

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) <b>4/3/2010 KHK</b>		Reporting Status (Check appropriate boxes) <input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report <b>2010</b>	<input type="checkbox"/> New Entrant, Nominee, or Candidate	Termination <input type="checkbox"/> Filer	Termination Date (If Applicable) (Month, Day, Year)	<b>Fee for Late Filing</b> 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 Individual's Name <b>Borras</b>		Last Name		First Name and Middle Initial <b>Rafael</b>		<b>Reporting Periods</b> <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.		
Position for Which Filing		Title of Position <b>Under Secretary for Management</b>		Department or Agency (If Applicable) <b>Department of Homeland Security</b>				
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) <b>3801 Nebraska Avenue, NW, Washington DC</b>		Telephone No. (Include Area Code) <b>202-447-3400</b>				
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 <b>Under Secretary for Management, April 2010 - present</b>						
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination <b>Homeland Security and Governmental Affairs</b>		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<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.
Certification		Signature of Reporting Individual		Date (Month, Day, Year) <b>6/15/2011</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.		Signature of Other Reviewer		Date (Month, Day, Year)				
Other Review (If desired by agency)		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year) <b>10/3/2011</b>				
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year) <b>10/3/2011</b>				<b>Nominees, New Entrants and Candidates for President and Vice President:</b>  <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.  <b>Schedule B--</b> Not applicable.  <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.  <b>Schedule C Part II (Agreements or Arrangements)--</b> Show any agreements or arrangements as of the date of filing.  <b>Schedule D--</b> The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
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).		Signature <b>Michelle Sten</b>		Date (Month, Day, Year) <b>4/16/12</b>				
Office of Government Ethics Use Only <b>KHK 12/9/2011</b>								
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 <b>30</b> ) <input checked="" type="checkbox"/>								
(Check box if comments are continued on the reverse side) <input type="checkbox"/>								
Agency Use Only <b>10/15/11</b> OGE Use Only <b>OCT 12 2011</b>								





Do not Complete Schedule B if you are a new entrant, nominee, Vice Presidential or Presidential Candidate

Karla Borrás

SCHEDULE B

**Part I: Transactions**

None



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. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

Identification of Assets	Transaction Type (X)			Date (Mo., Day, 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
Example: Central Airlines Common	X			2/1/99			X									
2																
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 \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. 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, 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 \$104 or less. See instructions for other exclusions.

None



	Source (Name and Address)	Brief Description	Value
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 \$300
1			
2			
3			
4			
5			



**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	URS Corporation Gaithersburg, Md.	Global Engineering Firm	Vice President & Office Manager Construction Services	01/00	04/2010
2	Montgomery County Ethics Commission Rockville, Md.	Public Agency	Commissioner (no compensation)	01/08	04/2010
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 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		
2		
3		
4		
5		
6		