

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Reporting Status (Check Appropriate Boxes)	Incumbent <input checked="" type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
01/20/2001			2001			
Reporting Individual's Name	Last Name		First Name and Middle Initial			
	Mehlman		Kenneth B.			
Position for Which Filing	Title of Position		Department or Agency (If Applicable)			
	Director of Political Affairs		WHO			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)		
	The White House, EEOB 100, Washington, DC 20502			[REDACTED]		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held					
	Deputy Assistant to the President and Director of Political Affairs					
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination			Do You Intend to Create a Qualified Diversified Trust?		
	Not Applicable			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Certification</b>						
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			Date (Month, Day, Year)		
	Keith Brunel			5/15/02		
Other Review (If desired by agency)	Signature of Other Reviewer			Date (Month, Day, Year)		
Agency Ethics Official's Opinion <small>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).</small>	Signature of Designated Agency Ethics Official/Reviewing Official			Date (Month, Day, Year)		
	Maurice L. Egan			5/24/02		
Office of Government Ethics Use Only	Signature			Date (Month, Day, Year)		
	[Signature]			AUG - 5 2002		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)						
* Amendments made with permission of filer - B. Farahati 5/17/02 + 5/24/02 (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>						
& Amendments made pursuant to telephone conversation with Britta Farahati 7/3/02 (P. 2 #s 1+4+6, P. 3 #s 1+2) D.A. 7/3/02 (Check box if comments are continued on the reverse side) <input type="checkbox"/>						
<b>Agency Use Only</b>						
5/15/02						
OGE Use Only JUN 14 2002						

**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 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.

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Reporting Individual's Name <b>Mehlman, Kenneth B.</b>	<b>SCHEDULE A</b>	Page Number 2 of 7
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Assets and Income	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 A	BLOCK B							BLOCK C														
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.  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 your spouse).  None <input type="checkbox"/>	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	Over \$1,000,000*	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Dividends	Interest	None (or less than \$201)	\$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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria
Examples	Central Airlines Common		x						x											Law Partnership Income \$130,000		
	Doe Jones & Smith, Hometown, State								x													
	Kempstone Equity Fund								x													
	IRA: Heartland 500 Index Fund								x													
1	Invesco Financial Services Fund		x						x		x											
2	Vanguard Index 500 Fund		x						x		x											
3	Vanguard Health Care Fund		x						x		x											
4	American Funds Investment Company of America Fund*			x					x		x											
5	Akin, Gump, Strauss 401 (k): No Income (See Below)																					
6	-Navellier Aggressive Growth		x						x		x											

\* 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 <b>Mehlman, Kenneth B.</b>	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 3 of 7
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Assets and Income	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 A	BLOCK B							BLOCK C									
									Type			Amount				Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
									Dividends	Interest	None (or less than \$201)	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000		
1	x							x		x							
2	x							x		x							
3								x								Salary	
4																\$5419	
5																	
6																	
7																	
8																	
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

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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

Line Item	Identification of Assets	Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)										Certificate of divestiture		
				\$1,001 - \$1,500	\$1,500.001 - \$50,000	\$50,000.001 - \$100,000	\$100,000.001 - \$100,000	\$100,000.001 - \$250,000	\$250,000.001 - \$500,000	\$500,000.001 - \$1,000,000	\$1,000,000.001 - \$5,000,000	\$5,000,000.001 - \$25,000,000	\$25,000,000.001 - \$50,000,000		\$50,000,000.001 - \$1,000,000,000	
Example	Central Airlines Common	S	2/1/99													
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 \$260, and (2) travel-related cash reimbursements received from one source totaling more than \$260. 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 \$104 or less. See instructions for other exclusions.

None

Line Item	Source (Name and Address)	Brief Description	Value
Examples	Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)	\$300
1			
2			
3			
4			
5			

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

Reporting Individual's Name Mahlman, Kenneth B.	<b>SCHEDULE B continued</b> (Use only if needed)	Page Number 5 of 7
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**Part I: Transactions**

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)										
		Purchase	Sale	Exchange		\$1001 - \$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 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000	Certificate of divestiture
1																
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3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																

\*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.

Reporting Individual's Name <b>Mehman, Kenneth B.</b>	<b>SCHEDULE C</b>	Page Number 6 of 7
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**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

Creditor (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)										
					\$15,001 - \$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 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000		
<i>Examples</i> First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.											
John Jones, 123 J St., Washington, DC	Promissory note	1999	10%	on demand											
1															
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

Status and Terms of any Agreement or Arrangement	Parties	Date
<i>Example</i> 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
1 * 401k plan - no further contributions from Akin, Gump	Akin, Gump, Strauss, Hacer & Feld	6/99
2		
3		
4		
5		
6		

\*check mark was removed from "none" box

Reporting Individual's Name Mehlman, Kenneth B.	<b>SCHEDULE D</b>	Page Number 7 of 7
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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. check mark indicated  
\*  None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1	* Republican National Committee	Non-profit	Consultant	12/00	1/01
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 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. Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.  
None

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