess of \$5,00 appensation received by you or you directly by you during any one on ames of clients and customers of	Lid	by One Source Incumbent, Termination Filer, or Vice non-profit organization when presidential or Presidential Candidate. you directly provided the services generating a fee or payment of more than \$5,000. You	part if you ion Filer, or dential Cand You	didate.
Source Allows and	And of energy to		Brief Description of Duties		
Doe Jones & Smith, Hometown, State	C AMERIA POST	Legalservices			
Examples Metro University (client of Doe Jones & Smith), Moneytown, State	nith), Moneytown, State	Legal services in connection with university construction	uction		
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