

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 10/30/2015	Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report 2015	Termination Date (If Applicable) (Month, Day, Year)	Reporting Individual's Name Williams Erica	Title of Position Department or Agency (If Applicable)
Position for Which Filing	Special Assistant to the President and Associate Counsel White House		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.		
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue, NW, Washington, DC 20502		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.		
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		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.		
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination Not Applicable		Nominees, New Entrants and Candidates for President and Vice President:		
Certification	Signature of Reporting Individual 		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.		
Other Review (If desired by agency)	Signature of Other Reviewer 		Schedule B--Not applicable.		
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official 		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.		
Office of Government Ethics Use Only	Signature 		Schedule C, Part II (Agreements or Arrangements)--Show any agreements or arrangements as of the date of filing.		
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 _____) <input type="checkbox"/>					
(Check box if comments are continued on the reverse side) <input type="checkbox"/>					
Agency Use Only					
OGE Use Only					

Reporting Individual's Name
 Williams, Erica Y

SCHEDULE A

Page Number

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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"/>	Valuation of Assets at close of reporting period								Type	Amount									Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria									
	None (or less than \$1,001)	\$1,001 - \$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*		Over \$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties			Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000

Examples	Central Airlines Common																																										
	Doe Jones & Smith, Hometown, State			x																																							
	Kempstone Equity Fund				x																																						
	IRA: Heartland 500 Index Fund						x																																				

1	American Funds Europacific Growth Fund CL F-2, AEPFX																																																	
2	Growth Fund America CL F-1, GFFFX																																																	
3	Blackrock Mid Cap Value Equity Instl, CMVIX																																																	
4	Columbia Acorn Select Fund Class Z, ACTWX																																																	
5	Dreyfus Intl Funds Inc. Emerging Markets fund, DREPX																																																	
6	Managers Fund Bonds Fund Instl, MGBIX																																																	

* 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
 Williams, Erica Y

SCHEDULE A continued
 (Use only if needed)

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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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria														
											Amount																					
1 Touchstone Strategic TR Value Fund CL, Y, TVL YX																																
2 Hartford Mutual Funds Floating Rate Fund Class I, HFLLX																																
3 Cisco Systems, Inc., CSCO																																
4 Eagle Small Cap Growth Fund, HSIIX																																
5 Gap, Inc., GPS																																
6 Rental Property, Arlington, VA																																
7 IShares MSCI EAFE Index Fund, EFA																																
8 Liberty All-Star Equity Fund, USA																																
9 Oracle Corporation, ORCL																																

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Reporting Individual's Name
Williams, Erica Y.

SCHEDULE A continued

(Use only if needed)

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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 B										BLOCK C										Date (Mo., Day, Yr.) Only if Honorary																
											Type		Amount									Other Income (Specify Type & Actual Amount)															
	None (or less than \$1,001)	\$1,001 - \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)			\$201 - \$1,000	\$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*	\$1,000,001 - \$5,000,000	Over \$5,000,000					
	BLOCK A																																				
1	PIMCO FDS PAC Investment Mgmt Total Return Fund CL A, PTTAX			X								X								X																	
2	TCW FDS Inc Relative Value Large Cap Fund CL I, TGDIX			X								X								X																	
3	Touchstone Institutional FDS TR Sands Cap Instl Growth Fund, CISGX			X								X								X																	
4	Touchstone Strategic TR Focused Fund CL, Y, TFFVX		X									X								X																	
5	Wells Fargo FDS TR Advantage Endeavor Select Fund CL I, WFCIX			X								X								X				X													
6	iShares S&P 500 Growth Fund, IVW				X								X							X																	
7	Virginia Beach Schools Federal Credit Union Smarchoice Money Market Account				X															X																	
8	Virginia Beach Schools Federal Credit Union Primary Savings Account				X															X																	
9	Virginia Beach Schools Federal Credit Union, Prime Share Account				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
 Williams, Erica Y.

SCHEDULE A continued
 (Use only if needed)

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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria															
	BLOCK B										BLOCK C																										
	Type										Amount																										
	None (or less than \$1,001)	\$1,001 - \$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	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$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*	\$1,000,001 - \$5,000,000	Over \$5,000,000							
1 Department of Labor Credit Union, checking account			X																	X																	
2 University of Wisconsin Credit Union, IRA 60-month certificate of deposit		X																		X																	
3 University of Wisconsin Credit Union, IRA 60-month certificate of deposit		X																		X																	
4 University of Wisconsin Credit Union, savings account		X																		X																	
5 University of Wisconsin Credit Union, checking account				X																X																	
6 University of Wisconsin Credit Union, IRA 3-month certificate of deposit				X																X																	
7 Wisconsin Education Association Council Retirement and 401(k) Plan, High Growth Port.					X																	X															
8 Vanguard Institutional Index, VINIX			X																	X																	
9 Suntrust Bank, Checking Account		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
 Williams, Erica Y.

SCHEDULE A continued
 (Use only if needed)

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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.			Date (Mo., Day, Yr.) Only if Honoraria									
	BLOCK B								BLOCK C												
BLOCK A	BLOCK B								Type	Amount						Other Income (Specify Type & Actual Amount)					
	None (or less than \$1,001)	\$1,001 - \$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*	None (or less than \$201)	\$201 - \$1,000	\$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*	\$1,000,001 - \$5,000,000	Over \$5,000,000	
1 Goldman Sachs TR Strategic International Equity Fund, GSIXX	X									X											
2																					
3																					
4																					
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

Reporting Individual's Name: Williams, Erica Y Page Number: 7 of 9

SCHEDULE B

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.

None

Example	Central Airlines Common	Identification of Assets	Transaction Type (X)	Date (Mo., Day, Yr.)	Amount of Transaction (X)												
					\$1,001 - \$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	Certificate of divestiture	
1	Hartford Mutual Funds Floating Rate Fund Class I, HFLIX		X	2/1/99			X										
2	Goldman Sachs TR Strategic International Equity Fund, GSIKX		X	12/15/15			X										
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 \$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 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 \$140 or less. See instructions for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
1	Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$385
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
 Williams, Erica Y

SCHEDULE B continued
 (Use only if needed)

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Part I: Transactions

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Identification of Assets	Transaction Type (x)			Date (Mo., Yr.)	Amount of Transaction (x)													
		Purchase	Sale	Exchange		\$1,001 - \$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	Certificate of divestiture		

*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
 Williams, Erica Y

SCHEDULE C

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)															
						1991	1999	8%	10%	25 yrs.	on demand	15 yrs	\$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
1	Penny Mac Mortgage Company	Mortgage on rental property, Virginia	2014	3.875%	15 yrs							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

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doc Jones & Smith, Hometown, State	7/85
2	Arnold & Porter Profit Sharing Plan (Neither I, nor Arnold & Porter, have made any contributions to this plan since 2004), defined contribution plan - assets listed on Schedule A	Arnold & Porter LLP, Washington, DC	01/98
3			
4			
5			
6			

Reporting Individual's Name
 Williams, Erica Y

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.)	
				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	Lillian Education Foundation, Washington, DC	Non-profit	Secretary	11/2001	10/2015
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 a corporation, firm, partnership, or other business enterprise, or any other source (Name and Address) Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

	Source (Name and Address)	Legal services	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			
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