Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT 5 C.F.R Part 2634 U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status	Incumbent	Calendar Year Covered by Report	T	New Entrant, Nominee,	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
	appropriate boxes)			Х	or Candidate	Filer		file this report and does so more than
	Last Name				First Name and Middle	Initial		30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Perez.				Thomas E.			is granted, more than 30 days after the
	Title of Position				Department or Agency	(If innlicable)		last day of the filing extension period shall be subject to a \$200 fee.
Position for Which Filing	- This is a second	nev General Ci	vil Rights Division		Department of Just			
	1	Street, City, State,				Telephone No. (Inc.	clude Area Code)	Reporting Periods Incumbents: The reporting period is
Location of Present Office (or forwarding address)			more, MD 21202			410-230-6020		the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held						include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)								you file. Part II of Schedule D is not applicable.
							A3 - 100	Termination Filers: The reporting
Presidential Nominees Subject to Senate Confirmation		sional Committee C	onsidering Nomination		Do You Intend to Creat	Promotonia.		period begins at the end of the period covered by your previous filing and ends
	Judiciary				Yes	X No		at the date of termination. Part II
Certification	Signature of Repo	rting Individual .				Date (Month, Duy	Tear).	of Schedule D is not applicable.
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.	The	Z E.	Per	,		3/27/	109.	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer	8			Date (Month, Day,	Yore\	Schedule A—The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	La	M	Roda			3/27	109	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.
Agency Ethics Official's Opinion	Signature of Desig	gnated Agency Ethic	cs Official/Reviewing (Officia	I	Date (Month, Dav.	Vear \	Schedule B-Not applicable.
On the basis of information contained in this report, I conclude that the filler is in compliance with applicable laws and regulations (subject to any comments in the box below).	Signature	Ju J	flews	_		3/27/	109	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.
Office of Government Ethics Use Only		Musi	116	• • • •	chi	4/3/	09	Schedule C. Part II (Agreements or Arrangements)—Show any agreements
Comments of Reviewing Officials (If addin	lonal space is requi	red, use the reverse	side of this sheer)					or arrangements as of the date of
			(Check bo	x if fili	ing extension granted &	indicate number of a	lays)	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
					(Check box if comme	ents are continued on	the reverse side)	MAR 3 1 2009
Supersedes Prior Editions Which Cannot	Be Used .				278-112	Form D	esigned in Microsoft Excel 2000	NSN 7540-01-070-8444

SF278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics			,,,													,									-						D	
Reporting Individual's Name Perez, Thomas E.		;;;											SC)	HE	E D I	UL	E	A													Page Number 02 of	10
Assets and Income				Val	epo	t clo	g pe	of erio		3		r					com							(C)		hat			n \$2	:01)	' is checked, no	
For you, your spouse, and dependent children,			****			BLO	CKI	3			I				I	-	Ty							BI		our	+					
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 honoraria over \$200 of your spouse).	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	-\$1,000,000	Over \$1,000,000*	\$1,000,001 - \$3,000,000	Over \$5,000,000		Date (Mo., Day, Yr.) Only if Honoraria
Central Airlines Common		_		x				<u></u>		_						X.						_x_				_						
Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund		_:	* 		 2		- -			_								_						x	_	-					Law Partnership Income \$130,000	
Stephenson National Bank (Stock) Marinette, Wisconsin				×																											\$ Corp Income \$13,239.00	
2 Stephenson National Bank (Stock) S Marinette, Wisconsin				x												•															S Corp Income \$13,080.00	
Stephenson National Bank (Stock) Marinette, Wisconsin			x																			2									\$ Corp Income \$7,167.00	
4 Stephenson National Bank (Stock)																Г															S Corp Income	

* 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.

X

S Corp Income \$7,167.00

6 American Funds

5 Stephenson National Bank (Stock) DC Marinette, Wisconsin

Fundamental Investors CL F1

X

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Rep	orting Individual's Name rez, Thomas E.										S	CI		***			A c			ue	d											P	age N	umb		of 1	0	
	Assets and Income					a repo	t clo	ose (erioc								Inc								C fo		at it			n \$2	01))" is	s che	cked	i, no			
	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	\$25,090,001 - \$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+85,600		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	000 000 33	Over \$5,000,000	(Oth Incor (Spec Type Actu Amou	me ify & al		MoY	ate . Dav, r.) lv if oraria
1	Heartiand Value Plus		x											x							×																	
2	Janus Fund		x											×							×																	•
3	Janus Worldwide		×											x							×																	
4	Janus Mid Cap Value Invst Shs		x											×							x																	
5	Janus Research Fund		x											x							×																	
6	Thornburg Intl Value CL A		×											×							×											T						
7	Fidelity US Bond Fund		×											ж							x																	
8	Fidelity Govt Income Fund		х											x							x																	
9	Fidelity Municipal Money Market Fund		x											×							×																	
	This category applies only if the asset/income is rk the other higher categories of value, as approp			at of	the	file	r's sp	ous	e or o	depe	nder	nt ch	ildre	n. I	fthe	ass	et/in	com	e is	eithe	er th	at of	the	filer	or jo	ointly	y hel	d by	the	filer	wi	th th	ne sp	ouse	or de	epen	dent c	nildren,

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	rez, Thomas E.										SC			JL) only			1.10		ue	d				,										04 of	10	
	Assets and Income					at	t clo	of A	f	ets						Inc	om er er	e: ty	pe is n	and	amo	ount n Ble	. If	"No	one or th	(or nat i	less	tha	n \$2	201)	" is	chec	ked,	no		
_	BLOCK A	_	a .	. : 18888	1	I	BLO	CK B		888 -	10000	81		18			m:	7.	_	-				BLO	-	-									T	
	None	None (or less than \$1,001)		\$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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted investment Fund	Excepted Trust	(Jualified Trust		Rent and Royalties		Capital Cains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1.000.001 - \$5.000.000	Origin \$5,000,000	Cyel 33,000,000	Ir (S	Other ncome Specify Type & Actual mount	e / :		Date Mo., Day, Yr.) Only if Honoraria
1	Aim Real Estate Fund		x										×							х										*						
2	Accessor Growth Allocation C Class		×										×							×																
3	Oppenheimer Quest Balanced Fund Class B		x																	×																
4	TIAA Traditional Annuity			×																x																
5	CREF Variable Annuity: Stock Fund		x										×	•						x																
6	CREF Variable Annuity: Money Market Fund		x										×							×																
7	CREF Variable Annuity: Social Choice		x										×							×																
8	CREF Variable Annuity: Global Equities		×										×							×															de de construction de la constru	
9	TIAA Traditional Annuity			×																x												Patricipal				
	This category applies only if the asset/income rk the other higher categories of value, as app			at o	f the	filer	's sp	ouse	or de	pend	lent c	hildr	en.	If the	asse	et/in	com	e is	eith	er th	at of	the	filer	or jo	ointl	y he	ld by	y the	file	r wit	th th	ie spo	use o	r depe	nder	nt children

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Rep	porting Individual's Name				,						C	HE	DI	JT.	E	Ac	on	tin	ne	d			,	.,						Pag	e Numb		£ 40	
Pe	rez, Thomas E.									~				4		fne													1			05 0	110	
																							•											
	Assets and Income			1		at (clos	of A se of peri		S	,													Non-				\$20	01)'	' is c	checke	d, no		
_	BLOCK A ·		- 10	*****	- 10	BI	LOC	KB	1888		180000						703		_				3	BLOC	-									
	None	None (or tess than \$1,(011)	\$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	ST ONB OHL S S ROOM	\$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 - \$5,000	0	\$50,001 - \$100,000	00	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000		Oti Incc (Spe Typ Act Amo	ome cify e & ual		Date Mo., Day, Yr.) Only if Honoraria
1	TIAA Variable Annuity: Real Estate			x									х							x														
2	CREF Variable Annuity: Stock Fund			×																×														
3	CREF Variable Annuity: Bond Market			X																x														
4 DC	College Savings Plan of Maryland T. Rowe Price Portfolio 2015		-	×																x														
5 D0	College Savings Plan of Maryland T. Rowe Price Portfolio 2015			×																×														
6 DC	College Savings Plan of Maryland T. Rowe Price Portfolio 2021			×																x														
7	Kaiser Commission on Medicaid and the Uninsured																														Hono \$20			03/08 06/08
8	M & T Bank (savings)		x																	x														
	Maryland Dept of Labor, Licensing and Regulation Baltimore, MD																														\$139	,004		
8	This category applies only if the asset/income is			tof	the f	iler's	spo	use c	r de	ende	nt cl	nildre	en.	f the	e ass	et/in	com	e is	eithe	r tha	t of	the f	iler o	r join	tly h	eld b	y the	filer	with	h the	spous	or dep	ende	ent children,

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Rep	orting Individual's Name rez, Thomas E.									S	CE					nee			ıed										Page Number 06 of 1	10
	Assets and Income					at repor	clos	perio		;														that	r less		n \$20	01)"	is checked, no	
	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	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		Kent and Royalties	e e e e e e e e e e e e e e e e e e e	None (or less than \$201)		\$1,001 - \$2,500	\$2,501 - \$5,000		000 001 8 100 000 001 00 000 000 000 000	600	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	Europacific Growth Fund A		x										x						×											
2	T. Rowe Price 2025 Retirement Fund		Х										×						x											
3	George Washington School of Public Health																												Salary \$12, 375	
4	Community Catalysts, Inc. Boston, MA																												Honorarium \$3625	03/08
5 S	Hartford Capital Appreciation Fd A		x										×						×										•	
	Washington Legal Clinic for the Homeless Washington, DC																												Spouse salary	
7																														
8																			7											
9																														
	This category applies only if the asset/income is			at of	the	filer'	s spor	use or	depe	enden	t chi	ldre	n. I	the	asse	et/inc	ome	is ei	ther t	hat o	of the	filer	or joi	ntly l	ield b	y the	filer	with	the spouse or depen	ident children,

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

U.S. Office of Government Ethics Reporting Individual's Name											-	I Page	Numbe	r			
Perez, Thomas E.		SCHEDULE	В									l ago	rumbo		Of 10		
Part I: Transactions				•			None										
Report any purchase, sale, or excha- or dependent children during the re		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		insaction						Amou	nt of Tra	nsaction	ı (x)	<i>[2</i>	3.01		1:.
property, stocks, bonds, commodity securities when the amount of the t \$1,000. Include transactions that re	y futures, and other transaction exceeded esulted in a loss. Do not	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Sale	Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 -	\$50,001 -	\$250,000	500,000 -	wer 1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of divestiture
Example: Central Airlines Comn		nion of Assets.	X	02		2/1/99	69 69	69 69 E	X 89 69	A 69 6A	69 69 69	0 %	(4) (4)	69 69	69 69	O 69	0 0
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2										100							
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5				\dashv						.,	+-	1	-		-		
		·	1									1		14.54		1,22	
		of the filer's spouse or dependent children. If the underlying a ent children, use the other higher categories of value, as approp		her he	ld												
Part II: Gifts, Reimb For you, your spouse and deper tion, and the value of: (1) gifts food, or entertainment) receive (2) travel-related cash reimburs than \$260. For conflicts analys as personal friend, agency appr authority, etc. For travel-related dates, and the nature of expens	ndent children, report the s (such as tangible items, trad from one source totaling sements received from one is, it is helpful to indicate a royal under 5 U.S.C. § 411 d gifts and reimbursements	ource, a brief descrip- unsportation, lodging, more than \$260; and source totaling more i basis for receipt, such I or other statutory , include travel itinerary,	recei inder the d total	ved fi cende onor's value	nt of s resi	nment; giverelatives; relatives; relatives; relatives; relatives. Almones sour sions.	eceive tionsh so, for	ip to yo	our spou; or poses of	ouse or provide aggrega	depend as pe	dent constant rsonal ifts to	hild to hospi deterr	itally itality nine t struct	at he		
Source (Name				ef Desc												Value	
Examples: Nat'l Assn. of Rock C Frank Jones, San Fran		Airline ticket, hotel room & meals incident to national conference of Leather briefcase (personal friend)	/15/99 (p	ersonal	activi	ity unrelated	to duty	2	DO 400004 400 4							\$500 \$300	
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5																٠.	
D. D.C. C. ID W. I				-			_		-			-					

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 08.of 10 Perez, Thomas E. Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None x 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. \$15,000 \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 -\$250,000 \$250,000 \$500,000 \$500,000 -\$1,000,000 -\$1,000,000 -\$1,000,000 during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Term if Incurred Rate applicable Creditors (Name and Address) Type of Liability First District Bank, Washington, DC Mortgage on rental property, Delaware 1991 8% 25 yrs. Examples: John Jones, 123 J St., Washington, DC 1999 10.% on demand Promissory note 2 * 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 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, Hometown, State 7/85 1 Continued participation in the University System Maryland TIAA CREF 401k plan University of Maryland 01/01 No further contributions will be made to the plan. 2 Continued participation in the State of Maryland Defined Compensation Retirement Plan State of Maryland 01/07 No further contributions will be made to the plan. 6

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Reporting Individual's Name		Signalis, and the principles	. Page Number	
Perez, Thomas E.	SCHEDUI	LE D	0	9 of 10
Part I: Positions Held Outside U.S. Gove Report any positions held during the applicable reporting compensated or not. Positions include but are not limited director, trustee, general partner, proprietor, representative	period, whether consultant of any corp	oration, firm, partnership, or other busines n or educational institution. Exclude posit litical entities and those solely of an honor	ions with religious.	ne
Organization (Name and A	ddress) Type of Org	ganization 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
Maryland Department of Labor, Licensing & Reg Baltimore, MD	gulation State Government	State Cabinet Seco	retary 01/07	present
George Washington School of Public Health Washington, DC	Non-profit education	Part-time professo	r 08/07	present
Center for American Progress Action Fund Washington, DC	Think and action tan	k 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 Uninsu Washington, DC	red Non-profit	Commissioner	03/02	present
6 University of Maryland School of Law Baltimore, MD	Non-profit education	Assistant professo	04/01	06/07
Part II: Compensation In Excess Of \$5,0 Report sources of more than \$5,000 compensation receive business affiliation for services provided directly by you the reporting period. This includes the names of clients a	ed by you or your corporation, firm, partiduring any one year of organization when you	nership, or other business enterprise, or an a directly provided the services generating You need not report the U.S. Government	y other non-profit if you are a fee or payment as a source. Vice Presor Presid	emplete this part an Incumbent, ion Filer, or sidential ential Candidate
Source (Name and Address)		Brief Description of Du	ities	
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), M	Legal services	ection with university construction		
Maryland Department of Labor, Licensing & Reg Baltimore, MD	gulation State Cabinet Secre			
George Washington School of Public Health Washington, DC	Part-time professor	1		
University of Maryland School of Law Baltimore, MD	Assistant professor			
4 The California Endowment Woodland Hills, CA 5	Consultant			
6			,	
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U.S. Office of Government Ethics

Reporting Individual's Name				Page Number	
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Part I: Positions Held O					3 22
Report any positions held during the	he applicable reporting period, whether	consultant of any corporation, firm, p	partnership, or other business enterprise or ar	ıy	in the Ma
compensated or not. Positions inc	lude but are not limited to those of an officer, representative, employee, or	non-profit organization or educations	al institution. Exclude positions with religion and those solely of an honorary nature.	IS.	
director, trusteet, general partitor, p	roprictor, ropresentative, employee, or	social flatination of political citities a	and aroso solor, of all honorary hatero.	None	
Organization (Name and Address)		Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Natl Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
Examples: Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
The California Endowment		State Health Foundation	Consultant	01/01	01/07
Woodland Hills, CA					
2			,		
		<u> </u>			·
3					
4					
5					
		,			
6					
	* *				
Report sources of more than \$5,00 business affiliation for services pro	n Excess Of \$5,000 Paid by One S to compensation received by you or your byided directly by you during any one year of the names of clients and customers of any	corporation, firm, partnership, or othe organization when you directly provi	er business enterprise, or any other non-prof ded the services generating a fee or payment eport the U.S. Government as a source.	it if you are an Termination Vice Preside	Filer, or
Source (Name and Address	ss)		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			Table State		
2					
-	*				
3					
4	,				
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