SF278 (Rev. 03/2000) 5 C.F. Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

U.S. Office of Government Ethics

U.S. Office of Government Edities							
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status	Incumbent	Calendar Year Covered by Report	New Entrant, Nominee.	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing
or Nomination (Month, Day, Tear)	appropriate boxes)	incumbent		or Candidate	Filer	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Any individual who is required to file this report and does so more than
	uppropriate boxes)		2008	or Candidate			30 days after the date the report is
	Last Name			First Name and Middle	Initial		required to be filed, or, if an extension
Reporting Individual's Name	Perez			Aleiandro			is granted, more than 30 days after the
					last day of the filing extension period		
D. M. C. MALL DILL.	Title of Position	land to the Donal	d	Denartment or Agency	(If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing		ant to the Presid	dent for Legislative				Reporting Periods
	Address (Number	Street, City, State.	and ZIP Code)		Telephone No. (Inc.	clude Area Code)	Incumbents: The reporting period is
Location of Present Office					202 225 3130		the preceding calendar year except
(or forwarding address)	H107 - The Ca	apitol, Washingt	Part II of Schedule C and Part I of				
	Title - CDiti/	a) and Date(a) Hald					Schedule D where you must also
Position(s) Held with the Federal Government During the Preceding	Title of Position(s) and Date(s) Held					include the filing year up to the date you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	Floor Director	US House Maid	ority Leader: Deputy	Floor Director, US Ho	use Majority Lead	der	applicable.
12 Months (11 Not bathe as 210010)	i loor Birootor		,	, , , , , , , , , , , , , , , , , , , ,	ass majorny Louis		аррисанс.
							Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congres	ssional Committee C	Considering Nomination	Do You Intend to Crea	te a Qualified Divers	sified Trust?	period begins at the end of the period
Senate Confirmation				Yes	No		covered by your previous filing and ends
		·					at the date of termination. Part II
Certification	Signature of Repo	orting Individual			Date (Month, Day,	(ear)	of Schedule D is not applicable.
CERTIFY that the statements I have	Signature of Kept				2 410 (11101111), 2 43,	,	Nominees, New Entrants and
made on this form and all attached	1	\) _		02/	(16. (6)0	Candidates for President and Vice
schedules are true, complete and correct to the best of my knowledge.	1	UNT T	4		0 2 /	19/09	President:
to the best of my knowledge.	<i></i>						Schedule A. The reporting period for
	Signature of Othe	r Reviewer			Date (Month, Day,	Year)	income (BLOCK C) is the preceding
Oth Parties	1 2 -		///		/		calendar year and the current calendar year up to the date of filing. Value
Other Review (If desired by	1 1/1	1. 1 1	1/1/100	,	1 7 /	10/1101	assets as of any date you choose that is
agency)	1 / 00	WI OIL	+ POUN		1 -//		within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Deci	ignated Agency Eth	/ ics Official/Reviewing C	Official	Date (Month, Day,	Vamb	Schedule B-Not applicable
On the basis of information contained	Signature of Desi	ignated Agency Lin	ies Official/Reviewing C	official	Date (Month, Day.	Tear	Schedule 8—Not applicable
in this report, I conclude that the filer is	1/.	1 0	1_		2/10/	4.0	Schedule C. Part I (Liabilities)-
in compliance with applicable laws and	14-	_1. C	- 0		2/19/	09	The reporting period is the preceding
regulations (subject to any comments in the box below).	1 7	•			' '		calendar year and the current calendar year up to any date you choose that is
in the box below).	Signature				Date (Month Day	Year)	within 31 days of the date of filing.
Office of Government Ethics							7
Use Only							Arrangements) Show any agreements
Comments of Reviewing Officials (If addit	ional space is requi	red, use the reverse	side of this sheet)				or arrangements as of the date of
							filing.
			(Check box	x if filing extension granted	& indicate number of	days)	
							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
				(Check box if comm	ents are continued or	n the reverse side	OGE OSE OBLY
				/			
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U.S. Of two of Government Ethics Reporting Individual's Name												~	~~																		Page Number	
Alejandro Perez					_							S	Cŀ	1E)	D(JL —	E	<u>A</u>				_					_					
Assets and Income			_	V	alua repe	at cl	ose	of		_																or le		han	\$20	1)"	is checked. no	
BLOCK A	\$000	8	5000		100000	BLC	CK 1	В	Ministra Company	_	000000	_	20000	385	0000				_,					BLO			_					
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 acount of any honoraris over \$200 of your spouse).	None (or less than \$1,001)	S1.001 - S15.000	25 (M) - (Seption)	S\$0.001 - \$100.000	\$100,001 - \$250,000	5250,001 - \$500,000	SS00,001 - SI,400,000	Over \$1,000,000 *	\$1,000,001 - \$5,000,000	55,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted investment Fund	Excepted Trust	Onalified Trast	Dividends	Rent and Royalties			None (or less than \$201)	\$201 - \$1,000	51,001 - 52,500	HIPEN INCOME	A COOK - TOOKS		550,001 - \$100,000	Statement - Statement	Over S1,000,000*	S1,000,001 - S5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav Yr.) Only if Honoraria
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund JRA: Heartland 500 Index Fund		-	_	- X				_						-	-	<u>×</u>	-					<u>×</u> .			-						Law Partnership Insurse \$130,0%	
US Department of Labor Credit Union			,															х		00000	x											
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4																																
5																																

* 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.

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

	. Office of Government Ethics																		
Re	porting Individual's Name													Page 1	Numbe	r			
Αle	Nejandro Perez SCHEDULE B																		
P	art I: Transactions					None	⇒									_ ;- :			
Report any purchase, sale, or exchange by you, your spouse, report a transaction involving property used solely as your dependent children during the reporting period of any real personal residence, or a transaction solely between you.							Transaction Type (x)				Aı	nount o	of Tran	saction	saction (x)				
pro sec	operty, stocks, bonds, commodity curities when the amount of the tra 000. Include transactions that resu	futures, and other ansaction exceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.			Exchange	Date (Mo., Day, Yr.)	.000	\$15,001 - \$50,000	- 0001	\$100,001 -	0,000	0,001 -	Over \$1,000,000*	- 100,000	- 100,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of
		Identifica	ation of Assets	Purchase	Sale	EX		\$1,0	\$15	\$50	\$10	\$25	\$50,	0,12 0,13	\$1,0 \$5,0	\$5,0	\$25,	550.	Cert
	Example: Central Airlines Common	Х			2/1/99			х				-		-					
1	NOT REQUIRED FOR N	IOMINEES																	
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* 7	his category applies only if the ur	nderlying asset is solely th	nat of the filer's spouse or dependent children. If the underlyin	g asse	t is ei	ther h	eld												
bу	the filer or jointly held by the file	r with the spouse or deper	ndent children, use the other higher categories of value, as app	ropria	te.														
P	art II: Gifts, Reimbur	rsements, and Ti	ravel Expenses																
tio foo (2) tha as aut	r you, your spouse and dependen, and the value of: (1) gifts (subd, or entertainment) received for travel-related cash reimbursem \$260. For conflicts analysis, personal friend, agency approvationity, etc. For travel-related gites, and the nature of expenses and th	receinde the c total	ived f pende lonor' value	rom intent of s resident	nment; giv relatives; r f their relat idence. Als n one sour sions.	eceive ionshi	d by y ip to y purpo	your sou; ou; o	pouse r prov	or de rided a regation	epend as per ng gif	ent chesonal	nild to hosp detern	otally itality nine th structi	at	X			
	Source (Name and	d Address)		Br	ief Des	criptio	on											Value	
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francisc		Airline ticket, hotel room & meals incident to national conference 6/1 Leather briefcase (personal friend)	5/99 (P	ersona	l activ	ity unrelated	to duty)									\$500 \$300	
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2																			
3									_		_								
4															_				
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Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C Alejandro Perez Part I: Liabilities None Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured Category of Amount or Value (x) by automobiles, household furniture or appliances; and any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. \$500,001 -\$1,000,000 See instructions for revolving charge accounts. during the reporting period. Exclude a mortgage on your Date Interest Term if \$100,001 -\$250,000 \$250,001 -\$500,000 \$50,001 -\$15,000 \$15,001 \$50,000 Incurred Rate appli-cable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: 1999 10 % John Jones, 123 J St., Washington, DC Promissory note on demand х Spouse's Student Loan 2003 4.875 Great Lakes Inc 2401 International Lane, Madison WI * 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 of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None x Status and Terms of any Agreement or Arrangement Parties Date Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share 7/85 Example: Doe Jones & Smith, Hometown, State calculated on service performed through 1/00.

Prior Editions Cannot Be Used.

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number **SCHEDULE D** Alejandro Perez Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether consultant of any corporation, firm, partnership, or other business enterprise or any compensated or not. Positions include but are not limited to those of an officer, non-profit organization or educational institution. Exclude positions with religious director, trustee, general partner, proprietor, representative, employee, or social, fraternal, or political entities and those solely of an honorary nature. None Organization (Name and Address) Type of Organization From (Mo., Yr.) Position Held To (Mo., Yr.) Nat'l Assn. of Rock Collectors, NY, NY Non-profit education President 6/92 Present Examples: Doe Jones & Smith, Hometown, State Law firm 7/85 1/00 Partner 2 3 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 corporation, firm, partnership, or other business enterprise, or any other non-profit if you are an Incumbent, organization when you directly provided the services generating a fee or payment business affiliation for services provided directly by you during any one year of Termination Filer, or the reporting period. This includes the names of clients and customers of any of more than \$5,000. You need not report the U.S. Government as a source. Vice Presidential or Presidential Candidate None x

Do not complete this part

	Source (Name and Address)	Brief Description of Duties
Evannla	Doe Jones & Smith, Hometown, State	Legal services
Example	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
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Prior Editions Cannot Be Used.

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Reporting Individual's Name Alejandro Perez SCHEDULE D											
Report as	ny positions held during the a	pplicable reporting period, whether but are not limited to those of an officer, rietor, representative, employee, or		artnership, or other business enterprise or an institution Exclude positions with religious and those solely of an honorary nature.	•	X					
		ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)					
Examples	Nat'l Assn. of Rock Collectors Doe Jones & Smith, Hometow		Non-profit education Law firm	President Partner	7/85	Present 1/00					
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Report so business	ources of more than \$5,000 co	Excess Of \$5,000 Paid by One Sompensation received by you or your ed directly by you during any one year of enames of clients and customers of any	corporation, firm, partnership, or othe organization when you directly provid	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.							
	Source (Name and Address)			Brief Description of Duties							
Examples	Doe Jones & Smith, Hometow Metro University (client of Do	oe Jones & Smith), Moneytown, State	Legal services Legal services in connection with unive	rsity construction							
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