Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	continued on the reverse side)	(Check box if comments are continued on the	, 4/22/15	electronic signature on 4/22/15
Agency Use Only			3	Cibratted forms
of filing.	cate number of days	(Check box if filing extension granted & indicate number of da		A Note: Filer originally
the preceding two calendar years and the current calendar year up to the date		sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If addi
arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or Arrangements) - Show any agreements or	Date (Month, Day, Year)		ture	Office of Government Ethics Signature
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	5/29/2015		Arada	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).
reporting period is the preceding calendar	Date (Month, Day, Year)	g Official	Signature of Designated Agency Ethics Official/Reviewing Official	AgencyEthicsOfficial'sOpinion Signa
Schedule B-Not applicable.	05/29/15		Middle Galle	(If destred by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		Signature of Other Reviewer	
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	05/29/2015*			ICERTIFY 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 President:	Date (Month, Day, Year)	HARAL MANAGEMENT AND	Signature of Reporting Individual	Certification Signa
Candidates for President and			A CAMPAGE TO A CAM	and the second s
Nominees, New Entrants and	X Ş	□Yes	Not Applicable	to Senate Confirmation Not A
at the date of termination. Part il of Schedule D is not applicable.	reate a Qualified Diversified Trust?	on Do You Intend to Cr	Name of Congressional Committee Considering Nomination Do You intend to Create a Qualified	-
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends			Title of Position(s) and Datë(s) Held	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 Schodule I) is not applicable.	202-456-1414		1600 Pennsylvaria Ave NW, Washington, DC, 20500	ice dress)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	The state of the s	Address (Number, Screet, City, State, and ZIP Code)	Location of Addr
Reporting Periods Incumbents: The reporting period is	the President	Executive Office of the President	SAP and Chief of Staff to the Domestic Policy Counsel	Position for Which SAP:
to a 5200 fee.	Department or Agency (If Applicable)	Department or Age	Title of Position	
than 30 days after the last day of the filing extension period, shall be subject	Ι	Katherine	oan .	Individual's Name Kochman
filed, or, if an extension is granted, more	ddle Initial	First Name and Middle Initial	ame	
this report and does so more than 30 days			priate 2014	
Fee for Late Filing	Termination Termination Date (#Appli- Filer (cable) (Month, Day, Year)	New Entrant,	Reporting Incumbent Calendar Year Crattic Covered by Report	Date of Appointment, Candidacy, Election, Repo

Pomortin	C.S. Office of Coveriment Lances					1					1			ı	١	-			1	-	1		١		ı	1	1			1	_	Pag	Page Number	
Kochman,	Kochman, Katherine H												SC	H,	SCHEDULE	J	L		Α														2 of	5
														4			-							`			;			١.	٠		-	·
	Assets and Income			at	Clo	lu:	of r	epc	Valuation of Assets at close of reporting period	lg l	ets	od .						Che	Income: checked,	ne:	no	pe oti	anc	l ar en:	Y. Dou	is r	lee If	ded.)ne l in	B(0)	- ck	SS 1	type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item.)" is em.
	BLOCK A						BL(BLOCK B	8																BLO	BLOCK C								
For you, your spo report each asset production of inc value exceeding \$1: ing period, or whi in income during with such income	For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.		1 \$1,001)												ent Fund				Туре		#201	n \$201)					$rac{0}{00}$	P	<u> </u>		000,000			Date (<i>Mo., Day,</i>
For yourself, amount of ear than from the report the sou income of mod actual amour your spouse). None	For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).		None (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25,	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investm	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest Capital Gains		None (or less that	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,00 \$50,001 - \$100,0		\$100,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	Over \$5,000,000	Type & Actual Amount)	Only if Honoraria
	Central Airlines Common			<u> </u>		×		l 	! 	57.5	300	7.74	450	<u>.</u>	400	, Jack	10%	×	ļ . [-	-	L		L×.	<u> </u>	 	15	1 137	-	-	-	<u> </u>	 	
Examples	Doe Jones & Smith, Hometown, State				%×.			l 				L	41.48			<u> </u>	·	<u> </u>	95.7 	 	<u> </u>	 				 	1	1		-	-	<u>.</u>	Law Partnership Income \$130,000	
	Kempstone Equity Fund	! 	L			<u> </u>	×	<u> </u>	╁	 		1			×	<u> </u>	 	 	 	÷	<u> </u>	1			×	<u> </u>	<u> </u>	+	: I	1	1—	<u> </u>	 -]
	IRA: Heartland 500 Index Fund			<u> </u>					×			11,111	1500		×			1	12.13	ļ					_	×			\$ 1 · 1	1				
¹ Bank c	Bank of America (Checking Account)			×	541 + 3 ₁			1 1 2 2 3 4 3		1000000000000	Water.		137,14	144/04/04/04		9 Basis 11 9 9 9	1.000	ļ				×		ļ		1987 1887		1444,44.63	HEREN SE	1 144, 14				
² Capito	Capitol One (Savings Account)		Naga Anga	×				The State of		erika en	30.00	1		T THE STATE OF	1 (147)					170.189	N/A)	×		100000		11,525.05		1						
W			fler II					****			W. W. C.	The Assessment	Ville	4585 - 45 4 A.	A4 . 75 -	- 274a.s	Ni we i	. + 5/4 + 1/1 Lt					•]	D. Child		raya il is e				31.55	1,590			
4			11/11			.,	M. s. B			1,5,5,5,5,	19,53	4 14 7				21-257-11	10 mg/s			19.00			37.4		4 1434	1, 10 10 21 21 14		\$18.5 ₀ 11.5	Market 1	Paragas	iji seliyika			
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5							193		- Alvari	V CONTRACTOR	100000		10.000		1.35	10000000	THE REAL PROPERTY.		1182, 34					1111111111		1,000 c., 124			Alle	*****				
* This by t	This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/inco by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	me i	s sol	ely ma	that rk tl	of t	he f ther	iler' higi	s spo	ouse	or o	lepe es of	nde val	nt c ue, a	hild as aj	ren. opro	If t pria	he a	sset	/inc	io me	me is either that of the filer or jointly held	eithe	F F	at o	f th	e file	r oi	joi	ntly	hel	<u>₽</u> .		

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

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Reporting Individual's Name Kochman, Katherine H	SCHEDULE B	ILE B								Pag	age Z		umb 3	Page Number 3 0	으	umber 3 of 5
Part I: Transactions Report any purchase, sale, or exchange by your spouse or dependent	Do not report a transaction involving No	None X													-	-
children during the reporting period of any	residence, or a transaction solely between	Transaction Type (x)					Ame	nut	of Tı	rans	sac	₫.	tion (Amount of Transaction (x)	tion (x)	tion (x)
futures, and other securities when the	Check the "Certificate of divestiture" block	•	Date (Mo.			0	0	Ю)1 - 000			JO1 -	000	000 001 -	001 - 001 - 0,000 ,001 -	001 - 001 - 0,000 ,001 -
amount of the transaction exceeded \$1,000 Include transactions that resulted in a loss.	to indicate sales made pursuant to a certificate of divestiture from OGE.	urchase ale xchange	Day, Yr.)	1,001 - 15,000	15,001 50,000	50,001 100,000	100,00 250,000	250,00: 500,000	500,00 1,000,0	ver 1,000,0	1,000,0		5,000,0	5,000,0 5,000,0 25,000	5,000,0 5,000,0 25,000 25,000,	5,000,0 5,000,0 25,000
Identifica	Identification of Assets	s		\$	\$	\$	\$	1.5	\$ \$	ि	\$		_	† 5	\$ \$	\$ \$ \$
Example Central Airlines Common	. >	×	2/1/99) ()		×	_			T	H		L			
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Part II: Gifts, Reimbursements, and Travel Expenses

dates, and the nature of expenses provided. Exclude anything given to you by 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 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 authority, etc. For travel-related gifts and reimbursements, include travel itinerary, (2) travel-related cash reimbursements received from one source totaling more

> 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 independent of their relationship to you; or provided as personal hospitality at for other exclusions.

None

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				Tito de la constitución de la co	Fyamnles	
				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
				\$385	\$500 	Value

^{*}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.

5 C.F.R. Part 2634 U.S. Office of Government Ethics												
Reporting Individual's Name Kochman, Katherine H	SC	SCHEDULE C	JLE C					ب <u>ې</u>	Page Number	aber 4 of	ر ن	
Part I: Liabilities	a mortgage on your personal residence	None										
Report liabilities over \$10,000 owed to any one creditor at any ti me	automobiles, household furniture					Cate	Category of Amount	mount or	or Value ((x)		
during the reporting period by you,	or appliances; and liabilities owed to								- '	-	1 -	0
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.)			0,001 - 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 ,000,001-	,000,000 ,000,001 5,000,000	5,000,000 0,000,000	er 0,000,000
Creditors (Name and Address)	Type of Liability	Date Incurred	Rate	applicable	\$1: \$1:	\$10	\$2		\$1 \$1	\$5	\$2	0v \$5
First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.	 	×	 	 -	1	<u></u>	 	I L
_	Promissory note	1999	1	on demand			×					
Bank of America	Credit Card debt	2014	12.2%	revalving	\times		THE					
2 Chase Bank	Credit Card debt	2014	15.2%	revolving	×							
3								15 F R				
4												
5						1. 1.						
*This category applies only if the liability is sol with the spouse or dependent children, mark t	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	en. If the lia	bility is tha	at of the filer	er or a joint	liability of the	of the filer	ï				
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	for: (1) continuing participation in an deferred compensation); (2) continuacluding severance payments); (3) leaves	of absen ing of ne	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Non) future e s for any c	re employment. See instructions rega ny of these arrangements or benefits.	nt. See ir Tangem	istructio ents or b	ns rega enefits	rding	the re	port- None	\boxtimes
Status and Terr	Status and Terms of any Agreement or Arrangement					Pa	Parties				l l	Date
Example Pursuant to partnership agreement, wi calculated on service performed throu	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.	rtnership sha	ure	Doe Jones	& Smith, Hometown, State	netown, St	ate				7.	7/85
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5 of 5	SCHEDULE D	an, Katherine H
Page Number		ng Individual's Name
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1/00	7/85	Partner		Law firm	Examples Doe Jones & Smith, Hometown, State	Exa:
Present	6/92	President	Non-profit education	Non-prof	Nat'l Assn. of Rock Collectors, NY, NY	
) To (Ma., Yr.)	From (Mo., Yr.) To (Mo., Yr.)	Position Held	Type of Organization		Organization (Name and Address)	T
None X	1	nature.	t	er, director isultant of ny non-prof	sated 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	sat tru any
ıs,	with religiou	organization or educational institution. Exclude positions with religious,	ם ביי	rether comp	Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compensations are the compensations of the compensation of the co	Rej
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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 corpo

non-profit organization when Presidential or President you directly provided the services generating a fee or payment of more than \$5,000. You

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

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						Mctro University (client of Doe Jones & Smith), Moneytown, State		Source (Name and Address)	corporation, firm, partnership, or other business enterprise, or any other
						Legal services in connection with university construction	legal services	Brief Description of Duties	need not report the U.S. Government as a source.
							 		None