Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

	in Name (or les	to fibr, Income amount for	Comments of Review	Use Only	-	Office of Government Ethics	On the basis of information contained in this report, I contribute that the filter is in compliance with applicable laws and regulations (subject to any comments in the box below). Office of Government Ethics	Agency Bthics Official's Opinion On the basis of information contained in report, I conclude that the filer is in comp with applicable tawa and regulations (sub any comments in the box below). Office of Government Et1	Agency Bthics Official On the basis of information report, I consolede that the fill with applicable daws and reg any comments in the box be	Other Review (if desired by agency) Agency Bthics Official On the basis of information report, I conclude that the fif with applicable law and organy comments in the box be of Govern.	ICLK IFY that the statements have made on this form and all attached schedules are true, complete and correct to the best of my knowledge. 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	· ·	Ves-4,	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)				Signature of Designated Agency Ethics Official/Reviewing Official	War	Signature of Other Reviewer		Signature of Reporting Individual		Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust?	Title of Position(s) and Date(s) Held	1600 Pennsylvania Ave. NW	Address (Number, Street, City, State, and ZIP Code)	DAP for Management & Administration	Itlan			B Incumbent Covered by Report 2015
(Check box if comments are continued o		(Cheek box if filing extension granted & indicate number	de of this sheet)				Reviewing Official					Yes	Nomination Do You Intend to Cre		2		EOP	Department or Agency (If Ap	Katherine Platt	First Name and Middle Initial	New Entrant, Nominee, or Candidate
ntinued on the reverse side)		e number of days ———-}			Date (Month, Day, Year)	6/15/2016	Date (Month, Day, Year)	5/23/16	Date (Month, Day, Year)	4/15/16	Date (Month, Day, Year)	8	ate a Qualified Diversified Trust?		202-456-1414	Telephone No. (Include Area Code)		cy (If Applicable)		ile initial	Termination Termination Date (If Appli- Filer Side) (North, Day, Year)
4/15/2016 CHC	Agency Use Only	of Illing.	Schedule D -The reporting period is the preceding two calendar years and the current calendar year up to the date	arrangements as of the date of filing.	Schedule C, Part II (Agreements or	year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	reporting period is the preceding calendar	Schedule B-Not applicable.	as of any date you choose that is within 31 days of the date of filing.	Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filling. Value associated the control of the date of filling.	Vice President:	Nominees, New Entrants and	Schedule D is not applicable.	Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends	where you must also include the filing year up to the date you file. Part fl of	the preceding calendar year except Part	Reporting Periods Incumbents: The reporting period is	to a \$200 fee.	than 30 days after the last day of the filing extension period, shall be subject	filed or if an extension is required to be	Fee for Late Filing Any individual who is required to file this report and does so more than 30 days

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OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics
Reporting Individual's Name

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OGE Form 278 (Rev. 12/2011)
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by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	UISBX (USAA Short to Bond Trustothama)) EHE	4- 6-	UMAFX (ULAA Managed Adlocation) HILL	UIINX (UIAA Income tashtrhon)	SEMNX (Schroder Energing murket	MFEIX (MFJ 600WT) CALE	LISIX (Lazard Intringtional the	EMBIX (Lazard Emerging markets	HLMIX (Harding Legernfry Intro.			BLOCK A	Assets and Income		Dickerson, Katherine Platt	Reporting Individual's Name
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										Date (Mo., Day, Yr.) Only if Honoraria)1)" is item.		4	

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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.	Residential Real Estate (Washington DC)	8 Roth IRA: DFA Emerging Markets Value	MS India Investment Fund	Berkshire Hathaway	Spouse's Salary	USAA Checking/Savings Accounts	3 AHLIX (American search 441 Mod	2 IIBWX (Voya Intermediate Bond W) the	1 VEVIX (Victory Sycamore Fotab			BLOCK A	Assets and Income		Dickerson, Katherine Platt	Reporting Individual's Name
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										Other Income (Specify Type & Actual Amount)			type and amount. If "None (or less than \$201)" is no other entry is needed in Block C for that item.		<u>°</u>	Page Number
			F2							Date (Mo., Day, Yr.) Only if Honoraria)1)" is item.		9	

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

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므문	Reporting Individual's Name Dickerson, Katherine Platt	SCHEDULE B	E	田田	ω								Pag	Page Number		으	تر	/_
ਮ ਰ	Part I: Transactions												ľ	+				
<u> </u>	Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None	Ê														
<u> </u>	children during the reporting period of any		17. T	Transaction Type (x)	× cir		П			≩	uno	of 7	rans	Amount of Transaction	n (x)			
# :	futures, and other securities when the	Check the "Certificate of divestiture" block				Date	8							1 -	1 -) i -		of
===	amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	•	ırchase	ile	change	(Mo., Day, Yr.)	,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001 50,000	50,001 00,000	,000,00		,000,00	,000,00	5,000,0	0,000,0 er 0,000,0	rtificate estiture
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-	Du Pont			X		1/23/15	X											
12	Microsoft			X		1/23/15	X											
ĹIJ	Berkshire Hathaaway B		X			1/26/15	X											
4	iShares TR Russell 1000		X			1/26/15	X											
ري د	Harbor International (Reinv)		X			1/22/15	X											\exists
_ +	This category applies only if the underlying a by the filer or jointly held by the filer with th	*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 with the spouse or dependent children, use the other higher categories of value, as appropriate.	. If th	ne un Val	derly ue, as	ing asset is elt	her h	eld										
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Part II: Gifts, Reimbursements, and Travel Expenses

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, tion, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$350 and For you, your spouse and dependent children, report the source, a brief descripdates, and the nature of expenses provided. Exclude anything given to you by (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

Examples

Frank Jones, San Francisco, CA Nat'l Assn. of Rock Collectors, NY, NY Source (Name and Address)

Leather briefcase (personal friend)

Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)

Brief Description

independent of their relationship to you; or provided as personal hospitality at the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally 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 lor other exclusions.

None	
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\$500 Value

\$385

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This category applies only if the underlyin by the filer or jointly held by the filer with						7						Matthews Pacific Tiger Fd (Reinv)	DFA Emerging Markets Value (Reinv)	iShares TR Russell 1000 ETF	DFA Emerging Markets Value (Reinv)	Matthews Pacific Tiger Fd (Reinv)	Identif			Part I: Transactions	Reporting Individual's Name Dickerson, Katherine Platt	OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics
*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 with the spouse or dependent children, use the other higher categories of value, as appropriate.																	Identification of Assets				SCHEDULE B conti	Do not complete Schedule B if you are a new entrant, nominee, or Vic
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Part I: Liabilities Plant 100000000000000000000000000000000000000																
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Juring the reporting period by you, or appliances; and liabilities owed to our spouse, or dependent children. The certain relatives listed in instructions. The certain relativ	Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by	None]					atego	ry of /	moun	t or V	alue ()	<u> </u>		
heck the highest amount owed see instructions for revolving charge luring the reporting period. Exclude accounts. Creditors (Name and Address) Type of Liability Incurred Rate Applicable Signature Applicable Signature Applicable Signature during the reporting period by you,	or appliances; and liabilities owed to				16							5		*	201	
Creditors (Name and Address) Type of Liability Incurred Type of Liability Type of Liabi	your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	certain relatives listed in instructions, See instructions for revolving charge accounts.	3		Tarm If								000,001-	000,001 -	5,000,000	
	Creditors (Name and Address)	Type of Liability	Incurred	;	applicable								\$1 \$5	\$5	\$2:	Ov
John Jones, Washington, DC	_	Morigage on rental property, Delaware	1991	8%	25 yrs.	ij		×				1				
JP Morgan Chase Mortgage 2014 4.25% U.S. Government Student Loans 2003	L	Promissory note	1999		on demand	111				×						
U.S. Government Student Loans		Mortgage	2014	4.25%	30 yrs.						X					
	_	Student Loans	2003				X									
	3															
C .	4															
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^{*}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 🔀

	Status and Terms of any Agreement or Arrangement	Parties	Date
Ехатріе	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
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Part I: Positions Held Outside U.S. Government	
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Report any positions held during the applicable reporting period, whether compen-

organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary

any corporation, firm, partnership, or other business enterprise or any non-profit sated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of Examples Nat'l Assn. of Rock Collectors, NY, NY
Doe Jones & Smith, Hometown, State Organization (Name and Address) Non-profit education Type of Organization nature. Partner l'resident Position Held From (Mo., Yr.) 7/85 6/92 None To (Mo.,Yr.) 1/00 Present X

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

services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source. you directly provided the non-profit organization when

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

Examples Metro University (client of Doe Jones & Smith), Moneytown, State Doe Jones & Smith, Hometown, State Source (Name and Address) Legal services in connection with university construction Legal services Brief Description of Dutles None