

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 MARQUEZ		First Name and Middle Initial MERCEDES M			
Position for Which Filing		Title of Position ASSISTANT SECRETARY, COMMUNITY PLANNING & DEVELOPMENT		Department or Agency (If Applicable) U. S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT (HUD)			
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) Los Angeles Housing Department, 1200 West 7th Street, 9th Floor, Los Angeles, CA 90017			Telephone No. (Include Area Code) (213) 808-8808		
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 BANKING, HOUSING, & URBAN AFFAIRS		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 <i>Mercedes M. Marquez</i>			Date (Month, Day, Year) 05/05/2009		
Other Review (If desired by agency) <i>MS 5/11/09</i>		Signature of Other Reviewer <i>P.A. Lewis</i>			Date (Month, Day, Year) 5/5/09		
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 <i>Verde Curcio</i>			Date (Month, Day, Year) 5/5/09		
Office of Government Ethics Use Only		Signature <i>Robert J. Curcio</i>			Date (Month, Day, Year) 5/6/09		
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"/>							
							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.
							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.
							Agency Use Only
							OGE Use Only
							MAY 6 2009

Reporting individual's Name MERCEDES M MARQUEZ	SCHEDULE A continued (Use only if needed)	Page Number 3
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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 <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	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
	Type																																	
1	SPOUSE: CITY OF LA DEFERRED COMP PLAN (Moderate Profile Portfolio) See Appendix A																																	
2	JOINT: SPOUSE (FNIAX) FDLTY NEW INSIGHTS FD A										X											X												
3	JOINT: SPOUSE TEMPLETON GLBL BD FD A										X													X										
4	JOINT: SPOUSE WF ADVANTGE ENDVR SEL A										X													X										
5	JOINT: SPOUSE MUTUAL SER FD DISSC CL A										X												X											
6	JOINT: SPOUSE OPPENHMR DVL PNG MKTS A										X															X								
7	JOINT: SPOUSE (FAIRX)FAIRHOLM FUNDS INC												X												X									
8	JOINT: SPOUSE (NWFXX) NE WORLD FDS INC CL F												X										X											
9	JOINT: SPOUSE SGENX)FIRST EAGLE GLOBAL FD A													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

MRCEDES M MARQUEZ

SCHEDULE A continued

(Use only if needed)

Page Number

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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*	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		
		Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains															
1	JOINT: Wells Fargo Preferred Rate Savings Account		X								X												
2																							
3	JOINT: Wells Fargo PMA Checking Account		X								X												
4																							
5																							
6	BEACH CONDOMINIUM BAJA CALIFORNIA, MEXICO			X							X												
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	SCHEDULE B	Page Number 6
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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 - \$16,000	\$16,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$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		
1:	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, 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:			

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

Reporting Individual's Name	SCHEDULE B continued (Use only if needed)	Page Number
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Part I: Transactions

	Identification of Assets		Transaction Type (x)			Amount of Transaction (x)														
			Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$16,001 - \$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																				
6																				
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14																				
15																				
16																				

* 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 MERCEDES M MARQUEZ	SCHEDULE C	Page Number 7
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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 - \$16,000	\$16,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over						
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 WELLS FARGO BANK P O BOX 4233, PORTLAND OR 97208-4233	HOME EQUITY LINE OF CREDIT REVOLVING	2008	4.24	REV	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

#	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	City of Los Angeles Deferred Compensation Plan - Defined Contribution Plan Upon confirmation, neither the filer nor the City of Los Angeles will make any further contributions to the plan	City of Los Angeles	2004
2			
3			
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6			

Reporting Individual's Name MERCEDES M MARQUEZ	SCHEDULE D	Page Number 8
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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	Los Angeles Housing Department, City of Los Angeles 1200 West 7th Street, Los Angeles, CA 90017	City Agency (Current fulltime employment)	General Manager	01/04	Present
2	Eleanor Roosevelt Papers & Human Rights Project Washington, DC	University-chartered research center	Advisory Board Member	1999	Present
3	Institute for Zen Studies of Southern California Los Angeles, CA	Non-profit	Board Member	2006	3/09
4	Center for Urban Redevelopment Excellence Philadelphia, PA	Non-profit	Advisory Board Member	2003	Present
5	Affordable Housing Finance Magazine San Francisco, CA	Publication	Editorial Advisory Board Member	2008	Present
6	California Housing Consortium San Francisco, CA	Non-profit	Board of Governors Member	06/07	11/08

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	Los Angeles Housing Department, City of Los Angeles	General Manager
2		
3		
4		
5		
6		

Appendix A

City of Los Angeles Deferred Compensation Plan – Aggressive Profile Portfolio

Vanguard Institutional Index Fund Plus (EIF) □□□□ 50%
Vanguard Total Bond Market Index – Inst (EIF) □□□□ 20%
DWS EAFE Equity Index Fund -Inst. (EIF) □□□□ 15%
State Street Russell 2000 Index Series C (EIF) □□□□ 15%

City of Los Angeles Deferred Compensation Plan – Moderate Profile Portfolio

Vanguard Institutional Index Fund Plus (EIF) □□□□ 40%
Vanguard Total Bond Market Index – Inst (EIF) □□□□ 35%
DWS EAFE Equity Index Fund -Inst. (EIF) □□□□ 10%
State Street Russell 2000 Index Series C (EIF) □□□□ 10%
Galliard Stable Value (EIF) □□□□ 5%