

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		05/06/2013		Reporting Status (Check Appropriate Boxes)		<input checked="" type="checkbox"/> Incumbent		Calendar Year Covered by Report		2015		New Entrant, Nominee, or Candidate		<input type="checkbox"/>		Termination Filer		<input checked="" type="checkbox"/>		Termination Date (If Applicable) (Month, Day, Year)		02/22/2016			
Reporting Individual's Name		Fallon		Last Name		Fallon		First Name and Middle Initial		Katherine		Department or Agency (If Applicable)		B		<p>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.</p> <p>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.</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>									
Position for Which Filing		Asst to the President and Director of Legislative Affairs		Executive Office of the President		Address (Number, Street, City, State, and ZIP Code)		1600 Pennsylvania Ave, NW, Washington DC 20502		Telephone No. (Include Area Code)		202-456-1414		Title of Position(s) and Date(s) Held								Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust?	
Location of Present Office (or forwarding address)		1600 Pennsylvania Ave, NW, Washington DC 20502		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Signature of Reporting Individual		Date (Month, Day, Year)		8/19/16		Signature of Other Reviewer		Date (Month, Day, Year)		2/22/16		Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		2/22/16	
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.		Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		2/22/16		Signature of Reporting Individual		Date (Month, Day, Year)		2/22/16		Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		2/22/16	
Presidential Nominee Subject to Senate Confirmation		Not Applicable		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		2/22/16		Signature		Date (Month, Day, Year)		2/22/16		Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		2/22/16	

(Check box if filing extension granted & indicate number of days _____)

(Check box if comments are continued on the reverse side)

Reporting Individual's Name
 Fallon, Katherine B

SCHEDULE A

Page Number

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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 B										BLOCK C																								
	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria			
1 CapitolOne 360 Savings Account - Joint With Spouse	X																X																		
2 UBS Rollover IRA - American Funds Capitol World G/1 F-1		X														X				X															
3 UBS Rollover IRA - American Funds AmCap Fund CL A		X														X				X															
4 UBS Rollover IRA - FT Templeton Devlp Markets A		X														X				X															
5 UBS Rollover IRA - John Hancock Classic Value Fund Class A		X														X				X															
6 UBS Rollover IRA - Oppenheimer Main Street Small & Mid Cap Fund A		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.

Law Partnership Income \$130,000

Reporting Individual's Name
 Fallon, Katherine B

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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
	BLOCK B										BLOCK C												
	Type										Amount												
1	UBS Rollover IRA - R S Value Fund Class A										X												
2	UBS Rollover IRA - Franklin/Templeton Global Bond Fund Class A										X												
3	UBS Rollover IRA - Loomis Sayles Bond Fund										X												
4	UBS Rollover IRA - iShares Trust Core S&P										X												
5	UBS Rollover IRA - iShares Russell 1000 ETF										X												
6	UBS Rollover IRA - SPDR S&P 500 ETF TR										X												
7	UBS Rollover IRA - American Funds Washington Mutual Investors FD CL C										X												
8	UBS Rollover IRA - Calamos Growth Fund Class C										X												
9	UBS Rollover IRA - Fidelity Select Technology Portfolio										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
 Fallon, Katherine B

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.

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	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 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 1/00.	Doe Jones & Smith, Hometown, State	7/85
2			
3			
4			
5			
6			

Reporting Individual's Name
 Fallon, Katherine B

SCHEDULE D

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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

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo, Yr.)	To (Mo, Yr.)
Examples	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
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

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

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