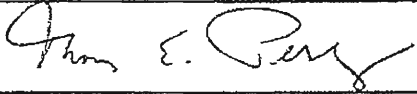
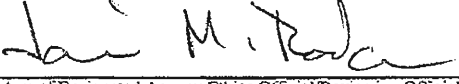

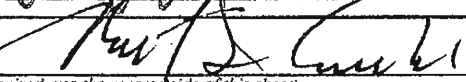


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

| | | | | | | | |
|--|--|---|---------------------------------|---|--|---|--|
| 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 | <input type="checkbox"/> Termination Filer | Termination Date (If Applicable) (Month, Day, Year) | 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. |
| Reporting Individual's Name | | Last Name Perez | | First Name and Middle Initial Thomas E. | | | |
| Position for Which Filing | | Title of Position Assistant Attorney General, Civil Rights Division | | Department or Agency (If Applicable) Department of Justice | | | 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. 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. |
| Location of Present Office (or forwarding address) | | Address (Number, Street, City, State, and ZIP Code) 500 North Calvert Street, Baltimore, MD 21202 | | Telephone No. (Include Area Code) 410-230-6020 | | | |
| 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 | | | | | |
| Presidential Nominees Subject to Senate Confirmation | | Name of Congressional Committee Considering Nomination Judiciary | | Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | Nominees, New Entrants and Candidates for President and Vice President: 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. Schedule B —Not applicable. 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. Schedule C, Part II (Agreements or Arrangements) — Show any agreements or arrangements as of the date of filing. Schedule D —The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. |
| Certification 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 Reporting Individual  | | Date (Month, Day, Year) 3/27/09 | | | |
| Other Review (If desired by agency) | | Signature of Other Reviewer  | | Date (Month, Day, Year) 3/27/09 | | | |
| Agency Ethics Official's Opinion 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 of Designated Agency Ethics Official/Reviewing Official  | | Date (Month, Day, Year) 3/27/09 | | | |
| Office of Government Ethics Use Only | | Signature  | | Date (Month, Day, Year) 4/3/09 | | | |
| Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) | | | | | | | Agency Use Only |
| (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"/> | | | | | | | OGE Use Only MAR 31 2009 |

SCHEDULE A

Perez, Thomas E.

| 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. | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|--------------------|---------------------------|----------------------------|-----------------------------|--|--------------------------|----------------|-----------------|-----------|--------------------|----------|---------------|---------------------------|-----------------|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|---------------------------|------------------|--|--|--|------------------------------|----------------------------------|--|
| | | | | | | | | | | | | 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 | Other Income (Specify Type & Actual Amount) | Date (Mo., Day, Yr.) Only if Honoraria | | | | |
| Examples | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | Law Partnership Income \$130,000 | |
| 1 | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | S Corp Income \$13,239.00 | | |
| 2 | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | S Corp Income \$13,080.00 | | |
| 3 | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | | S Corp Income \$7,167.00 | | |
| 4 | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | | S Corp Income \$7,167.00 | | |
| 5 | | | | | | | x | | | | | | | | | | | | | | | | | | | | | | | | | | | S Corp Income \$7,167.00 | | |
| 6 | | 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

SCHEDULE A continued

Page Number

03 of 10

Perez, Thomas E.

(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 \$1,001) | \$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 | Reti 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 | |
| 1 | Heartland Value Plus | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 2 | Janus Fund | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 3 | Janus Worldwide | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 4 | Janus Mid Cap Value Invst Shs | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 5 | Janus Research Fund | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 6 | Thornburg Intl Value CL A | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 7 | Fidelity US Bond Fund | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 8 | Fidelity Govt Income Fund | x | | | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | |
| 9 | Fidelity Municipal Money Market Fund | 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

Perez, Thomas E.

SCHEDULE A continued

(Use only if needed)

| 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 \$1,001) | \$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) | Type | Amount | Other Income (Specify Type & Actual Amount) | | | | | | | |
| 1 Aim Real Estate Fund | | x | | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 2 Accessor Growth Allocation C Class | | x | | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 3 Oppenheimer Quest Balanced Fund Class B | | x | | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 4 TIAA Traditional Annuity | | | x | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 5 CREF Variable Annuity: Stock Fund | | x | | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 6 CREF Variable Annuity: Money Market Fund | | x | | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 7 CREF Variable Annuity: Social Choice | | x | | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 8 CREF Variable Annuity: Global Equities | | x | | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |
| 9 TIAA Traditional Annuity | | | x | | | | | | x | Dividends | \$201 - \$1,000 | | | | | | | | |

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Reporting Individual's Name

Perez, Thomas E.

SCHEDULE A continued

(Use only if needed)

Page Number

05 Of 10

| 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 | | | | | | | | | | 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 | 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 Variable Annuity: Real Estate | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | | | |
| 2 | CREF Variable Annuity: Stock Fund | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | | | |
| 3 | CREF Variable Annuity: Bond Market | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | | | |
| 4 | College Savings Plan of Maryland DC T. Rowe Price Portfolio 2015 | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | | | |
| 5 | College Savings Plan of Maryland DC T. Rowe Price Portfolio 2015 | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | | | |
| 6 | College Savings Plan of Maryland DC T. Rowe Price Portfolio 2021 | | | x | | | | | | | | | x | | | | | | | x | | | | | | | | | | | | | | | | |
| 7 | Kaiser Commission on Medicaid and the Uninsured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Honoraria \$2000 | 03/08 06/08 | |
| 8 | M & T Bank (savings) | | x | | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | |
| 9 | Maryland Dept of Labor, Licensing and Regulation Baltimore, MD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Salary \$139,004 | |

* 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
 Perez, Thomas E.

SCHEDULE A continued
 (Use only if needed)

Page Number
 06 of 10

| 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 | | | | | | | | | | | | | | | |
|-------------------------------|---|---|--------------------|---------------------|----------------------|-----------------------|-----------------------|-------------------------|--------------------|---------------------------|----------------------------|--|-------------------|--------------------------|----------------|-----------------|-----------|--------------------|----------|---------------|---------------------------|--|--|-------------------|-------------------|--------------------|---------------------|----------------------|-------------------------|-------------------|---------------------------|------------------|--|--|------------|------------------|--|
| | | | | | | | | | | | | Type | | | | | Amount | | | | | | Other Income (Specify Type & Actual Amount) | | | | | | | | | | | | | | |
| None <input type="checkbox"/> | | 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 | Europacific Growth Fund A | | x | | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| 2 | T. Rowe Price 2025 Retirement Fund | | X | | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| 3 | George Washington School of Public Health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Salary | | |
| 4 | Community Catalysts, Inc. Boston, MA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Honorarium | 03/08 | |
| 5 | S Hartford Capital Appreciation Fd A | | x | | | | | | | | | | | | | | | | | x | | | | | | | | | | | | | | | | | |
| 6 | Washington Legal Clinic for the Homeless Washington, DC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Spouse salary | |
| 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, Vice Presidential or Presidential Candidate

| | | |
|--|-------------------|--------------------------------|
| Reporting Individual's Name Perez, Thomas E. | SCHEDULE B | Page Number 07 of 10 |
|--|-------------------|--------------------------------|

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 | | | | | | | | | | | | | |
| 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: Nat'l 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 | | | |

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 | | | | x | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | | | |
| 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

| | 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 | Continued participation in the University System Maryland TIAA CREF 401k plan No further contributions will be made to the plan. | University of Maryland | 01/01 |
| 2 | Continued participation in the State of Maryland Defined Compensation Retirement Plan No further contributions will be made to the plan. | State of Maryland | 01/07 |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

| | | |
|---|------------|-------------------------|
| Reporting Individual's Name Perez, Thomas E. | SCHEDULE D | Page Number 09 of 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: | Nat'l Assn. of Rock Collectors, NY, NY | Non-profit education | President | 6/92 | Present |
| | Doe Jones & Smith, Hometown, State | Law firm | Partner | 7/85 | 1/00 |
| 1 | Maryland Department of Labor, Licensing & Regulation Baltimore, MD | State Government | State Cabinet Secretary | 01/07 | present |
| 2 | George Washington School of Public Health Washington, DC | Non-profit education | Part-time professor | 08/07 | present |
| 3 | Center for American Progress Action Fund Washington, DC | Think and action tank | Board Member | 07/04 | present |
| 4 | Action Aid USA Washington, DC | Non-profit NGO | Board Member | 06/07 | present |
| 5 | Kaiser Commission on Medicaid and the Uninsured Washington, DC | Non-profit | Commissioner | 03/02 | present |
| 6 | University of Maryland School of Law Baltimore, MD | Non-profit education | Assistant professor | 04/01 | 06/07 |

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 | Legal services |
| | Metro University (client of Doe Jones & Smith), Moneytown, State | Legal services in connection with university construction |
| 1 | Maryland Department of Labor, Licensing & Regulation Baltimore, MD | State Cabinet Secretary |
| 2 | George Washington School of Public Health Washington, DC | Part-time professor |
| 3 | University of Maryland School of Law Baltimore, MD | Assistant professor |
| 4 | The California Endowment Woodland Hills, CA | Consultant |
| 5 | | |
| 6 | | |

| | | |
|---|-------------------|-------------------------|
| Reporting Individual's Name Perez, Thomas E. | SCHEDULE D | Page Number 10 of 10 |
|---|-------------------|-------------------------|

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| | 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 | The California Endowment Woodland Hills, CA | State Health Foundation | Consultant | 01/01 | 01/07 |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

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|-----------|--|---|
| 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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| 6 | | |