

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment (Certified Election or Nomination (Month, Day, Year)) 04/15/2013		Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report 2014	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	Filer <input type="checkbox"/>
Reporting Individual's Name Cohen		Title of Position SAP and Associate White House Counsel		Department or Agency (If Applicable) White House Counsel		First Name and Middle Initial Ilona R	
Position for Which Filing		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue, NW Washington, DC 20500		Telephone No. (Include Area Code) 202-456-1414		Title of Position(s) and Date(s) Held	
Location of Present Office (or forwarding address)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Presidential Nominee Subject to Senate Confirmation <input type="checkbox"/>		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 [Redacted Signature]		Date (Month, Day, Year) Filed: 05/06/15		Termination Date (If Applicable) (Month, Day, Year)	
Other Review (If desired by agency)		Signature of Other Reviewer Michelle Sault		Date (Month, Day, Year) 6/02/15		Termination Date (If Applicable) (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).		Signature of Designated Agency Ethics Official/Reviewing Official [Handwritten Signature]		Date (Month, Day, Year) 6-3-15		Termination Date (If Applicable) (Month, Day, Year)	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Termination Date (If Applicable) (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 contained on the reverse side) <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 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
 Cohen, Ilona R

SCHEDULE A continued
 (Use only if needed)

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.			Date (Mo., Day, Yr.) Only if Honoraria																								
		BLOCK B										BLOCK C																											
BLOCK A		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	Type	Amount							Other Income (Specify Type & Actual Amount)														
																	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	McDonalds Corp	X																			X																		
2	Northern Technologies Intl Corp	X																			X																		
3	Newell Rubbermaid Inc.	X																			X																		
4	Corporate Executive Board		X															X																					
5	IRA: Fidelity Cash Reserves	X																			X																		
6	IRA: CRM Mid Cap Value Investor Shares	X																			X																		
7	IRA: Fidelity Contrafund	X																			X																		
8	IRA: Thornburg Intl Value CL Instl	X																			X																		
9	IRA: Berkshire Hathaway Inc Class B	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
 Cohen, Iona R

SCHEDULE A continued
 (Use only if needed)

Page Number

6 of 10

Assets and Income	Valuation of Assets at date 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							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*	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 IRA: Vanguard Prime Money Market Fund	X											X																
2 IRA: Vanguard Windsor II Fund				X																								
3 529: Maryland College Investment Plan, Balanced Portfolio		X																										
4 529: Maryland College Investment Plan, Portfolio 2027		X																										
5 529: Maryland College Investment Plan, Portfolio for College		X																										
6 Suntrust Bank Account			X																									
7 IRA: Touchstone Sands Cap Sel Gr Z			X																									
8 529: Michigan Education Savings Program, Aggressive Age Based Allocation		X																										
9 529: Michigan Education Savings Program, Moderate Age Based Allocation		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
 Cohen, Ilona R

SCHEDULE C

Page Number
 9 of 10

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 (\$)													
						\$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%	2.5 yrs. on demand			X											
2																			
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

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 1/30/01.	Doe Jones & Smith, Hometown, State	7/85
2			
3			
4			
5			
6	Holds prior 401(k) through former employer WilmerHale. The former employer does not, and never has, made contributions to the account.	WilmerHale, Washington, DC	09/04

Reporting Individual's Name
 Cohen, Ilona R

SCHEDULE D

Page Number
 10 of 10

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.)	
	Natl Assn of Book Collectors, NY, NY	Non-profit education	President		6/92		Present
	Doc. Jones & Smith, Hometown, State	Law firm	Partner		7/85		1/00
1							
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 non-profit organization when you directly provided the services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. None

Examples	Source (Name and Address)	Brief Description of Duties
	Doc. Jones & Smith, Hometown, State	Legal services
	Metro University (client of Doc. Jones & Smith), Moneytown, State	Legal services in connection with university construction
1		
2		
3		
4		
5		
6		