

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<b>Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)</b>	<b>Reporting Status (Check appropriate boxes)</b>	<input type="checkbox"/> Incumbent	<b>Calendar Year Covered by Report</b>	<input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	<input type="checkbox"/> Termination Filer	<b>Termination Date (If Applicable) (Month, Day, Year)</b>	<p style="text-align: center;"><b>Fee for Late Filing</b></p> <p>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.</p> <p style="text-align: center;"><b>Reporting Periods</b></p> <p><b>Incumbents:</b> 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.</p> <p><b>Termination Filers:</b> 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.</p> <p><b>Nominees, New Entrants and Candidates for President and Vice President:</b></p> <p><b>Schedule A--</b>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.</p> <p><b>Schedule B--</b>Not applicable.</p> <p><b>Schedule C, Part I (Liabilities)--</b>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.</p> <p><b>Schedule C, Part II (Agreements or Arrangements)--</b> Show any agreements or arrangements as of the date of filing.</p> <p><b>Schedule D--</b>The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
<b>Reporting Individual's Name</b>	<b>Last Name</b> Munoz		<b>First Name and Middle Initial</b> Cecilia				
<b>Position for Which Filing</b>	<b>Title of Position</b> Director, Intergovernmental Affairs		<b>Department or Agency (If Applicable)</b> White House				
<b>Location of Present Office (or forwarding address)</b>	<b>Address (Number, Street, City, State, and ZIP Code)</b> 1600 Pennsylvania Ave. WDC			<b>Telephone No. (Include Area Code)</b> 202-456-1414			
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b>	<b>Title of Position(s) and Date(s) Held</b> None						
<b>Presidential Nominees Subject to Senate Confirmation</b>	<b>Name of Congressional Committee Considering Nomination</b>		<b>Do You Intend to Create a Qualified Diversified Trust?</b>				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Certification</b>	<b>Signature of Reporting Individual</b>				<b>Date (Month, Day, Year)</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.	Cecilia Munoz				2/16/09		
<b>Other Review (If desired by agency)</b>	<b>Signature of Other Reviewer</b>				<b>Date (Month, Day, Year)</b>		
	Mubalif Kom				2/16/09		
<b>Agency Ethics Official's Opinion</b>	<b>Signature of Designated Agency Ethics Official/Reviewing Official</b>				<b>Date (Month, Day, Year)</b>		
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).	K. A. C. A.				2/16/09		
<b>Office of Government Ethics Use Only</b>	<b>Signature</b>				<b>Date (Month, Day, Year)</b>		
<b>Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)</b>							
(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"/>							
<b>Agency Use Only</b>							
<b>OGE Use Only</b>							

Reporting Individual's Name <b>Cecilia Munoz</b>	<b>SCHEDULE A</b>	Page Number <b>1</b>
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Assets and Income <b>BLOCK A</b>	Valuation of Assets at close of reporting period <b>BLOCK B</b>											Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. <b>BLOCK C</b>																							
	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	Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)							
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"/>																Dividends	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		Only if Honoraria						
Examples				x											x			x															Law Partnership Income \$130,000		
	Central Airlines Common														x																				
	Doe Jones & Smith, Hometown, State																																		
	Kempstone Equity Fund					x								x																					
	IRA - Heartland 500 Index Fund													x																					

Self

1	National Council of La Raza																																					Salary \$147,000
2	Lincoln Financial Group																																					
	LVIP Delaware Social Awareness				x																																	
	LVIP Delaware Special Opportunities																																					
3	Yahoo	x																																				
4	AXA Equitable Equi-Vest																																					
	Multimanager aggressive Equity	x																																				
	AXA Moderate Allocation	x																																				
	Guaranteed Interest Account				x																																	
5	Life of Southwest																																					
	Flex II Tax Sheltered Annuity				x																																	
6	RMA Tax Free Fund																																					

\* 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.

Cecilia Munoz

**SCHEDULE A continued**  
 (Use only if needed)

Assets and Income BLOCK A	Valuation of Assets at close of reporting period BLOCK B											Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																						
	None (or less than \$1,000)	\$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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria		
																																	Amount	
None <input type="checkbox"/>																																		
7 Alliance Bernstein Growth Income F	X																		X	x														
8 Fidelity Advisors Diversified Intrnl Fu	X																		X	x														
9 Olstein All Cap Value	X																		X	x														
10 CD - Beal BK SSB TX US	X																	X	x															
11 CD - Lehman Bros BK DE US	X																	X	x															
12 CD - GE Money Bank UT US	X																	X	x															
13 FT - Franklin Income C	X																		X	x														
14 Legg Mason Partners Capital & Incd	X																		X	x														
15 Van Kampen Equity and Income Fur	X																		X	x														
16 WP Congressional FCU - savings	X																	X	x		X													
17 WP Congressional FCU - checking	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>Cecilia Munoz</b>	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 3
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BLOCK A  Assets and Income   None <input type="checkbox"/>	BLOCK B Valuation of Assets at close of reporting period										BLOCK C 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												
														Type		Amount			Other Income (Specify Type & Actual Amount)											
														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
Spouse																														
1 Henry L. Stimson Center															X											spouse's salary				
2 Freedom House																										spouse consulting fee				
3 Unity Resources Group																										spouse consulting fee				
4 Apartment, London						X									X											\$1350/mo				
5 TIAA-CREF			X																											
CREF Stock		X													X															
CREF Growth		X													X															
CREF Equity Index		X													X															
CREF Global Equities		X													X															
CREF Bond Market		X													X															
TIAA Traditional		X													X															
CREF Infl Linked Bond		X													X															
CREF Money Market		X													X															
CREF Social Choice		x													X															
7 Diversified Investment Advisors: OSI														X																
Dvfd Aggressive Equity			X												X	X														
Dvfd Balanced			X												X	X														
Dvfd Special Equity			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  
**Cecilia Munoz**

**SCHEDULE A continued**  
(Use only if needed)

Assets and Income  BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																						
		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	Type				Amount									Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria			
																	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	
8	<b>Management Systems Intl 401K</b>				X																													
	Opp Golbal Fnd Class A		X															X	X															
	Oppnhmr Smmdcap Val Fund A		X															X	X															
	American Balanced Classr5		X															X	X															
	Wash Mutual Investors R5		X															X	X															
	NW S&P 500 Indx Sc		X															X	X															
	T Rowe Pr Eq Inc Fnd R Shs		X															X	X															
	Pimco Tilretn Fnd Cls A			X															X	X														
	Children's Investments																																	
1	<b>Vanguard 500 Index Fund</b>		X															X	X															
2	<b>T Rowe Price Science and Tech</b>			X															X	X														
3	<b>Vanguard Wellington Fund</b>		X																X	X														
4	<b>Vanguard 500 Index Fund</b>		X																															
5	<b>Vanguard US Growth Investor</b>		X																X	X														
6	<b>WP Congressional FCU CDs</b>		X															X	X															
7	<b>WP Congressional FCU savings</b>		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.

Decilia Munoz

## 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

Category of Amount or Value (x)

	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					
Examples:	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand																
1	Wachovia Bank of Delaware	co-signed student loan for Alejandra Davila	2005	6.17%	20 yrs	X															
2	Mortgage Express	mortgage on London Apartment (owed by spouse)	2007	7%	3 years							X									
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: continuing participation in an employee benefit plan (e.g. 401k, deferred compensation); (2) continuation 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 lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1	Upon resignation (1/19/09) continuing participation in retirement plans: no further contributions	National Council of La Raza	9/88
2	Lincoln Financial Group		
3	AXA Equitable Equi-Vest		
4	Life of Southwest		
5	Lincoln Financial Group		
6			



Reporting Individual's Name Cecilia Munoz	<b>SCHEDULE D</b>	Page Number 6
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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	National Council of La Raza	Non profit civil rights	Senior Vice President	9/88	1/19/09
2	Atlantic Philanthropies	Charitable Foundation	Board of Directors	6/08	1/1/09
2	Open Society Institute	Charitable Foundation	US Programs Board	3/08	1/1/09
3	Center for Community Change	Non profit community organizing	Chair, Board of Directors	member 6/05 chair 2/08	12/18/08 12/18/08
4	National Philharmonic Chorus and Orchestra	non profit arts	Board of Directors	6/06	1/1/09
5	Strategic Investment Fund of La Raza	non profit endowment fund	Board of Directors	9/00	1/19/09
6	Democracia USA	non profit civic engagement	Board of Directors	10/07	1/19/09

**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), Moneytown, State	Legal services Legal services in connection with university construction
1	Atlantic Philanthropies	Board of Directors (payment was made to National Council of La Raza)
2	National Council of La Raza salary	Senior Vice President, Office of Research, Advocacy and Legislation
3		
4		
5		
6		