

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

| | | | | | | | |
|---|--|---|---------------------------------|---|---|--|--|
| Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) | | Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent | Calendar Year Covered by Report | <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate | Termination Date (If Applicable) (Month, Day, Year) | <p>Fee for Late Filing</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> | |
| Reporting Individual's Name | | Last Name: Nachl | | First Name and Middle Initial: Michael | | | |
| Position for Which Filing | | Title of Position: Assistant Secretary of Defense for Global Security Affairs | | Department or Agency (If Applicable): Department of Defense | | <p>Reporting Periods</p> <p>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.</p> | |
| Location of Present Office (for forwarding address) | | Address (Number, Street, City, State, and ZIP Code): University of California, Berkeley, CA 94720 | | Telephone No. (Include Area Code): 510-526-4444 | | | |
| 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: none | | | | | <p>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.</p> |
| Presidential Nominee Subject to Senate Confirmation | | Name of Congressional Committee Considering Nomination: Senate Armed Services Committee | | Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Certification | | Signature of Reporting Individual: | | Date (Month, Day, Year): | | | |
| 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: Michael Nachl] | | APR 21 2009 | | | |
| Other Review (If desired by agency) | | Signature of Other Reviewer: | | Date (Month, Day, Year): | | | |
| | | | | | | | |
| Agency Ethics Official's Opinion | | Signature of Designated Agency Ethics Official/Reviewing Official: | | Date (Month, Day, Year): | | | |
| 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] | | 4/21/09 | | | |
| Office of Government Ethics Use Only | | Signature: | | Date (Month, Day, Year): | | | |
| | | [Signature] | | 4/22/09 | | | |
| 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"/> | | | | | | | |
| | | | | | | <p>Agency Use Only</p> <p>APR 21 2009</p> | |

Reporting Individual's Name

Michael Nacht

SCHEDULE A

Page Number

2

| 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 | | | | | | | | | | | | |
| | | | | | | | | | | | Type | Amount | | | | | | | | | | | |
| BLOCK A | | | | | | | | | | | Type | | | | | | | | | | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria |
| | | | | | | | | | | | | None (or less than \$201) | | | | | | | | | | | |
| <p>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.</p> <p>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).</p> <p>None <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | |
| Examples | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | \$245,274.09 salary | |
| 2 | | | | | | | | | | | | | | | | | | | | | | \$117,975.00 Consulting income | |
| 3 | | | | | | | | | | | | | | | | | | | | | | \$68,854.57 Consulting income | |
| 4 | | | | | | | | | | | | | | | | | | | | | | \$5,000.00 honorarium | 3/12/08 |
| 5 | | | | | | | | | | | | | | | | | | | | | | \$2,500.00 honorarium | May 8, 2008 |
| 6 | | | | | | | | | | | | | | | | | | | | | | \$500.00 honorarium | 10/ 28/08 |

* 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.

Prior Editions Cannot be Used.

Reporting Individual's Name
 Michael Nacht

SCHEDULE A continued
 (Use only if needed)

Page Number
 3

| BLOCK A Assets and Income | 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 | | | |
|--|---|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|-------------------|--------------------------|----------------|---|-----------|---------------------|----------|---|---|---------------------------------|---------------------------|
| | 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* | Excepted Investment Fund | Exempted Trust | Qualified Trust | Type | | | | Other Income (Specify Type & Actual Amount) | | |
| | | | | | | | | | | | | Dividends | Rents and Royalties | Interest | | | Capital Gains | None (or less than \$201) |
| 1 Center for Global Partnership New York, NY | | | | | | | | | | | | | | | | | \$600 Consultant | |
| 2 Stimson Center Washington, DC | | | | | | | | | | | | | | | | | \$300 honoraria | 11/08 |
| 3 National Council on Teacher Retirement | | | | | | | | | | | | | | | | | \$5,000 \$5,000 honoraria | 3/07 7/07 |
| 4 Sacramento, CA | | | | | | | | | | | | | | | | | | |
| 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.

Reporting Individual's Name

Nacht, Michael

SCHEDULE A continued

(Use only if needed)

Page Number

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| Assets and Income <small>BLOCK A</small> | | Valuation of Assets at close of reporting period <small>BLOCK B</small> | | | | | | | | | | | Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. <small>BLOCK C</small> | | | | | | | | | | | | | | | | | | |
|---|---|--|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|--------------------|-----------------------------|-------------------------------|-------------------|---|----------------|-----------------|-----------|--------------------|----------|---------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|---------------------------|------------------|--|
| | | 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 - \$250,000,000 | \$250,000,001 - \$500,000,000 | 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) |
| 1 | TIAA-CREF: TIAA Traditional Guaranteed Annuity | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | | |
| 2 | CREF Bond Market | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | | |
| 3 | CREF Inflation-Linked Bond | | | X | | | | | | | | X | | | | | | | X | | | | | | | | | | | | |
| 4 | CREF Money Market Fund | | | | X | | | | | | | X | | | | | | | X | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Schwab (IRA): Devon Energy | X | | | | | | | | | | | | | | | | | X | | | | | | | | | | | | |
| 7 | Google | | | X | | | | | | | | | | | | | | | X | | | | | | | | | | | | |
| 8 | Schwab Money Market account (cash) | | | | X | | | | | | | | | | | | | | X | | | | | | | | | | | | |
| 9 | Fidelity Intl Discovery Fund | 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
 Nacht, Michael

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 | | | | | | | | | | 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* | \$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 | Remainder 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 | | | | |
| None <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | University of California Savings Program: tax deferred 403 b plan: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Fidelity Spartan Intermediate Treasury Bond Index Fund | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| 3 | 457 b deferred compensation plan: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Fidelity Spartan Intermediate Treasury Bond Index Fund | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| 5 | Fidelity Spartan Long-Term Treasury Bond Index Fund | | | X | | | | | | | | | | | | | | | | X | | | | | | | | | | | | | | | | | |
| 6 | University of California Defined Benefit Plan (value not readily ascertainable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | about \$64,000/yr upon retirement | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Defined Contribution Plan: UC Savings Fund | | | X | | | | | | | | | | | | | | X | | | X | | | | | | | | | | | | | | | | |
| 9 | (value and income for underlying holdings are not readily ascertainable) (entries follow on next page) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* 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 category.

Reporting Individual's Name
 Nachl, Michael

SCHEDULE A continued
 (Use only if needed)

Page Number
 6

| 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 | | | | | | | | | | | | |
|----------------------------------|----------------------------------|---|--|--|--|--|--|--|--|--|--|--|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|---------------------------|--|---|------------------|
| | | | | | | | | | | | | Type | Amount | | | | | | | | | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honorary | |
| None <input type="checkbox"/> | | None (or less than \$1,001) | | | | | | | | | | Dividends | \$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 | UC Savings Fund: | | | | | | | | | | | | | | | | | | | | | | | |
| | Federal Farm Credit Bank | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Federal Home Loan Bank | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Fannie Mae DSC NT | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Fannie Mae | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | U.S. Treasury Bills | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Treasury Inflation Indexed Notes | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | US Treasury Notes | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Short Term Investment Pool | | | | | | | | | | | | | | | | | | | | | | | |
| 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 category.

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

| | | |
|---|-------------------|------------------|
| Reporting Individual's Name Nacht, Michael | SCHEDULE B | Page Number 7 |
|---|-------------------|------------------|

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 - \$999,999 | \$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 | Certificate of divestiture |
| | Example: Central Airlines Common | x | | | 2/1/99 | | | x | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| 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, 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 \$104 or less. See instructions for other exclusions.

None

| | Source (Name and Address) | Brief Description | Value |
|-----------|--|--|-------|
| Examples: | Natl. Assn. of Rock Collectors, NY, NY | Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) | \$500 |
| | Frank Jones, San Francisco, CA | Leather briefcase (personal friend) | \$300 |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

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|--|------------|------------------|
| Reporting Individual's Name Michael Nacht | SCHEDULE C | Page Number 8 |
|--|------------|------------------|

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)

| 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 | | | | | |
| | 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 | | | x | | | | | | | | | | | | | |
| 1 | Bank of America Quantum Master Card | Revolving Credit Card | 2008 | 1.99% | revolving | 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: 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

| Examples: | Status and Terms of any Agreement or Arrangement | Parties | Date |
|-----------|--|--|------|
| | Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00 | Doe Jones & Smith, Hamtown, State | 7/85 |
| 1 | Upon appointment, I will take a leave of absence from my position at the University of California, Berkeley. | University of California, Berkeley, CA | 1998 |
| 2 | | | |
| 3 | For the period of my unpaid leave of absence, I will continue my defined contribution plan, tax deferred 403 b plan, 457 b deferred compensation plan, defined benefit plan, and TIAA Cref retirement plan. Neither the University nor I will make | University of California, Berkeley, CA | 1998 |
| 4 | contributions during my Government service. | | |
| 5 | | | |
| 6 | | | |

| | | |
|--|------------|------------------|
| Reporting Individual's Name Michael Nacht | SCHEDULE D | Page Number 9 |
|--|------------|------------------|

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: | 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 | Goldman School of Public Policy, University of California, Berkeley Berkeley, CA | University | Professor | 7/1998 | Present |
| 2 | | | Dean | 7/1998 | 6/30/2008 |
| 3 | Sandia Corporation Los Alamos, NM | Department of Energy National Laboratory | Consultant | 5/2002 | Present |
| 4 | Corporate Scenes, Inc. San Mateo, CA | Private Consulting Firm | Consultant | 5/2004 | Present |
| 5 | Marriott International, Bethesda, MD | International Hotels | Lecturer | 3/2008 | 3/2008 |
| 6 | The Analysis Corporation, McLean, VA | Defense Consulting Firm | Lecturer | 5/2008 | 5/2008 |

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), Monbytown, State | Legal services Legal services in connection with university construction |
| 1 | Sandia Corporation | Consultant on technical, management and policy issues |
| 2 | Corporate Scenes, Inc. | Consultant on management issues |
| 3 | Marriott International | Lecturer in Marriott Executive Program |
| 4 | University of California, Berkeley | Professor (current) and Dean (through June 30, 2008) |
| 5 | National Council on Teacher Retirement Sacramento, CA | Lecturer on international affairs |
| 6 | Pacific Maritime Association | Consultant on port technologies |
| 7 | Pacific Pension Institute | Lecturer on international affairs |

| | | |
|---|-------------------|--------------------------|
| Reporting Individual's Name Michael Nacht | SCHEDULE D | Page Number 10 |
|---|-------------------|--------------------------|

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: | 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 | New York University, NY, NY | University | consultant | 10/07 | 10/07 |
| 2 | Jewish Federation of San Francisco San Francisco, CA | Non-profit | Lecturer | 5/07 | 5/07 |
| 3 | Harvard University, Cambridge, MASS | University | Lecturer | 8/07 | 8/07 |
| 4 | Pacific Maritime Association San Francisco, CA | trade association | Consultant | 3/07 | 5/07 |
| 5 | Pacific Pension Institute San Francisco, CA | think tank | lecturer | 3/07 | 3/07 |
| 6 | National Council on Teacher Retirement Sacramento, CA | association | lecturer | 3/07 | 7/07 |

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), Hometown, State | Legal services Legal services in connection with university construction |
| 1 | | |
| 2 | | |
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|--|------------|-------------------|
| Reporting Individual's Name Michael Nacht | SCHEDULE D | Page Number 11 |
|--|------------|-------------------|

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: | 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. | National Academy of Sciences Washington, DC | scientific organization | lecturer | 10/08 | 10/08 |
| 2. | Center for Global Partnership NY, NY | philanthropic organization | consultant | 01/09 | 01/09 |
| 3. | Stimson Center Washington, DC | Think Tank | lecturer | 11/08 | 11/08 |
| 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. | | |
| 7. | | |