SF278 (Rev. 03/2000)

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

5 C.F.R Part 2634	Executive	Branch P	ersonnel PUE	BLIC FINANCIA	L DISCLOS	SURE REPORT	OMB No. 3209-000
U.S. Office of Government Ethics	Reporting Status			<u> </u>		Translanding Date (16 to 1)	Fee for Late Filing
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	(Check	Incumbent	Calendar Year Covered by Report	New Entrant, Nominee,	Termination	Termination Date (If Appli- caple) (Momh, Day, Year)	Any individual who is required to
	appropriate boxes)			× or Candidate	Piler		file this report and does so more than
							30 days after the date the report is
Reporting Individual's Name	Last Name			First Name and Middle	initial		required to be filed, or, if an extension is granted, more than 30 days after the
Reporting marviduars rvanc	Perez			Thomas E.			last day of the filing extension period
	Title of Position			Department or Agency	(If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing	Assistant Attor	ney General, C	ivil Rights Division	Department of Just	tice		
	Address (Number.	Street, City, State,	and ZIP Code \		Telephone No. (In	clude Area Code)	Reporting Periods Incumbents: The reporting period is
Location of Present Office					410-230-6020		the preceding calendar year except
(or forwarding address)	500 North Caiv	ert Street, Balti	more, MD 21202		410-200-0020		Part II of Schedule C and Part I of
Position(s) Held with the Federal	Title of Position(s	and Date(s) Held			l		Schedule D where you must also include the filing year up to the date
Government During the Preceding		<u> </u>					you file. Part II of Schedule D is not
12 Months (If Not Same as Above)					•		applicable.
		***************************************					Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congress	ional Committee C	onsidering Nomination	Do You Intend to Creat	te a Qualified Divers	itied Trust?	period begins at the end of the period
Senate Confirmation	Judiciary			Yes	× No		covered by your previous filing and ends
						,	at the date of termination. Part II of Schedule D is not applicable.
Certification	Signature of Repo	ting Individual ·			Date (Month, Day	: Year)	of Schedule D is not applicable.
I CERTIFY that the statements I have made on this form and all attached						,	Nominees. New Entrants and
schedules are true, complete and correct	1	< \	Jana -	•	3/27,	109	Candidates for President and Vice President:
to the best of my knowledge.	1.00	~ c · ,	320		3/2,/		Cabadala A. The constitution of Ca-
	Signature of Other	Reviewer	<u> </u>		Date (Month, Day	ı, Year)	Schedule A—The reporting period for income (BLOCK C) is the preceding
OO - Profess	i		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1		calendar year and the current calendar
Other Review (If desired by	\	M	, D 1		3/12	7/19	year up to the date of filing. Value assets as of any date you choose that is
agency)	100	- F	' Rode	-	1 3/2/	! "	within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Desig	nated Agency Eth	ics Official/Reviewing C	Official	Date (Month, Day	(Vear)	Schedule B-Not applicable.
On the basis of information contained in this report. I conclude that the filer is		1	1				Schedule C. Part I (Liabilities)-
in compliance with applicable laws and	\ \ \	Mes Pri	Muso		2/22	Inc	The reporting period is the preceding
regulations (subject to any comments in the box below).		1 Am S	11		3/20/		calendar year and the current calendar
in the box below).	Signature	V. 1	1		Date (Month, Day). Year \	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics		16	7	7	1/10	100	7
Use Only		1 W	126	ue &	7/3/	07	Schedule C. Part II (Agreements or Arrangements)—Show any agreements
Comments of Reviewing Officials (If additional)	ional space is requi	red, use the revers	e side of this sheet)				or arrangements as of the date of
			(Check ho)	x if filing extension granted &	indicate number of	days)	filing.
			(3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a symmatic concentration of contract of	Danisate names of c	/	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 comme	ents are consimued on	the reverse side)	MAR 3 1 2009

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U.S. Office	of Government I	Ethics

Reporting Individual's Name		e Number 02 of 10										
Perez, Thomas E.	SCHEDULE A											
Assets and Income	Valuation of Assets at close of reporting period PLOCK P. Income: type and amount. If "None (or less than \$201)" is cother entry is needed in Block C for that item.	hecked, no										
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 repoing 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 (oth than from the U.S. Government). For your sporeport the source but not the amount of earned income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse).	15,000 5,0	Other Income (Mo., Day, Yr.) Type & Actual Amount) Only if Honoraria										
Examples Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund Stephenson National Bank (Stock) Marinette, Wisconsin		Parmership Income \$130,000 Corp Income										
2 Stephenson National Bank (Stock) S Marinette, Wisconsin	S	\$13,239.00 Corp Income \$13,080.00										
3 Stephenson National Bank (Stock) DC Marinette, Wisconsin	S S	Corp Income \$7,167.00										
Stephenson National Bank (Stock) Marinette, Wisconsin	S	Corp Income \$7,167.00										
5 Stephenson National Bank (Stock) DC Marinette, Wisconsin		Corp Income \$7,167.00										
6 American Funds Fundamental Investors CL F1												
 This category applies only if the asset/incommark the other higher categories of value, as an 	me 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 sport options.	ouse or dependent children,										

-	orting Individual's Name rez, Thomas E.						141	,			S	CH			J LE				ıue	ed.	-		77					, ,		Page	Number 03 c	of 10)
	Assets and Income					at	clo	of A	f															'Non C for				n \$2	01)"	is c	hecked, no		,
	BLOCK A			1000000		_		CK B	100				_			L								BLOC									
															:: :	-	Ty	pe						Aı	nou	nt				Т		\dashv	,
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,091 - \$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 Ouslifted Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	5201 - \$1,000	\$1,001 - \$2,500	S2,501 - 85,000	\$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., Dav, Yr.) Only if Honoraria
	None		. 63	ş	S	~	83	~	_		8			_		Ī	-	-	Ť	Z	ue.	S		9 8	. es	56	0	59	0				
1	Heartiand Value Plus		x		-									x						x													
2	Janus Fund		×											×						x													
3	Janus Worldwide		x											×						x													
4	Janus Mid Cap Value Invst Shs		×											×						x													
5	Janus Research Fund		x											×						x													
6	Thornburg Intl Value CL A		x											×						x													
7	Fidelity US Bond Fund		x											×						×													
8	Fidelity Govt Income Fund		х											x						x													
9	Fidelity Municipal Money Market Fund		х											х						×													
	This category applies only if the asset/income is		-	at o	the	filer	s sp	ouse	or d	epen	dent	chi	ldre	n. I	f the as	set/i	ncon	ne is	eith	er th	at of	the i	iler (or joir	tly h	eld b	y the	filer	with	the	spouse or de	end	lent children

	porting Individual's Name	: .	1.7							-	S	СН	(E)	Dί	ЛL	E	A c	on	tin	ue	d							٠.				1	Page	Numb		of 10	0	
Pe	rez, Thomas E.				· · ·						:		(U	se	onl	y if	ne	ede	d)													_						
_	Assets and Income		.			at	clo	of a	f					:								amo								n \$2	201)" i	s ch	ecke	d, no			
	BLOCK A							CK B	.100																BLO	OCK	С											
		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 - \$1,500,000	Over \$1,000.000 *	\$1,600,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001-856,000,000	Over \$50,000,000	Excepted investment Fund	Excepted Trust	Qualified Triss	Dividends	Rent and Royalties		Capital Cains	None (or less than \$201)	\$201 - \$1,060	\$1,001\$2,500	\$2,301 - \$5,000		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	CT BOR OUT SECTION DAY		Over \$5,000,000		Oth Inco (Spec Type Actu Amor	me ify & ial		(Mo., Y	ate Day, r) ly if oraria
	None																								 							7.	·			.e :	"	<i>:</i>
1	Aim Real Estate Fund		x											x							x		200000000000000000000000000000000000000															
2	Accessor Growth Allocation C Class		x											x							×		000000000000000000000000000000000000000															
3	Oppenheimer Quest Balanced Fund Class B		x											X							x																	
4	TIAA Traditional Annuity			×																	x		000000000000000000000000000000000000000															
5	CREF Variable Annuity: Stock Fund		×											×							х		000000000000000000000000000000000000000															
6	CREF Variable Annuity: Money Market Fund		x								000000000000000000000000000000000000000			x							x				•													
7	CREF Variable Annuity: Social Choice		x											×							×																	
8	CREF Variable Annuity: Global Equities		x											×							×																	
9	TIAA Traditional Annuity			×																	x																	
	This category applies only if the asset/income is			at of	the	filer	's sp	ouse	or d	lepe	nden	t chi	ldre	n. I	f the	ass	et/in	com	e is	eithe	er th	at of	the	filer	or j	ointl	y he	ld b	y the	file	r w	rith 1	the s	pouse	or de	pend	lent cl	uldren,

Rep	porting Individual's Name	1 22				: : :	· · ·				S	C F	T	nτ	TT I	F.	A c	Λ'n	tir	1114	-A											P	age Number	_	
Pe	rez, Thomas E.					11.		- :		:		L 1,				-	fne			ш	u											ļ	05 Of 1	0	
			-										(U	Se	OHI	y 11	1110	euc	(u)										_						
	Assets and Income					at	clo	of a	f					:								am ed i								n \$2	01))" is	s checked, no		
	BLOCK A ·				_	-		CK B																	BL	OCK	С								
	None	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	Qualifted Trust	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000		Am 0000058 - 100%18	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5 000 000	Over asyong, on	Other Income (Specify Type & Actual Amount)	(Mo., Yi	Pate, Day, (r.) aly if oraria
1	TIAA Variable Annuity: Real Estate			x										х							x														
2	CREF Variable Annuity: Stock Fund			×										×							×														
3	CREF Variable Annuity: Bond Market			×										x							×														
DC	College Savings Plan of Maryland T. Rowe Price Portfolio 2015			×										×							x														
5 DC	College Savings Plan of Maryland T. Rowe Price Portfolio 2015			x										x							x											-			
6 DC	College Savings Plan of Maryland T. Rowe Price Portfolio 2021			×										×							×														
7	Kaiser Commission on Medicaid and the Uninsured																																Honoraria \$2000		3/08 5/08
8	M & T Bank (savings)		x																		×														
	Maryland Dept of Labor, Licensing and Regulation Baltimore, MD																																Salary \$139,004		
	This category applies only if the asset/income is			at of	the	filer	s sp	ouse	or d	eper	nden	t ch	ildre	n. I	f the	ass	et/in	com	e is	eith	er th	at of	the	filei	or j	ointl	y he	ld by	y the	file	r wii	th th	he spouse or deper	dent cl	hildren,

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	porting Individual's Name prez, Thomas E.	SCHEDULE A continued (Use only if needed)											Page Number 06 of	10																			
_																<i></i>			-/_														
	Assets and Income					luat at repo	clo	se o	f	ets		•	-											. If "					\$20)1)"	is checked, no		
	BLOCK A			100000	1	F	BLO	CKB	162	99991	76			303331	1.					_				E	LOC								
	None	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 + \$50,800	\$50,001 \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,600,000	Over \$1,000.000 *	Structures something	\$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		Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501-\$3,000	0	\$50,001 - \$100,000	001	Over \$1,000,000*	\$1,600,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	(Mo., Yr Onl	
1	Europacific Growth Fund A		x		-									X							х											-	
2	T. Rowe Price 2025 Retirement Fund		х											×							x												
3	George Washington School of Public Health																		000000000000000000000000000000000000000				000000000000000000000000000000000000000			000000000000000000000000000000000000000					Salary \$12, 375		-
4	Community Catalysts, Inc. Boston, MA																						000000000000000000000000000000000000000								Honorarium \$3625	03	/08
	Hartford Capital Appreciation Fd A		x											×							x												-
6	Washington Legal Clinic for the Homeless Washington, DC																														Spouse salary		
7							-																000000000000000000000000000000000000000			200000000000000000000000000000000000000							
8													-								7		000000000000000000000000000000000000000										
9																	·						0.0000000000000000000000000000000000000			000000000000000000000000000000000000000							
	This category applies only if the asset/income is			at of	the	filer	s sp	ouse	or de	pen	den	t ch	ldre	n. I	f the	ass	et/in	com	e is e	ithe	r tha	at of	the	filer or	join	tly h	ld by	y the	filer	with	the spouse or depe	dent ch	ildren,

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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								-					-						
	rez, Thomas E.			SCHEDULE B										F	age N	lumber		Of 10		
P	art I: Transactions			· ·		,			None	;										
	port any purchase, sale, or exchang dependent children during the repo		report a transaction involving property personal residence, or a transaction sole			insaction			17.	···········	*	Air	ount of	Transa	ction	(x)	•*•			-
pro sec	operty, stocks, bonds, commodity fi urities when the amount of the tran 000. Include transactions that resu	atures, and other assection exceeded lted in a loss. Do not	your spouse, or dependent child. Chec divestiture" block to indicate sales mad certificate of divestiture from OGE.	k the "Certificate of	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 - \$50,000	\$50,001-	\$100,001 - \$250,000	\$250,001 -	\$500,001	51,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 -	Over \$50,000,000	Certificate of divestiture
	Example: Central Airlines Common			ta etja et	х			2/1/99			х				7 1 1					
1						ŀ								f						
2																				
3									PASS T		Çeve i				, S. ()					
4.	<u> </u>				7: 1										٠.			 		
5	`					\neg					1.0		-							
* 7	hi	doubries asset is calchested	of the filer's spouse or dependent childre	. If the warderly income	ia ai	مط سمط	1.4													
			nt children, use the other higher categori			nei ne	iu													
Fo tio foc (2) that as au	art II: Gifts, Reimbury, you, your spouse and dependent, and the value of: (1) gifts (stock, or entertainment) received for travel-related cash reimburser in \$260. For conflicts analysis, personal friend, agency approvitation, etc. For travel-related gites, and the nature of expenses	ent children, report the souch as tangible items, trained none source totaling nents received from one it is helpful to indicate a all under 5 U.S.C. § 411 ifts and reimbursements.	ource, a brief descrip- nsportation, lodging, more than \$260; and source totaling more basis for receipt, such tor other statutory include travel itinerary.	Literatur	recei inder the d total	ved fi ende onor's value	nt of resi	nment; giv relatives; r their relat idence, Als n one sour sions.	eceive ionshi so, for	d by y	our sou; or oses of	pouse provi f aggr	or der ded as egatin	pende s perse g gift	nt chonal onal s to c	ild to hospit letern	tally tality tine t truct	at he		l
	Source (Name an					ef Desc								el pe				30.00	Value	
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francis		Airline ticket, hotel room & meals incident Leather briefcase (personal friend)	to national conference 6/15	99 (pe	rsonal	activ	ity unrelated	to duty	<u> </u>					200.6 200.6				\$500 \$300	
1																				
2						_														
3																	-			
4										********										
5																			•	
									-	and and desired the lateral desired	-	-			-					

Prior Editions Cannot Be Used.

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Reporting Individual's Name
Perez, Thomas E.

Part I: Liabilities
Report liabilities over \$10,000 ower
any time during the reporting period
or dependent children. Check the h

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse,	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne x		`			Categ	ory of A	mount	or Va	ue (x)		· · · · · · · · · · · · · · · · · · ·	
or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	.,001-	\$15,000	\$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 -	\$25,000,001 -	S50,000,000
Creditors (Name and Address)	Type of Liability	1	147.5/41	ï.	81(8	\$2	\$50 \$10	\$1(\$25	\$5(§ 2	\$5,	\$5,	\$25	§ 6
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 deman	d —			<u> </u>		×						
- 1																
2					1									-		
3					+											
4					T											
5					1	\top										
* This category applies only if the liability is solely that of the fi with the spouse or dependent children, mark the other higher co		filer or a j	oint liabilit	y of the fi	er		l				·		J		<u> </u>	
			1 -													
Part II: Agreements or Arrangements Report your agreements or arrangements for: continuing		of absen	ce: and (4	1) future	emple	ovme	ent. S	See in	nstruo	ctions	regar	ling t	he rei	portin	g	
employee benefit plan (e.g. 401k, deferred compensation	n; (2) continuation			r any of t								Ü	,			
payment by a former employer (including severance pay	ments); (3) leaves										. 1	Jone	<u></u>	1	· · ·	
Status and Terms of an	y Agreement or Arrangement								Partie	s -					D	ate
Example: Pursuant to partnership agreement, will receive lump s calculated on service performed through 1/00.	um payment of capital account & partnership share	_		D	oe Jon	ies & S	Smith,	, Hon	etown	, State			,			/85
Continued participation in the University System Mary No further contributions will be made to the plan.				U	niver	sity o	of Ma	arylar	nd						01	/01
2 Continued participation in the State of Maryland Defin	ed Compensation Retirement Plan			s	tate c	of Ma	rylar	nd							01	/07
No further contributions will be made to the plan.																—
4																
5							,									
6																
Prior Editions Cannot Be Used.																

SCHEDULE C

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Reporting Individual's Name			•	Page Number	
Perez, Thomas E.		SCHEDULE D		09 (of 10
Ferez, momas L.					
				-	
Part I: Positions Held Outsi					
Report any positions held during the ar	oplicable reporting period, whether	consultant of any corporation, firm, partner			100
director, trustee, general partner, propri	but are not limited to those of an officer,	non-profit organization or educational instances social, fraternal, or political entities and the	ose solely of an honorary nature.	S.	·.
Market Constitution of the		The state of the s		None	
Organi	zation (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors,		Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown	n, State	Law firm	Partner	7/85	1/00
1 Maryland Department of Labor,	Licensing & Regulation	State Government	State Cabinet Secretary	01/07	present
Baltimore, MD					 .
2 George Washington School of I	Public Health	Non-profit education	Part-time professor	08/07	present
Washington, DC					<u>[</u>
3 Center for American Progress A	Action Fund	Think and action tank	Board Member	07/04	present
Washington, DC					
4 Action Aid USA		Non-profit NGO	Board Member	06/07	present
Washington, DC					
5 Kaiser Commission on Medicai	d and the Uninsured	Non-profit	Commissioner	03/02	present
Washington, DC	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
6 University of Maryland School of	of Law	Non-profit education	Assistant professor	04/01	06/07
Baltimore, MD					
Part II: Compensation In E	excess Of \$5,000 Paid by One So	ource		Do not com	plete this part
Report sources of more than \$5,000 co		corporation, firm, partnership, or other bus	iness enterprise or any other non-profit		n Incumbent,
	ed directly by you during any one year of	organization when you directly provided th		Termination	
the reporting period. This includes the		of more than \$5,000. You need not report		Vice Presid	ential
				or Presiden	tial Candidate
	and the second of the second of	# 15 E.	Make the second of the second	None	
Source (Name and Address)			Brief Description of Duties		· · · · · · · · · · · · · · · · · · ·
Examples: Doe Jones & Smith, Hometown	n, State	Legal services			Transfer (
Metro University (client of Doc	e Jones & Smith), Moneytown, State	Legal services in connection with university of	construction	.,	
1 Maryland Department of Labor,	Licensing & Regulation	State Cabinet Secretary			
Baltimore, MD				7	
2 George Washington School of I	Public Health	Part-time professor			
Washington, DC			TWO TWO		
3 University of Maryland School of	of Law	Assistant professor			
Baltimore, MD					····
4 The California Endowment		Consultant			
Woodland Hills, CA					
5					
6	ARAWAN			***	
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SF 278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government Ethics

Reporting Individual's Name					Page Number	
Perez, Thomas E.		SCHEDULE D			10 of 10	
Part I: Positions Held Out				17		
Report any positions held during the	applicable reporting period, whether	consultant of any corporation, firm, part	nership, or other business en	erprise or an	y	× ,
director, trustee, general partner, prop	e but are not limited to those of an officer,	non-profit organization or educational in social, fraternal, or political entities and	nstitution. Exclude positions those solely of an honorary i	with religiou	S.,	
					None	
Organization (Name and Address)		Type of Organization	Position Held	I	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	Til engler	6/92	Present
Doe Jones & Smith, Hometown, State		Law firm	Partner		7/85	1/00
The California Endowment Woodland Hills, CA		State Health Foundation	Consultant	•	01/01	01/07
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Part II. Compensation In	Excess Of \$5,000 Paid by One So	urce				1-4-412
Report sources of more than \$5,000 c	. ,	corporation, firm, partnership, or other b	nuciness enterprise or any of	ner non-profi	,.	lete this part
business affiliation for services provide	ded directly by you during any one year of	organization when you directly provided			Termination	Filer, or
	ne names of clients and customers of any	of more than \$5,000. You need not repo			Vice Preside	ential
		그는 그는 그는 사람들이 얼마를 보기 때			A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ial Candidate
				**::-	None	
Source (Name and Address) Doe Jones & Smith, Hometown, State		Legal services	Brief Description of Duties	- 121.1 127.2		
Examples: Metro University (client of Doe Jones & Smith), Moneytown, State		Legal services Legal services in connection with university construction				
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