

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year)		03/04/2014	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report	2014	New Entrant, Nominee, or Candidate	<input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name		Kochman		First Name and Middle Initial		Kathrine		H		
Position for Which Filing		SAP and Chief of Staff to the Domestic Policy Counsel		Department or Agency (If Applicable)						
Location of Present Office (or Forwarding Address)		1600 Pennsylvania Ave NW, Washington, DC, 20500		Executive Office of the President		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 checked="" type="checkbox"/> No				
Certification		Signature of Reporting Individual		Date (Month, Day, Year)		05/29/2015*				
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.		Signature of Other Reviewer		Date (Month, Day, Year)		05/29/15				
Other Reviewer (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		5/29/2015				
Agency Ethics Official's Opinion		Signature		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).		Office of Government Ethics Use Only								
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)										

\* Note: Filer originally submitted form with electronic signature on 4/29/15

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

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

**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.

**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.  
**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.

**Nominees, New Entrants and Candidates for President and Vice President:**  
**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.  
**Schedule B-**Not applicable.

**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.  
**Schedule C, Part II (Agreements or Arrangements)-**Show any agreements or arrangements as of the date of filing.

**Schedule D-**The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.

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Reporting Individual's Name  
 Kochman, Katherine H

**SCHEDULE A**

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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																								
		Valuation of Assets at close of reporting period										Type	Amount									Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria													
1	2	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					
Examples																																				
	Central Alphas Common				x												x																			
	Doe Jones & Smith, Hometown, State																																			
	Kempstone Equity Fund					x																														
	IRA: Heartland 500 Index Fund							x																												
	Bank of America (Checking Account)		x																			x														
	Capital One (Savings Account)		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  
 Kochman, Katherine H

**SCHEDULE C**

**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	Bank of America	Credit Card debt	2014	12.2%	revolving	X												
2	Chase Bank	Credit Card debt	2014	15.2%	revolving	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			

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## SCHEDULE D

### 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	Non-profit education	President	6/92	Present
2	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
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 a 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	Legal services	
2	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction	
3			
4			
5			
6			