

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Election, or Nomination (Month, Day, Year)	12/18/2014	Reporting Status (Check Appropriate Box(es))	<input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report	2015	New Entrant, Nominee, or Candidate	<input type="checkbox"/>	Termination Filer	<input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)		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	Ulech												
Position for Which Filing	Deputy Assistant to the President for Energy and Climate Change												
Location of Present Office (or forwarding address)	1600 Pennsylvania Avenue, N.W., Washington, DC												
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Deputy Assistant to the President for Energy and Climate Change												
Presidential Nominees Subject to Senate Confirmation	Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No												
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.												
Other Review (If desired by agency)	Signature of Reporting Individual: [Signature] Date (Month, Day, Year): 4/22/16 Signature of Other Reviewer: [Signature] Date (Month, Day, Year): 6/10/2016												
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official: [Signature] Date (Month, Day, Year): 6/14/2016												
Office of Government Ethics Use Only	Signature: [Signature] Date (Month, Day, Year):												
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	(Check box if filing extension granted & indicate number of days) <input type="checkbox"/>												
												Agency Use Only	4/22/2016
												OGE Use Only	

SCHEDULE A

Page Number

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Reporting Individual's Name

Utech, Dan G.

Assets and Income		BLOCK B Valuation of Assets at close of reporting period												BLOCK C Amount								Other Income Type & Actual Amount	Date (Mo., Day, Yr.) Only if Honorary																						
		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		\$1,000,001 - \$25,000,000		\$25,000,001 - \$50,000,000				Over \$50,000,000																					
		None <input type="checkbox"/>	Central Airlines Common	Doe Jones & Smith, Hometown, State	Kempstone Equity Fund	IRA: Heartland 500 Index Fund																																							
																														Qualified Trust	Exempt Trust	Exempt Investment Fund	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																																													
2	E-Trade Bank Deposit - Cash account <i>pc</i>																																												
3	Senate Federal Credit Union - Cash account <i>pc</i>																																												
4	<i>SPDR S&P 500 ETF TRUST</i> Shares of SPY																																												
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

Utech, Dan G.

SCHEDULE A continued
 (Use only if needed)

Page Number

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income										Date (Mo., Day, Yr.) Only if Honoraria				
	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income														
	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	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*		\$1,000,001 - \$5,000,000	Over \$5,000,000		
Type	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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria								
1 Spouse																									
2 House Federal Credit Union																									
3 Poipu Vacation Timeshare																									
4 Allianz NFJ Div Val Fund																									
5 Amerifunds-Euro Pacific Growth R6																									
6 Amerifunds Growth Fund of America																									
7 Phoenix Stable Income Fund																									
8 American Beacon Large Cap Value																									
9 MFS Mass Inv Gr R2																									

* 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

Utech, Dan G.

SCHEDULE A continued
 (Use only if needed)

Page Number

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Assets and Income	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Amount										Date (Mo., Day, Yr.) Only if Honoraria						
	BLOCK B Valuation of Assets at close of reporting period										BLOCK C Amount																
	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)		
Type											Dividends	Rent and Royalties	Interest	Capital Gains													
1 Dreyfus Mid Cap Index Fund																											
2 Amer Funds Euro Pacific R3																											
3 Amer Funds Amer Balanced A																											
4 Managers AMGT Time Sq Mid Cap																											
5 CMFG Variable Life																											
6 - Large Cap Value																											
7 - Mid Cap Growth																											
8 TRP International Stock Fund																											
9																											

* 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.

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

Reporting Individual's Name

Utech, Dan G.

SCHEDULE B

Page Number

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Part I: Transactions

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.

Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

None

Identification of Assets	Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)														
			\$1,001 - \$15,000	\$15,001 - \$75,000	\$75,001 - \$100,000	\$100,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$10,000,000	\$10,000,001 - \$50,000,000	\$50,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
Example Central Airlines Common	Purchase	2/1/99	x														
1																	
2																	
3																	
4																	
5																	

* 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.

Part II: Gifts, Reimbursements, and Travel Expenses

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

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 instruction for other exclusions.

None

Source (Name and Address)	Brief Description	Value
Examples Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
1		
2		
3		
4		
5		

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.

Examples	Creditors (Name and Address)	Type of Liability
1	First District Bank, Washington, DC John Jones, Washington, DC	Mortgage on rental property, Delaware Promissory note
2		
3		
4		
5		

None

Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)
1991	8%	25 yrs	\$100,000 - \$150,000
1999	10%	on demand	\$100,000 - \$500,000
			\$500,000 - \$1,000,000
			\$1,000,000 - \$250,000
			\$250,000 - \$500,000
			\$500,000 - \$1,000,000
			\$1,000,000 - \$5,000,000
			\$5,000,000 - \$10,000,000
			\$10,000,000 - \$25,000,000
			\$25,000,000 - \$50,000,000
			\$50,000,000 - \$100,000,000
			\$100,000,000 - \$500,000,000
			\$500,000,000 - \$1,000,000,000
			Over

* 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, Hometown, State	7/85
2			
3			
4			
5			
6			

SCHEDULE D

Reporting Individual's Name
Utech, Dan G.

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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.

Examples	Organization (Name and Address)	Type of Organization	Position Held	None <input checked="" type="checkbox"/>	
				From (Mo., Yr.)	To (Mo., Yr.)
	Natl Assn. of Rock Collectors, NY, NY Doc Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1					
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

Examples	Source (Name and Address)	Brief Description of Duties
2		
3		
4		
5		
6		