

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate		Termination Date (If Applicable) (Month, Day, Year)	
AN 5/4/2014		<input checked="" type="checkbox"/> Incumbent		2015		<input type="checkbox"/>			
Reporting Individual's Name		Last Name		First Name and Middle Initial		Termination Date (If Applicable)			
Dickerson		Dickerson		Katherine Platt					
Position for Which Filing		Title of Position		Department or Agency (If Applicable)		EOP			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		1600 Pennsylvania Ave. NW		Telephone No. (Include Area Code)		202-456-1414	
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							
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification		Signature of Reporting Individual		Date (Month, Day, Year)					
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.		[Redacted Signature]		4/15/16					
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)					
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)					
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)					
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)					
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		[Redacted]							
<p>AR-filer, income amount for p6 lines-9, p7 lines 1-9, p. 8 lines 1-3 is None (or less than \$1,001) Y KHC</p> <p>(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/></p> <p>(Check box if comments are continued on the reverse side) <input type="checkbox"/></p>		<p>Fee for Late Filing</p> <p>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.</p>		<p>Reporting Periods</p> <p>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.</p> <p>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.</p> <p>Nominees, New Entrants and Candidates for President and Vice President:</p> <p>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.</p> <p>Schedule B--Not applicable.</p> <p>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.</p> <p>Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.</p> <p>Schedule D--The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>		<p>Agency Use Only</p> <p>4/15/2016 GKC</p> <p>OGE Use Only</p>			

Reporting Individual's Name
 Dickerson, Katherine Platt

SCHEDULE A continued
 (Use only if needed)

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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.											Other Income (Specify Type & Amount)	Date (Mo., Day, Yr.) Only if Honoraria											
	BLOCK B											BLOCK C																							
	BLOCK A											Type	Amount																						
	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	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 Matthews China FD INV		X											X							X															
2 Matthews Pacific Tiger			X										X							X															
3 Meridian Growth Fund													X						X		X														
4 Royce Premier Fund													X						X		X														
5 Weitz Partners III Opply													X						X		X														
6 Ishares TR Latin Amer													X						X		X														
7 Ishares TR Russell 1000													X						X		X														
8 Roth IRA: IVA Int FD CL I													X						X		X														
9 Roth IRA: Meridian Growth Fund													X						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
 Dickerson, Katherine Platt

SCHEDULE A continued
 (Use only if needed)

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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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria												
	BLOCK B										BLOCK C																							
	BLOCK A										Type	Amount																						
	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	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 Roth IRA: Weitz Partners III Oppty		X											X							X														
2 U.S. Senate FCU Savings Account				X														X		X														
3 Schwab Emerging Markets			X										X							X														
4 Invesco AIM - American Franchise Fund		X																		X														
5 AT&T Stock		X																		X														
6 Comcast Stock		X																		X														
7 A Stock (Agilent Technologies) <i>etc</i>		X																		X														
8 BUD Stock (Anheuser-Busch In Bev) <i>etc</i>		X																		X														
9 C Stock (Citigroup) <i>etc</i>		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
 Dickenson, Katherine Platt

SCHEDULE A continued
 (Use only if needed)

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BLOCK A	Assets and Income	BLOCK B										BLOCK C																										
		Valuation of Assets at close of reporting period										Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria														
		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	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	CSCO Stock (Cisco Systems) KHE		X																X																			
2	DEO Stock (Diageo) KHE		X																X																			
3	EWI Fund (iShares MSCI Hong Kong) KHE		X																X																			
4	F Stock (Ford Motor) KHE		X																		X																	
5	FB Stock (Facebook) KHE		X																		X																	
6	MGK (Vanguard Mega Cap Growth ETF) KHE		X																		X																	
7	NVS (Novartis AG) KHE		X																		X																	
8	OXY Stock (Occidental Petroleum Corporation) KHE		X																		X																	
9	PM Stock (Philip Morris) KHE		X																		X																	

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Reporting Individual's Name
 Dickerson, Katherine Platt

SCHEDULE A continued
 (Use only if needed)

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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.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only If Honoraria																										
	BLOCK B											Type	Amount																								
	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 VEA Fund (Vanguard FTSE Developed Mkt ETF) EHK	X								X	Capital Gains																											
2 VTI Fund (Vanguard Total Stock Mkt ETF) EHK	X								X	Capital Gains																											
3 XLF Fund (Financial Select Sector SPDR ETF) EHK	X								X	Capital Gains																											
4 USAA Fund				X					X	Capital Gains																											
5 ABEVX (Abercrombie Beacon Intl. Equity) EHK	X								X	Capital Gains																											
6 QSERX (AQE Small Cap Mkt-Style) EHK	X								X	Capital Gains																											
7 ASPRX (AQE Style Premium Alternative) EHK	X								X	Capital Gains																											
8 BCOIX (Beard Core Plus Bond Intl) EHK	X								X	Capital Gains																											
9 DDVIX (Delaware Value Intl) EHK	X								X	Capital Gains																											

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Reporting Individual's Name
 Dickerson, Katherine Platt

SCHEDULE A continued
 (Use only if needed)

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BLOCK A	Assets and Income	BLOCK B										BLOCK C																									
		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.																									
		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	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria				
1	HLMIX (Harding, Lovinger, Eg. Inv) etc		X																																		
2	EMBIX (Lazard Emerging Markets Equity Bhd) etc		X																																		
3	LISIX (Lazard International Strategic Eq. Inv) etc		X																																		
4	MFEIX (MFS Growth I) etc		X																																		
5	SEMNX (Schroder Emerging Market Equity Inv) etc		X																																		
6	UIINX (USA Income International) etc		X																																		
7	UMAFX (USA Managed Allocation) etc		X																																		
8	USAXX (USA Mutual Fds T. Money Market) etc		X																																		
9	USBX (USA Short-Term Bond Withdrawal) etc		X																																		

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Reporting Individual's Name
Dickerson, Katherine Pratt

SCHEDULE A continued

(Use only if needed)

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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.

BLOCK A	BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria															
	Valuation of Assets at close of reporting period										Type			Amount																							
	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	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	VEVIX (Victory Sparrow Establishment) Valley Sparrow	X																																			
2	IIBWX (Voya Intermediate Bond W) etc	X																																			
3	AHLIX (American Real Estate AHL Fund) Fidelity Intl	X																	X																		
4	USAA Checking/Savings Accounts				X																																
5	Spouse's Salary																																				
6	Berkshire Hathaway			X																																	
7	MS India Investment Fund		X																X																		
8	Roth IRA: DFA Emerging Markets Value		X																X																		
9	Residential Real Estate (Washington DC)										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: **Dickerson, Katherine Platt** SCHEDULE B Page Number: **9** of **12**

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.

Identification of Assets	Transaction Type (X)	Date (Mo., Jr.)	Amount of Transaction (X)													
			\$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	Certificate of divestiture		
Example Central Airlines Common	Purchase	2/1/99			X											
1 Du Pont	Sale	1/23/15	X													
2 Microsoft	Exchange	1/23/15	X													
3 Berkshire Hathaway B		1/26/15	X													
4 iShares TR Russell 1000		1/26/15	X													
5 Harbor International (Reinv)		1/22/15	X													

*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	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$385
1		
2		
3		
4		
5		

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

Reporting Individual's Name
 Dickerson, Katherine Platt

SCHEDULE B continued
 (Use only if needed)

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Part I: Transactions

1	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)														
		Purchase	Sale	Exchange		\$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	Certificate of divestiture			
1	Mathews Pacific Tiger Fd (Reinv)	X			1/22/15	X														
2	DFA Emerging Markets Value (Reinv)	X			10/6/15	X														
3	iShares TR Russell 1000 ETF		X		10/6/15	X														
4	DFA Emerging Markets Value (Reinv)		X		12/8/15		X													
5	Mathews Pacific Tiger Fd (Reinv)	X			12/22/15	X														
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				

*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.

Reporting Individual's Name
 Dickerson, Katherine Platt

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 (x)												
						\$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	JP Morgan Chase	Mortgage on rental property, Delaware Promissory note	2014	4.25%	30 yrs.							X						
2	U.S. Government	Student Loans	2003						X									
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 1/00.	Doe Jones & Smith, Hometown, State	7/85
2			
3			
4			
5			
6			

Reporting Individual's Name
 Dickerson, Katherine Platt

SCHEDULE D

Page Number

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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.)
1	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
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)	Legal services	Brief Description of Duties
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Hometown, State	Legal services Legal services in connection with university construction	
2			
3			
4			
5			
6			