## OGE Form 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT 5 C.F.R. Part 2634 U.S. Office of Government Pathics

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	
Agency Use Only		·
of filing.	(Check box if filing extension granted & indicate number of days)	
the preceding two calendar years and the current calendar year up to the date	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If additional s
arrangements as of the date of filing.		Use Only Use Only
Schedule C, Part II (Agreements or Arrangements)Show any agreements or	Date (Month, Day, Year)	any comments in the box below).  Signature
any date of filing.	10-1-15 C-1-25	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	Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year)	Agency Ethics Official's Opinion Signature of
Schedule B-Not applicable.  Schedule C, Part I (Liabilities)-The	WCh 5/29/15	
as of any date you choose that is within 31 days of the date of filing.	of Other Reviewer Date (Month, Day, Year)	Other Review Signature of
or negative A-Like reporting person for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets	5-5-17	(CERUIPY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice Freshent:	Panarting Individual Date (Month, Day, Year)	Certification Cignotium of
Nominees, New Entrants and Candidates for President and	Xes X	to Senate Confirmation   Not Applicable
Schedule D is not applicable	ering Nomination Do You Intend to Create a Qualified Diversified Trust!	
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		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414	Location of Present Office 1600 PENNS (or forwarding address)
Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part the preceding calendar year except Part the Color of the Part of the	ASSISTANT TO THE PRESIDENT FOR MANAGEMENTA THE WHITE HOUSE  Address Attention Cross City (rate and TIP Code)  Training No. (Include Area Code)	Position for Which ASSISTANT Filling
M a azoo rec	Department or Agency (If Applicable)	Title of Position
than 30 days after the last day of the filing extension period, shall be subject to 2 \$700 fee		Reporting Individual's Name KALE
after the date the report is required to be filed, or, if an extension is granted, more	First Name and Middle Initial	
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Incumbent Calendar Year New Entrant, Covered by Report Nomince, or Candidate Candidate Candidate Candidate Candidate	nt, Candidacy, Election, unth, Day, Year)
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For you, report e	For you, your spouse, and dependent children, report each asset held for investment or the	n, ie										1.		100				Туре	pe	1		7	7	7	1	1. 1	<b>7</b> ₽	Amount	Ţ <u>Ħ</u> ͺ		7 J		
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name  KATY A	SCHEDULE	ULE B					Page Number 5
Transactions	To not report a transaction involving	None					<u> </u>
by you, your spouse, or dependent	property used solely as your personal residence or a transaction solely between	Transaction			A	, , , , , , , , , , , , , , , , , , ,	
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ss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	rchase le change	Date (Mo., Day, Yr.)	,001 - 5,000 5,001 - 0,000	0,001 - 00,000 00,001 - 50,000 50,001 -	00,000 00,001 - ,000,000	er ,000,000*
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FANNIE MAE (FNMA)		×	3/17/14	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.	or dependent children, use the other higher categ	n. If the under	lying asset is e as appropriate	ither held		-	
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; greceived from relatives; independent of their relative donor's residence. A total value from one sou for other exclusions.	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.	iven to your agency in connection with official travel; received by your spouse or dependent child totally ationship to you; or provided as personal hospitality at Iso, for purposes of aggregating gifts to determine the Irce, exclude items worth \$140 or less. See instruction	in connection connections on the provided aggregation on the state of	ction wi epender as perso ng gifts 0 or less	ith offint child and he child to det s. See
Source (Name and Address)		Brief Description	ription				
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U.S. Office of Government Ethics														
Reporting Individual's Name KALE, KATY A	SC	SCHEDULE C	ILE C							Page N	Page Number 7	r 7 of 8		
Part I: Liabilities	a mortgage on your personal residence	None X												
to any one creditor at <b>any time</b> during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. <b>Exclude</b>	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 Cate 650,000 eg	00,001- 50,000 of Amount or Value 000,000 er 000,000 (x)	00,001 - 000,000	er .000,000*		.000,001 - 5,000,000	5,000,001 - 0,000,000	0,000,000
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$13	\$50 \$50	\$1	\$.5	\$1	1	\$5.	\$2		
First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.		×	 		 	 	<u> </u>	 <del> </del>	 	<u>i</u>
John Jones, Washington, DC	Promissory note	1999		on demand				×				1.	_	
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4	·						\$ \frac{1}{2} \text{if } \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \frac{1}{2} \text{if } \text{if } \frac{1}{2} \text{if } \text{if } \frac{1}{2} \text{if }		3 70 4 457 947				ing naiv	V. V.
5												, i		(4)
*This category applies only if the liability is s with the spouse or dependent children, mari	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the lial	bility is tha	ıt of the fil	er or a jo	int liab	or a joint liability of the filer	the file	, r					
Part II: Agreements or	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	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.  Non	e; and (4 gotiations	) future ( for any	employn of these	nent. S arran	ee inst gement	ructio s or b	ns reg enefit	şardir .s.	)g th€	e repc	None X	
Status and Te	Status and Terms of any Agreement or Arrangement						Parties	SS					Date	n n
Example Pursuant to partnership agreement, calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$ .	ırtnership shaı	Ге	Doe Jones	<i>⋧</i> ∘	Hometor	Smith, Hometown, State						7/85	. 0
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		U.S. Office of Government Ethics

## Part I: Positions Held Outside U.S. Government

trustee, general partner, proprietor, representative, employee, or consultant of sated or not. Positions include but are not limited to those of an officer, director, Report any positions held during the applicable reporting period, whether compenany 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  $\,$ 

None

Examples Nat'l Assn. of Rock Collectors, NY, NY

Doe Jones & Smith, Hometown, State Organization (Name and Address) Law firm Non-profit education Type of Organization President Partner Position Held From (Mo., Yr.) 6/92 7/85 To (Mo., Yr., Present 1/00

## 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

Examples

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.

orting period. This includes the names of clients and customers of any ation, firm, partnership, or other business enterprise, or any other source (Name and Address)	services generating a fee need not report the U.S. (	None [
Source (Name and Address)	Brief Description of Duties	
	Legalscrvices	     
Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	