OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	(Check box if comments are		
Agency Use Only				
of filing.	icate number of days]	(Check box if filing extension granted & indicate number of	(Check box if	ygan.Casasanaa.casasana
Schedule D-The reporting period is the preceding two calendar years and the current calendar years in to the date		of this sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials ()
arrangements as of the date of filing.				Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)		Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	5/19/16		Bucheldonell	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)	eviewing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.	5/17/6		Del	(If desired 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	OtherReview
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	41216			I CLKITIFY 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)		Signature of Reporting Individua*	Certification
Nominees, New Entrants and Candidates for President and	X No	Yes	Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Create a Qualified Diversified Trust?	Do You Intend to	Name of Congressional Committee Considering Nomination	Presidential Nominees Subject
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		RSA Admin.	Sp. Asst. to the President, Policy Advisor to the HRSA Admin.	Position(s) Ifeld 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.	456-1414	150	1600 Pennsylvania Ave, NW, Washington DC, 20050	Present Office (or forwarding address)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	de)	Address (Number, Street, City, State, and ZIP Code)	Location of
Reporting Periods Incumbents: The reporting period is		WHO/EOP	Sp. Asst. to the President	Filing
to a \$200 fee.	Department or Agency (II Applicable)	Department or A	Title of Position	h .
than 30 days after the last day of the filing extension period, shall be subject		Kathryn	Mevis	Individual's Name
after the date the report is required to be filed, or, if an extension is granted, more	fiddle Initial	First Name and Middle Initial	Last Name	Reporting
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (IfAppli- Filer cible)(Month Day, Year)	ort New Entrant, Nominee, or Candidate	Reporting Incumbent Covered by Report (Check Appropriate Boxes)	Date of Appointment Candidacy, Election, or Nomination (Month, Day, Year)

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S 4 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 Examples 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. your spouse). Mevis, Kathryn Reporting Individual's Name Citibank Savings/Checking Pental Unit washing 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. Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund Central Airlines Common Assets and Income BLOCK A tos Centr 000 None (or less than \$1,001) \$1,001 - \$15,000 Valuation of Assets at close of reporting period X × \$15,001 - \$50,000 × \$50,001 - \$100,000 \$100,001 - \$250,000 BLOCK B \$250,001 - \$500,000 X × \$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 S CHEDULE Over \$50,000,000 × × **Excepted Investment Fund Excepted Trust** Qualified Trust Dividends Income: type and amount. If "None (or less than \$201)" i checked, no other entry is needed in Block C for that item. Type \times Rent and Royalties D Interest Capital Gains None (or less than \$201) \$201 - \$1,000 \$1,001 - \$2,500 × × \$2,501 - \$5,000 BLOCK C \$5,001 - \$15,000 \$15,001 - \$50,000 Amount \$50,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000* \$1,000,001 - \$5,000,000 Over \$5,000,000 Page Number Income (Specify Type & Actual (mount) Other 0 Date (Mo., Day.) Honoraria Only if S

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Mevis, Kathryn	Assets and Income	BLOCK A			1	2	3)	4	5	6		φ.	9
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(Use only if needed	***************************************		d	Excepted Investment Fund							21717		
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of	Income: type and amount. If "None (or less than \$201)" in the checked, no other entry is needed in Block C for that item.			Other Income (Specify Type & Actual Amount)									
	01)" is item.			Date (Mo., Day, Yr.) Only if Honoraria									***************************************

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Reporting Individual's Name Mevis, Kathryn	SCHEDULE		B								79	Page Number	umb	of of		
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving	None Nof	705	Ŋ												
my	property used sorety as your personal residence, or a transaction solely between you, your spouse, or dependent child.	Transaction Type (x)	ction (x)		П			, a	unot	T of	Tran	Amount of Transaction		(x)		
futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	rchase	change	Date (Mo., Day, Yr.)	,001 - 5,000	5,001 - 0,000	0,001 ÷ 00,000	00,001 - 50,000	50,001 - 00,000	000,000	er	,000,000*	,000,000	5,000,001 - 25,000,000 5,000,001 - 0,000,000	er 0,000,000	rtificate of vestiture
Identification of Assets	f Assets	Pu			\$1 \$1		\$5	\$1 \$2	\$2 \$5	SS	Ov	SI	\$5	S2	Ov SS	Ce
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Part II: Gifts, Reimbursements, and Iravel I 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	dx	the U.S. Government; given received from relatives; received from relatives; receindependent of their relation the donor's residence. Also, total value from one source, for other exclusions.	nment relativ their dence o one sions.	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.	our a d by y to to your purpollude i	genc our s our s ses o tems	y in pour pro fagg wor	conn se or vide th \$	dep dep d as ating 140	on v pend pend giff	vith ent sonz is to	offi child al ho det See	cial d tot spit erm inst	travel; tally ality at ince the ructions	7	p)
Source (Name and Address)		Brief	Brief Description	ption						AMERICAN MARKET					Value	
Examples Prank lones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather bidecase (personal friend)	al confere	1ce 6/1	5/99 (person	al acti	/ity u	relat	ed to	dug	i	1		l	- L	\$385	l
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Soft flow Cos OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics 13 to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Examples during the reporting period. Exclude Part I: Mevis, Kathryn Reporting Individual's Name Check the highest amount owed Report liabilities over \$10,000 owed Bank of America/Revere Bank (Washington, DC) Creditors (Name and Address) (Spouse) John Jones, Washington, DC First District Bank, Washington, DC Liabilities divagnement アストン ORITOR certain relatives listed in instructions. or appliances; and liabilities owed to automobiles, household furniture a mortgage on your personal residence unless it is rented out; loans secured by See instructions for revolving charge Promissory note Mortgage on rental property, Delaware Mortgage (basement rental) Student Loan Type of Liability SCHEDULE Date Incurred None 2011 1999 Interest Rate 6.55 10% 4.0 898 0 Term if applicable on demand 25 yrs. 30 \$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*

9 V 4 w 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 Part II: Agreements Example *This category applies only if the liability is solely that of the filer's spouse or dependent children, with the spouse or dependent children, mark the other higher categories, as appropriate. Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00. Status and Terms of any Agreement or Arrangement or Arrangements of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.

None If the liability is that of the filer or a joint liability of the filer Doe Jones & Smith, Hometown, State Category of Amount or Value Parties Page Number \$1,000,001-\$5,000,000 (X) \$5,000,001 -0 \$25,000,000 None X \$25,000,001 7/85 Date Over \$50,000,000

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Reporting Individual's Name Mevis, Kathryn		SCHEDULE D		Page Number of	
Part I: Positions Held Outside U.S. Governmen Report any positions held during the applicable reporting period, whether compen- sated or not. Positions include but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of trustee, general partner, proprietor, or other business enterprise or any non-profit any corporation, firm, partnership, or other business enterprise	Outside U.S. Gover pplicable reporting period, whethe not limited to those of an officer, opresentative, employee, or consult other business enterprise or any n	72	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.	with religious, lonorary	
Organization (Name and Address)	(Address)	Type of Organization	Position Held	Yr.)	To (MoYr.)
Examples Doe Iones & Smith Homerown State	The same was seen and seen such seens seen seen	Non-prolit coucagon	Partner	-	1/00
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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 corporation, firm, partnership, or other business enterprise, or any other heed not report the U.S. G.	In Excess of \$5,00 pensation received by you or you directly by you during any one unes of clients and customers of usiness enterprise, or any other	ā :	by One Source Incumbent, Termination Filer, or Vice 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.	part if you are on Filer, or Vi ential Candida You None	e an ice
Source (Name and Address)	ddress)	Brief	f Description of Dutles		
Examples Doe Jones & Smith, Hometown, State Netro University (client of Doe Jones & Smith), Moneytown, State	h), Moncytown, State	Legal services Legal services in connection with university construction	action		1
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