OGE Form 278 (Rev. 12/2011)
5 C.F.R. Part 2634
U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

se o	are continued on the reverse side)	(Check box if comments are continued on			
Agency Use Only	indicate number of days)	(Check box if filing extension granted & indicate number of days	(Check box if fil		
Schedule D—The reporting period is the current calendar year up to the date		this sheet)	required, use the reverse side of	If additional space is	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)
arrangements as of the date of filing.					Use Only
Schedule C, Part II (Agreements or Arrangements)—Show any agreements or	Date (Month. Day, Year)			Signature	Office of Government Ethics
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	6/3/2016			A A	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).
reporting period is the preceding calendar	Date (Month. Day, Year)	wing Official	Signature of Designated Agency Ethics Official/Reviewing Official	Signature of Designa	Agency Ethics Official's Opinion
Schedule B-Not applicable.	5/31/2016		TI Band	M	(If desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)		eviewer	Signature of Other Reviewer	OtherReview
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	4.15.2016				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.
vice Fiesident:	Date (Month, Day, Year)		ng Individual	Signature of Reporting Individual	Certification
Candidates for President and					
Nominees, New Entrants and	3	Yes		Not Applicable	to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?		Name of Congressional Committee Considering Nomination	Name of Congression	Discillential Nominees Subject
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of fermination. Part I of			nd Date(s) Held Affairs	Title of Position(s) and Date(s) Held DAP for Legislatove Affairs	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schodule I) it not applicable	202 456 1414		1600 Pennsylvania Ave, NW, Washington DC 20502	1600 Pennsylvania A	Present Office (or forwarding address)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)		Address (Number, Street, City, State, and ZIP Code)	Address (Number, Si	Location of
Reporting Periods Incumbents: The reporting period is			ffairs	DAP for Legislative Affairs	Filing
to a \$200 fee.	Department or Agency (If Applicable)	Department or		Title of Position	5
than 30 days after the last day of the filing extension period, shall be subject		Alejandro		Perez	Individual's Name
filed, or, if an extension is granted, more	Middle Initial	First Name and Middle Initial		Last Name	Reporting
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days	Termination Termination Date (If Appli- Filer able) (Month Day, Year)	New Entrant, Nominee, or Candidate	Incumbent Calendar Year Covered by Report 2015	Reporting I Status (Check Appropriate Boxes)	Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 02/02/2009

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Reporting Indiv Perez, Alejandro	4		For you, your spouse, report each asset he production of income value exceeding \$1,00 ing period, or which g in income during the r with such income.	For yourself, amount of ear than from the report the sou income of mo actual amoun your spouse). None		Examples	1 7	7	1 US Depai				
Reporting Individual's Name erez, Alejandro	Assets and Income	BLOCK A	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 amount of any honoraria over \$200 of your spouse).	Central Airlines Common	Doe Jones & Smith, Hometown, State	Rempstone Equity Fund	Department of Labor Credit Union	The White House Federal Credit Union				
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			1 \$1,001)	None (or less that									
	Valuation of Assets at close of reporting period		2	\$1,001 - \$15,000			ᆜ.						
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0				Over \$50,000,000		-							
SCHEDULE				Excepted Investm		1	× ×					erenturas reditor Albek	
1 8				Excepted Trust		L	<u> </u>						
				Qualified Trust				=					
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\triangleright	Income: type and amount. If "None checked, no other entry is needed in		s J	Rent and Royaltle			T			<u> </u>			
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	H. H.			Capital Gains									
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73	(or less Block C			Over \$5,000,000		i	i i						
Page Number	e and amount. If "None (or less than \$201)" i ther entry is needed in Block C for that item.		Other	Type & Actual Amount)		Law Partnership Income \$130,000							
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U.S. Office of Government Ethics							The state of the s		The state of the s						
Reporting Individual's Name Perez, Alejandro	St	SCHEDULE	TH C								Page	Page Number 4	ber 4 of	Ch	
Part I: Liabilities	a mortgage on your personal residence	None _	2 10 112							-		- Anna -			
Report liabilities over \$10,000 owed	unless it is rented out; loans secured by automobiles, household furniture						C.	regon	of A	nount	Category of Amount or Value (x)	ilue (x	υ		
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.				001 - 000	,000 - ,000	0,000	0,001-	0,001 - 0,000	0,001 - 00,000	r 00,000*	00,001- 00,000	00,001 -	000,001 - 000,000	000,000
Creditors (Name and Address)	Type of Liability	Date	Rate	applicable		\$50	\$10	\$25			Ove \$1,0		\$5,0		Ove \$50
Eirer District Rank Washington DC	Martagon on ronal property Dolaware	1991	200	25 vrs.	I	1	×	-					1	1	
Examples First District Edits, Washington, DC	Not gage on tental property, belaware	1000	100		 -	1	1,	-		1	-	1		1	T
John Jones, Washington, DC	Promissory note	5665	10%	on demand		L	L		×			T	T	T	
Great Lakes Inc 2491 International Lane, Madison WI	Spouse's Student Loan	2003	4.875	20		X			ļ						
0) 12															
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*This category applies only if the liability is s with the spouse or dependent children, mar	*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 with the spouse or dependent children, mark the other higher categories, as appropriate.	ren. If the lia	bility is th		filer or a joint liability of the filer	joint l	iabilit	y of th	le file	H					
Part II: Agreements or Report your agreements or arrangements	Arrangements s for: (1) continuing participation in an	of absence; and (4) future	e, and (-		employment. See instructions regarding the report-	ment	. See	instr	rctio	ns re	gardi	ing tl	he rej	סורר	
employee benefit plan (e.g. pension, 401 tion of payment by a former employer (employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves	ing of negotiations for any	gotiation		of these arrangements or benefits	e am	inger	nents	or b	enef	its.	G.	Te ve	None X	\boxtimes
Status and Te	Status and Terms of any Agreement or Arrangement							Parties						T .	Date
Example Pursuant to partnership agreement, calculated on service performed thr	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	artnership sha	76	Doe Janes	& Smith, Hometown, State	, Home	town.	State						9	7/85
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J.S. Office of Government Ethics Reporting Individual's Name			Pag	Page Number
Perez, Alejandro		SCHEDULE D		5 of 5
Part I: Positions Held Outside U.S. Governmen 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,	Outside U.S. Gover pplicable reporting period, whethe not limited to those of an officer, c	(-1	organization or educational institution. Exclude positions with religious social, fraternal, or political entities and those solely of an honorary	rith religious,
any corporation, firm, partnership, or other business enterprise or any non-profit	ner ousiness enterprise or any no	on-profit		Total D
Organization (Name and Address)	1d Address)	Type of Organization	Position Held F	From (Mo., Yr.) To (Mo., Yr.)
Nat'l Assn. of Rock Collectors, NY, NY		Non-prolit education	President	6/92 Present
Doe Jones & Smith, Hometown, State		Law firm	Partner	1
2				
63				
4				
50				
6				
Part II: Compensation	in Excess of \$5,00	id	Do not complete this part if you are an Incumbent, Termination Filer, or Vice	art if you are a n Filer, or Vice
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	pensation received by you or you directly by you during any one lames of clients and customers o business enterprise, or any other		The state of the s	ntial Candidate)u None [
Source (Name and Address)	Address)	Brief	if Description of Duties	
Examples Doe Jones & Smith, Hometown, State		Legal services	Annual	
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