## OGEFORM 278 (Rev. 12/2011). Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

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		Comments of Reviewing Officials (H	Use Only	Office of Government Ethics	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).	Agency Ethics Official's Opinion	(If desired by agency)	Other Review	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.	Certification	to Senate Confirmation	1	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Office g address)	Location of	Filing	7	Individual's Name		Date of Appointment, Candidacy, Election, or Nomination (Worth, Day, Year)
(Check b	(Check box if filing exten	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Signature	Bachel Bauel	Signature of Designated Agency Ethics Official/Reviewing Official	Alch and	Signature of Other Reviewer		Signature of Reporting Individual	Not Applicable	Name of Congressional Committee Considering Nomination	Title of Position(s) and Date(s) Held Senior Policy Director for Immigration, White House Office, Domestic Policy Council, May 2012-2014 Sernior Policy Advisor, White House Office, Domestic Policy Council, January 2010 - May 2012	708 Jackson Place, Washington, DC 20506	Address (Number, Street, City, State, and ZIP Code)	Special Assistant to the President for Immigration Policy	Title of Position	Escobar	ane	Reporting Incumbent Calendar Year Status Covered by Report Nomi (Check Appropriate Roxes) 2015
(Check box if comments are continued on the reverse side)	(Check box if illing extension granted & indicate number of days ————)	26()		Date (Month, Day, Year)	5/9/16	ficial Date (Month, Day, Year)	05/02/16	Date (Month, Day, Year)	4/15/16	Date (Month, Day, Year)	Yes X No	Do You Intend to Create a Qualified Diversified Trust?	mestic Policy Council, May 2012-2014 Souncil, January 2010 - May 2012	202-456-3496	Telephone No. (Include Area Code)	White House Office, Domestic Policy Council	Department or Agency (If Applicable)	Felicia A	First Name and Middle Initial	New Entrant, Termination Termination Date (If Appli- Nominee, or Filer Cable) (Month, Day, Year) Candidate
OGE Use Only	Agency Use Only	the preceding two calendar years and the current calendar year up to the date	arrangements as of the date of filing.  Schedule D The reporting period is	Arrangements) Show any agreements or	any date you choose that is within 31 days of the date of Illing.	reporting period is the preceding calendar	Schedule B-Not applicable.  Schedule C. Part I (Liabilities)-The	as of any date you choose that is within 31 days of the date of filing.	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	AICE LICOINCHIL	Nominees, New Entrants and Candidates for President and	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	where you must also include the filing year up to the date you file, Part II of Schedule D is not applicable.	Il of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	נו מי סביסט זינייי	than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee	filed, or, if an extension is granted, more	

Reporting Individual's Name Escobar, Felicia A											S			HEDULE																	2 of 7
Assets and Income		يو	C<	alu ose	ofat	ref	Valuation of Assets at close of reporting period	ing	se pe	rio	ď					CI	Income checked,	kec		ypo	the	r e		oun / is	t. I	ede	d i	e (c	ocl	SSS	type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item.
BLOCK A					ы	BLOCK B	КВ																BL	BLOCK C	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.			)	00	000	000	0,000	T.	000,000	,000,000	0,000,000	)	ent Fund				Type	pe		n \$201)						00 0,000 and	0,000	nt	000,000		Other
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 (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25,	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investm	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less that	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,00	\$50,001 - \$100,0	\$100,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	Over \$5,000,000	Type & Actual Amount)
Central Airlines Common	推炼	LONGER		×												×						×			14						   
Examples Doe Jones & Smith, Hometown, State		1	×			$\Box$				-												İ									Law Partnership Income \$130,000
Kempstone Equity Fund				Πİ	×	$\Box$	П						×				13					i	×							أليا	     
IRA: Heartland 500 Index Fund				Π	34		×					-Enreph	×						4		9.80		1000	×							
Bank of America Saving Account	-			×													of a large			×											
<sup>2</sup> IRA: Fidelity Investments ADV Freedom 2035 - Class A		×	7. 15kc e/										X		Na.	NAME AND ADDRESS OF THE PARTY O				X									200		
3 Lincoln Financial Services - LVIP SSGA S&P		×			PTE								X								X		4 . 7								
4 Lincoln Financial Group – LVIP SSGA Small-Cap Index		×											X							X	graf ( )		digital const								
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0		eus letter.							1		- , 12																				

	U.S. Office of Government Ethics Reporting Individual's Name Escobar, Felicia A  Assets and Income
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Escobar, Felicia A	SCHEDULE B	JLE B			2 10 10 10 10 10 10 10 10 10 10 10 10 10		Page Number	tber 4 of 7	
Part I: Transactions Report any purchase, sale, or exchange	Do not report a transaction involving  Property used solely as your personal	None X							
children during the reporting period of any	any	Transaction Type (x)	1	П	,	Amount of	Amount of Transaction	(x)	
real property, stocks, bonds, commonly 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 000. to indicate sales made pursuant to a certificate of divestiture from OGE.	urchase	Date (Mo., Day, Yr.)	,001 - 5,000 5,001 -	60,000 60,001 - 00,000 -	250,000 250,001 - 600,000 500,001 -	/er ,000,000* ,000,0001 -	5,000,001 - 25,000,000 5,000,001 - 0,000,000	ertificate of vestiture
Identif	Identification of Assets	S		\$	S: S:	\$2 \$3	\$ 0 \$1 \$1	\$2 \$5	S:
Example   Central Airlines Common		×	2/1/99		×		100		
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<sup>\*</sup>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

authority, etc. For travel-related gifts and reimbursements, include travel itinerary, as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory 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 dates, and the nature of expenses provided. Exclude anything given to you by than \$350. For conflicts analysis, it is helpful to indicate a basis for receipt, such (2) travel-related cash reimbursements received from one source totaling more

Examples

Frank Jones, San Francisco, CA Nat'l Assn. of Rock Collectors, NY, NY

Leather briefcase (personal friend)

Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)

**Brief Description** 

Source (Name and Address)

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally 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 independent of their relationship to you; or provided as personal hospitality at for other exclusions.

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\$500 Value

\$385

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Reporting Individual's Name Escobar, Felicia A  Part I: Transactions	ns	SCHEDULE (Use only			B contin	B continue if needed)  Transaction Type (x)	B continued  If needed)  Transaction Transaction Type (x) Date	B continued  if needed)  Transaction Type (x)  Date	B continued  if needed)  Transaction Type (x)  Date	B continued  If needed)  Transaction Type (x)  Date	B continued  If needed)  Transaction Type (x)  Date	B continued  If needed)  Transaction Trype (x)  Date  One of the continued	B continued  If needed)  Transaction Transaction Type (x)  Date  Office  Date  Office  Date	B continued  'if needed)  Transaction Transaction Type (x)  Date  Office  Date  Office  Date	B continued  'if needed)  Transaction Transaction Type (x)  Date  Office  Date  Office  Date	If needed)  Transaction Transaction Type (x)  Date  Order  Date  Date  Date  Date  Date  Date  Transaction (** 50 00 00 00 00 00 00 00 00 00 00 00 00	B continued  Fage Number  For  Transaction  Transaction  Trype (x)  Date  Amount of Transaction (x)	If needed)  Transaction Type (x)  Date  Date  Amount of Transaction (x)  One of the continued for the continue of the continue	If needed)  Transaction Type (x)  Date  Date  Amount of Transaction (x)  One of the continued for the
	Identification of Assets		Purchase	Purchase Sale	Purchase Sale Exchange	Purchase Sale Exchange Date Day, Yr.)		Day, Yr.) \$1,001 - \$15,000 \$15,000	Date (Mo., Date \$1,001 - \$15,000 \$15,001 -	\$1,001 - \$15,000 \$50,000 \$15,000 - \$100,000 \$100,000 -	\$1,001 - \$15,000 \$15,000 - \$50,000 - \$100,001 - \$250,000	\$1,001 - \$15,000 \$15,000 \$50,000 \$50,001 - \$100,000 \$250,000 \$250,000 \$500,001 - \$500,000 \$500,001 -	\$1,001 - \$15,000 \$15,000 \$50,000 \$50,001 - \$100,000 \$250,000 \$250,000 \$500,001 - \$100,000 \$500,001 - \$1,000,000	\$1,001 - \$15,000 \$15,000 \$50,000 \$50,001 - \$100,000 \$250,000 \$250,000 \$500,001 - \$500,000 \$500,001 -	\$1,001 - \$15,000 \$15,001 - \$50,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,000 - \$1,000,000	\$1,001 - \$15,000 \$15,000 \$15,000 \$50,001 - \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$500,001 - \$1,000,000 \$1,000,000 - \$1,000,000	\$1,001 - \$15,000 \$15,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$5,000,001 - \$25,000,000	\$1,001 - \$15,000 \$15,000 \$50,001 - \$100,000 \$250,001 - \$500,001 - \$500,001 - \$1,000,000 \$1,000,000 - \$5,000,000 - \$5,000,000 - \$5,000,000 - \$25,000,000 - \$25,000,000 - \$25,000,000 - \$25,000,000 -	\$1,001 - \$15,000 \$15,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000 \$5,000,001 - \$25,000,000
1	Identification of Assets		Pu		Sa	Sa	Sa Ex	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Se   E   Se   Se   Se   Se   Se   Se	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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Reporting Individual's Name	00	CHED	- 1							Page 1	Page Number	er		
Escobar, Felicia A	U	SCHEDOLE	0770									60	-	of 7
Part I: Liabilities	a mortgage on your personal residence	None	<u>1. 13.</u>											
Report liabilities over \$10,000 owed to any one creditor at a nv time	unless it is rented out; loans secured by						Category of Amount or Value	y of Aı	nount	or Val	lue (x)	Ĭ		
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	,			0,001 - 5,000 5,001 -	0,000 0,001 - 00,000	00,001- 50,000	50,001 - 00,000	00,001 - 000,000	er 000,000*	000,001- 000,000	000,001 - 5,000,000		5,000,001 -
Creditors (Name and Address)	Type of Liability	Date Incurred	Rate	applicable	\$15	\$50				91,				
First District Rank Washington DC	Mortoage on rental property. Delaware	1991	8%	25 yrs.		×						H	- 1	
Examples John Jones, Washington, DC	Promissory note	1999	10%	on demand				×		li				
U.S. Department of Education	Student Loan	2010	6.75%	20 years		X				UE				
Wells Fargo Bank	Student Loan	2010	6.55%	10 years	×									
3 U.S. Department of Education (EdFinancial Services)	Student Loan	2007	6.55%	10 years	X								100000000000000000000000000000000000000	
4 Navient	Student Loan	2003	3.5%	20 years	X								V. S. C. V. S. C. V.	
5												70 / 20 - X		
*This category applies only if the liability is s with the spouse or dependent children, mark	*This category applies only if the liability is solely that of the filer's spouse or dependent children. If the liability is that of t with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the l	iability is tl	nat of the fi	he filer or a joint liability of the filer	nt liabii	ity of t	he file					1	
Part II: Agreements or	Arrangements	) 		A) future		C	) ;		1 1		<del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del> <del>1</del>		3	2
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continution of payment by a former employer (including severance payments); (3) leaver	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 absering of n	nce; and ( egotiation	of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits.  Non	employmo	ent. Se urrang	e instr ement	uctio s or b	ns reg enefi	gardii ts.	ng th	1е ге	l libo	None
Status and Te	Status and Terms of any Agreement or Arrangement						Parties	S						_
Pursuant to partnership agreement, calculated on service performed thro	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	artnership sh	lare	Doe Jones	& Smith, Hometown, State	ometowi	ı, State						1	
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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, any corporation, firm, partnership, or other business enterprise or any non-profit trustee, general partner, proprietor, representative, employee, or consultant of U 4 Part I: Positions Held Outside U.S. Government 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 Part II: Examples Escobar, Felicia A Reporting Individual's Name Examples corporation, firm, partnership, or other business enterprise, or any other Doe Jones & Smith, Hometown, State

Metro University (client of Doe Jones & Smith), Moneytown, State Doe Jones & Smith, Hometown, State Nat'l Assn. of Rock Collectors, NY, NY Compensation in Excess of \$5,000 Paid Organization (Name and Address) Source (Name and Address) Non-profit education Law firm Legal services in connection with university construction Legal services SCHEDULE organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary 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. by One Source non-profit organization when Type of Organization U **Brief Description of Duties** President Partner Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate. Position Held Page Number From (Mo., Yr.) 7/85 of. None None 7 To (Mo., Yr.) 1/00 Present X