

Date of Appointment, Candidacy Election, or Nomination (Month, Day, Year) 1-20-2009		Reporting Status (Check Appropriate Boxes) Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate <input type="checkbox"/>		Termination Date (If Applicable) (Month, Day, Year) Termination <input type="checkbox"/> 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 TCHOE		First Name and Middle Initial CHRISTINA		Department or Agency (If Applicable) EXEC OFFICE OF THE PRESIDENT		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 Chief of Staff to the First Lady (with counsel) on internal affairs		Telephone No. (include Area Code) 202-456-1414		2014		Termination Date (If Applicable) (Month, Day, Year)	
Location of Present Office (for forwarding address) 1600 PENNSYLVANIA AVE. WASHINGTON DC 20502		Title of Position(s) and Date(s) Held		Name of Congressional Committee Considering Nomination (Do You Intend to Create a Qualified Diversified Trust?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Signature of Reporting Individual [Redacted]	
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		Date (Month, Day, Year) 6/3/15		Signature of Other Reviewer	
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 Designated Agency Ethics Official/Reviewing Official John Mandard		Date (Month, Day, Year) 6/5/2015		Signature	
Other Review (if desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		Office of Government Ethics Use Only	
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		Date (Month, Day, Year)		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		Agency Use Only	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature		Date (Month, Day, Year)		OGE Use Only	

(Check box if filing extension granted & indicate number of days: _____)

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

Tchen, Christina M
 PUBLIC FINANCIAL DISCLOSURE REPORT
 SCHEDULE A

Assets and Income	Valuation of Assets										Income					Other Income (Specify Type & Actual Amount)							
	None (or less than \$1,001)	\$1,001-\$15,000	\$15,000-\$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	Over \$25,000,000	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	Over \$5,000,000	
BLOCK A																							
Northwestern Mutual Investment Services																							
Personal Variable Annuity																							
Small Cap Value (MSAJ Rowe Price)				X																			
Small Cap Growth Stock (MSA)				X																			
Northwestern Mutual Investment Services- DC																							
FDC Insured Bank Deposits	X																						
Washington Mutual Investors Fund CL A			X																				
DC Trust UAD 09/20/06																							
Held by Northwestern Mutual Investment Services																							
Dreyfus Ins Deposit Program I					X																		
American Balanced Fund Class A					X																		
Christina Tchen 1984 Trust U/A DTD 12/29/94																							
Held By Northwestern Mutual Investment Services																							
Dreyfus Ins Deposit Program I	X																						
Washington Mutual Investors Fund										X													
2005 Investment Partners, LLC*										X													
* See Attachment to Schedule A																							
F-V Investment Partners, LLC*										X													
Centro Wat America Reit 2	X																						
Ceres Venture Fund, L.P.										X													
Cit Private Bank Joint Checking	X																						
Citi Private Bank Personal Checking		X																					
Mentife Inc		X																					

Partnership distributive share of ordinary income and deductions

TCHEN, CHRISTINA
 PUBLIC FINANCIAL DISCLOSURE REPORT
 SCHEDULE B

Identification of Assets	Transaction Type			Date	\$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
	Purchase	Sale	Exchange												
Washington Mutual Investors Fund	X			9/26/14	X										
Washington Mutual Investors Fund	X			12/22/14		X									
Fidelity Advisor Floating Rate High	X			12/22/14	X										
Fidelity Advisor Strategic Income		X		9/30/14			X								
Fidelity Advisor Industrials Class A			X	5/20/14		X									
Fidelity Advisor Industrials Class 1			X	5/20/14		X									
Fidelity Advisor Industrials Class 1	X			9/8/14	X										
Fidelity Advisor Consumer Staples Fund Class A			X	5/20/14				X							
Fidelity Advisor Consumer Staples Fund Class 1			X	5/20/14				X							
Fidelity Advisor Consumer Staples Fund Class A	X			4/14/14	X										
Fidelity Advisor Consumer Staples Fund Class 1	X			12/22/14	X										
Invesco Global Real Estate Income Fund		X		3/13/14				X							
John Hancock Disciplined Value		X		3/18/14				X							
Pimco Commodities Plus Strategy Fund Class P		X		11/5/14				X							
Oppenheimer Developing Markets	X			12/8/14	X										
Pimco Commodities Plus Strategy Fund Class P	X			9/19/14	X										
Vanguard Mid-Cap Index Signal fund	X			12/22/14	X										
Vanguard Mid-Cap Index Signal fund			X	10/27/14				X							
American Balanced Fund Class A	X			12/24/14				X							
American Balanced Fund Class A		X		3/14/14											
American Balanced Fund Class A		X		12/4/14										X	
Pimco Commodities Plus Strategy Fund Class P	X			3/11/14											
Pimco Commodities Plus Strategy Fund Class A			X	3/11/14											
IRA - Ameriprise Financial Services, Inc															
Mainstay Unconstrained Bond Cl	X			2/1/14						X					
Transparent Value Directional	X			12/2/14						X					
Pimco Uncort Bond - A		X		11/11/14						X					
Dreyfus Appreciation Fund		X		12/2/14						X					

Reporting individual's Name: Christina Tchen Page Number: _____ of _____

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 accounts:

None

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.

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand	\$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
2						
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.	Doc, Jones & Smith, Homestead, State	7/85
2			
3			
4			
5			
6			

Reporting Individual's Name: Christina Tchen Page Number: _____ of _____

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.)			
	Non-profit education Law firm	Law firm			6/92	7/85	Present	1/00
1	NaCl Assn. of Rock Collectors, NY, NY Doc Jones & Smith, Hamstead, State			President Partner	6/92	7/85	Present	1/00
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 source (Name and Address) Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. Do not report the U.S. Government as a source. None

Examples	Source (Name and Address)		Brief Description of Duties
	Legal services	Legal services in connection with university construction	
1	Doc Jones & Smith, Hamstead, State Metro University (Client of Doc Jones & Smith), Monctown, State		
2			
3			
4			
5			
6			

Christina M. Tchen

ATTACHMENT TO SCHEDULE A

Underlying Assets for 2005 Investment Partners LLC and F-V Investment Partners LLC

2005 Investment Partners LLC

- Lake Capital Partners II LP, Expected Investment Fund

F-V Investment Partners LLC

- Fortress Investment Fund V (Fund D) LP, Expected Investment Fund