ogeForm 278 (Rev. 12/2011) Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT 5 C.F.R. Part 2654 U.S. Office of Government Ethics

Form Approved: OMB No. 3209 - 0001

OGE Use Only	(Check box if comments are continued on the reverse side)	(Check box if co	
Agency Use Only	F		
of filing.	(Check box if filing extension granted & indicate number of days)	(Check box if filing extension gr	
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officia
arrangements as of the date of filing.		HILO	Use Only Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month, Day, Year)	Signat	any comments in our pox perows.
any date you choose that is within 31 days of the date of filing.	5/9/16	this offence and the state of t	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to
Schedule C, Part I (Liabilities)—The reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion
Schedule B-Not applicable.			(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Signature of Other Reviewer	Other Review
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	5/9/2016	TOTAL VE	I CENTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month. Day, Year)	Signature of Reporting Individux	Certification
Candidates for President and		INDE Opplication	C C C C C C C C C C C C C C C C C C C
Noninees New Entrants and	Yes X No	Not Applicable	Presidential Nominees Subject to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination	
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends of the date of fermination.	e e	Title of Position(s) and Date(s) Held Director, Domestic Policy Council	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-456-1414	1600 Pennsylvania Ave	Present Office (or forwarding address)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Togation of
Reporting Periods Incumbents: The reporting period is	Domestic Policy Council	Assistant to the President Domest	Position for Which Filing
10 % 3 Z 0 0 Tee:	Department or Agency (If Applicable)	Title of Position Depart	
than 30 days after the last day of the filing extension period, shall be subject		Munoz	Individual's Name
filed, or, if an extension is granted, more	First Name and Middle Initial	Last Name First Na	
Any individual who is required to file this report and does so more than 30 days after the date the renort is required to he		Status (Check Appropriate Stoxes) Overred by Report 2015	or Nomination (Month, Dav. Year) 01/20/2009
Eeo for late Eiling	Termination	7	Date of Appointment Candidacy Fled

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This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	AXA Moderate Allocation	AXA Equitable Equi-Vest - Multimanager Aggressive Equity		- LVIP Special Opportunities	Lincoln Financial Group - LVIP Delaware Social Awareness	Axa Equitable Guaranteed Interest Account	IRA: Heartland 500 Index Fund	Kempstone Equity Fund	Doe Jones & Smith, Hometown, State	Central Airlines Common	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).	BLOCK A	Assets and Income		Reporting Individual's Name unoz, Cecilia	U.S. Office of Government Ethics
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and Travel

Expenses

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 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

Part II: Gifts, Reimbursements,

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 received from relatives; received by your spouse or dependent child totally for other exclusions. the U.S. Government; given to your agency in connection with official travel;

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					Frank Jones, San Francisco, CA	Examples Nat'l Assn. of Rock Collectors, NY, NY	Source (Name and Address)
						(personal activity unrelated to duty)	Brief Description
	1				\$385	\$500	Value

by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

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Reporting Individual's Name Munoz, Cecilia Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by
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.
Creditors (Name and Address)	Type of Liability
Examples John Jones, Washington, DC	Promissory note
1 Wells Fargo	co-signed student loan for Alejandra Miiles (nee Davila)
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*This category applies only if the liability is with the spouse or dependent children, mar	*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	or Arrangements
Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuition of payment by a former employer (including severance payments); (3) leav	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
Status and Te	Status and Terms of any Agreement or Arrangement
Example Pursuant to partnership agreement, calculated on service performed thr	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through $1/00$.
upon resignation, continued participation in retirement plans - no further contributions	ent plans - no further contributions
2 Lincoln Financial Group	
3 AXA Equitable	
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						Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Source (Name and Address)	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	art II: Compensation						Examples Doe Jones & Smith, Hometown, State	Nat'l Assn. of Rock Collectors, NY, NY	Organization (Name and Address)	Part I: Positions Held Outside U.S. Governmen 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	Munoz, Cecilia	Reporting Individual's Name
						ith), Moneytown, State	Address)	pensation received by you or you directly by you during any one and ames of clients and customers of business enterprise, or any other	in Excess of \$5,00							THE STREET COUNTY	nd Address)	Outside U.S. Government pplicable reporting period, whether compennot limited to those of an officer, director, presentative, employee, or consultant of other business enterprise or any non-profit		
						Legal services in connection with university construction	Bri	ır year of any	Part II: Compensation in Excess of \$5,000 Paid by One Source						Law firm	Non-profit education	Type of Organization	at 1	SCHEDULE D	
	E.					uction	Brief Description of Duties	ayn	Do not complete this part if you are an						Partner	President	Position Held	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.		
								You No	part if you						7/85		From (Mo., Yr.)	s with religious, honorary No	9 of	Page Number
						9		ndidate.	are an						1/00	Present	To (MoYr.)	us, None 🗙	9	