

Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 03/04/2014	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report 2015	Termination Date (If Applicable) (Month, Day, Year) Filer <input type="checkbox"/>	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 Individual's Name Kochman	First Name and Middle Initial Katherine H			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.
Position for Which Filing DAP and Deputy Director of the Domestic Policy Council	Department or Agency (If Applicable) Executive Office of the President			
Location of Present Office (or forwarding address) 1600 Pennsylvania Ave, NW, Washington, DC, 20500	Telephone No. (Include Area Code) 202-458-1414			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) SAP and Chief of Staff to the Domestic Policy Council	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Not Applicable			
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.	Signature of Reporting Individual [Redacted Signature]			
Other Review (If desired by agency)	Signature of Other Reviewer [Signature]			
Agency Ethics Official's Opinion 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).	Signature of Designated Agency Ethics Official/Reviewing Official Rachel Powell			
Office of Government Ethics Use Only	Date (Month, Day, Year) 5/11/16			
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)				Date (Month, Day, Year) 04/12/2016
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>				Date (Month, Day, Year) 5/11/16
(Check box if comments are continued on the reverse side) <input type="checkbox"/>				Date (Month, Day, Year)
Agency Use Only				OGE Use Only

SCHEDULE A

Page Number

2 of 5

Reporting Individual's Name
 Kochman, Katherine H

Assets and Income	BLOCK B												BLOCK C												Date (Mo., Day, Yr.) Only if Honoraria	
	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													
BLOCK A	BLOCK B												BLOCK C												Date (Mo., Day, Yr.) Only if Honoraria	
	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.													
None <input type="checkbox"/>	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	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	
Examples																										
Central Airlines Common																										
Doe Jones & Smith, Hometown, State																										
Kempstone Equity Fund																										
IRA: Heartland 500 Index Fund																										
1 Bank of America (Checking Account)		X																								
2																										
3																										
4																										
5																										
6																										

* 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

Page Number

4 of 5

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 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$250,000,000	\$250,000,001 - \$500,000,000	Over \$500,000,000				
1	Bank of America	Credit Card debt	2015	12.2%	revolving	X														
2	White House Federal Credit Union	Personal Loan - bill consolidation	2015	8%	5 years		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			

SCHEDULE D

Page Number

5 of 5

Reporting Individual's Name
 Kochman, Katherine H

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.)	
	Natl Assn. of Rock Collectors, NY, NY	Doe Jones & Smith, Hometown, State			6/92	7/85	Present	1/00
1			Non-profit education Law firm	President Partner				
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 Filer, 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	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		