OGE Form 278e (January 2018)

U.S. Office of Government Ethics; 5 C.F.R. part 2634 | Form Approved: OMB No. (3209-0001)

0.0.0	
Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	09/04/2018



# Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information	First Name	MI	Position	Agency
Last Name				OPM
Johnson	Kathryn	О.	Speechwriter, Office of Communications	OPINI
Other Federal Government l	Positions Held During the Preceding 12	2 Months:		
Name of Congressional Con	nmittee Considering Nomination (Non	ninees only):		
Filer's Certification - I certif	fy that the statements I have made in th	is report are true,	complete and correct to the best of my knowledge:	
Signature:			Date:	
Lattey	O. John		9/27/2018	•
		ontained in this rep	ort, I conclude that the filer is in compliance with app	licable laws and regulations
(subject to any comments be	elow)		D. /	
Signature:			Date:	
Geed	fement		9/28/18	
Other Review Conducted B	y:		,	
Signature:			Date:	
U.S. Office of Government	Ethics Certification (if required):	••	1	
Signature:		······································	Date:	
			•	
Comments of Reviewing O	fficials:			
				•

		de account numbe	rs, street addresses, or family	member names. See instructions for re	quirea información.	
Fil	er's Name	Page Number				
Pa	art 1: Filer's Positions Held Outs	ide United State	s Government			
#		City/State	Organization Type	Position Held	From	То
1.	In Pursuit Of, LLC	Arlington, VA	LLC	Digital Content Specialist	May 2017	August 2018
2.	NRSC (National Republican Senatorial Committee)	Washington, DC	Campaign Committee	Lead Copywriter	March 2015	May 2017
3.						
4.						
5.						
6.						
7.	s.					
8.						
9.						
10	).					
11						
12	2.					
13	3.					
14	4.					
15	5.			A SAN AND AND AND AND AND AND AND AND AND A		
16	5.					
17	7.					
18	3.			ALEXANDER OF THE PROPERTY OF T		
19	9.					

	te: This is a public form. Do not include account numbe	rs, stree	et addresses, or family mer	nber names. See instru	ictions for required informa	
File	er's Name					Page Number
Pa	rt 2: Filer's Employment Assets & Income and R	etiren	ent Accounts			
#	Description	EIF	Value	Income Type	Income Amount	
	Freedom Partners Chamber of Commerce (now In Pursuit Of, LLC) 401K Plan:					
2.	Principal LifeTime Hybrid 2055 Fund	Υ	\$1,001 - \$15,000	Dividends	\$1,001 - \$2,500	
3.	In Pursuit Of, LLC			Salary		\$72,000
4.	NRSC			Salary		\$17,500
5.						
6.						
7.						
8.						
9.						
10.	·					
11.						
12.						
13.				:		
14.						
15.						
16.						
17						
18	•					
19						
20						,

Instructions for Part 3

Problem form. Do not include account numbers, street addresses, or family member

	er's Name	20 HOC MOINAGE AC	count numbers, street addresses, or family member names. See instructions for required informat	age Numb	er
				~	
Pa	rt 3: Filer's Employn	nent Agreement	ts and Arrangements		
#	Employer or Party	City/State	Status and Terms		Date
1.	Freedom Partners Chamber of Commerce (now In Pursuit Of, LLC)	Arlington, VA	I have a 401K plan with this former employer. Neither former employer nor I contribute to the plan any longe	er.	05/2017
2.					
3.					
4.					
5.					
6.	1				
7.			·		
8.					
9.					
10					
11					
12				,	

Instructions for Part 4

s. street addresses, or family member names. See instructions for required information

	er's Name  Page Number  Page Number							
1.116	27 2 1 value			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Pο	rt 4: Filer's Sources of Compensa	ation Exceeding	\$5,000 in a Vear					
		City/State	Brief Description of Duties	-				
1.	In Pursuit Of, LLC	Arlington, VA	Digital Content Writer					
2.	NRSC	Washington, DC	Copywriter	- California de la Cali				
3.								
4.								
5.								
6.				44000				
7.				Will War				
8.	-			A Harvest III				
9.								
10.								
11.								
12.								
13.	•							
14.								
15.	•							
16.								
17								
18.								
19.	-		·					
20.	-							

No	ote: This is a public form. Do not include account numbe	rs, stre	et addresses, or family memb	er names. See instruct	ions for required informati	on.
	er's Name					Page Number
Pa	art 5: Spouse's Employment Assets & Income and	l Retir	ement Accounts			
#	Description	EIF	Value	Income Type	Income Amount	
1.	NONE					
2.						
3.						
4.						
5.						
6.						
7.						
8.			:			
9.						
10	).					
11						
12	2.					
13	3.					
14						
15	5.					
16						
17						
18						
19						
20	0.					

# <u>Instructions for Part 6</u>

	te: This is a public form. Do not include account number	s, stree	t addresses, or family membe	er names. See instructi	ions for required informati	on.			
File	er's Name					Page Number			
Pa	art 6: Other Assets and Income								
		EIF	Value	Income Type	Income Amount				
	NONE								
					——————————————————————————————————————				
2.									
3.									
4.				·					
5.									
٧.									
6.									
7.						*			
/.						•			
8.									
_									
9.									
10.			1.i.d.)(#*						
				<b></b>					
11.									
12.									
13.	•								
14.									
		<u> </u>							
15.									
16									
17	·								
18		<del>                                     </del>							
19									
20		+							
Ľ۷	'	1			<u>"</u>				

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

File	ler's Name  Page Number							
_								
	rt 7: Transactions							
#		Туре	Date	Amount				
1.			·					
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.	THE RESERVE AND ADDRESS OF THE PROPERTY OF THE							
10.								
11.				1.50				
12.								
13.								
14.								
15.								
16.								
17.	•							
18.	•							
19.								
20.	·							

	te: This is a public form. Do not include	e account numbers, street add	dresses, or family member names.	. See instructions for	required informa	
File	er's Name					Page Number
Pa	rt 8: Liabilities					
#	Creditor Name	Туре	Amount	Year Incurred	Rate	Term
1.	Great Lakes Borrower Services	Student Loan	\$15,001 - \$50,000	2010	6.550% fixed	15 years
2.						
3.						
4.						
5.						
6.						
7. 8.						
8. 9.					-	
10.						
11.						
12						
13	·					
14					nia	
15						
16						
17	•					
18						
19						
20	•			***************************************		

OGE Form 278e (January 2018)

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.						
File	er's Name			Page Number		
	rt 9: Gifts and Travel Reimbi					
#	Source Name	City/State	Brief Description		Value	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.				**************************************		
12.					:	
13.						
14.	-					
15.				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
16.						
17.						
18.						
19.						
20.						