

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		01/20/2009		Reporting Status (Check Appropriate Boxes)	<input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report	2015	New Entrant, Nominee, or Candidate	<input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name		Munoz		First Name and Middle Initial		Cecilia		Department or Agency (If Applicable)		Domestic Policy Council	
Position for Which Filing		Assistant to the President		Title of Position		Domestic Policy Council		Telephone No. (Include Area Code)		202-456-1414	
Location of Present Office (or forwarding address)		1600 Pennsylvania Ave		Address (Number, Street, City, State, and ZIP Code)		202-456-1414		Telephone No. (Include Area Code)		202-456-1414	
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Director, Domestic Policy Council		Title of Position(s) and Date(s) Held		Director, Domestic Policy Council		Do You Intend to Create a Qualified Diversified Trust?		<input checked="" type="checkbox"/> No	
Presidential Nominees Subject to Senate Confirmation		Not Applicable		Name of Congressional Committee Considering Nomination		Not Applicable		Do You Intend to Create a Qualified Diversified Trust?		<input type="checkbox"/> Yes	
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 Reporting Individual		[Redacted Signature]		Date (Month, Day, Year)		5/9/2016	
Other Review (If desired by agency)		Signature of Other Reviewer		Date (Month, Day, Year)		[Redacted Signature]		Date (Month, Day, Year)		5/9/16	
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)		[Redacted Signature]		Date (Month, Day, Year)		5/9/16	
Office of Government Ethics Use Only		Signature		Date (Month, Day, Year)		[Redacted Signature]		Date (Month, Day, Year)		5/9/16	
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 \_\_\_\_\_)

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

**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  
 Munoz, Cecilia

## SCHEDULE C

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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

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)												
						\$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*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		
1	Wells Fargo	co-signed student loan for Alejandra Millies (nee Davila)	2005	6.17	25 yrs. on demand	X												
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
Example	Pursuant to partnership agreement, will receive jump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doc Jones & Smith, Hometown, State	7/85
1	upon resignation, continued participation in retirement plans - no further contributions	National Council of La Raza	09/88
2	Lincoln Financial Group		
3	AXA Equitable		
4	American United Life Insurance Company		
5			
6			



Reporting Individual's Name  
 Munoz, Cecilia

**SCHEDULE D**

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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.

None

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples	Nat'l 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					
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

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

