## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

*Additional information For by candidate on 6	*Additional information		Comments of Reviewing Officials (If addi	Office of Government Etnics Use Only	any comments in the box below).	On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to	Agency Ethics Official's Opinion Signa	(If desired by agency)		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.	Certification Signat		Presidential Nominees Subject to Senate Confirmation	_	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) United	ice <sub> dress </sub>	Location of Addre	Position for Which Filing Candid		Individual's Name Obama			Date of Appointment, Candidacy, Election, Reporting or Nomination (Month, Day, Year)
		(Check box if filing extension granted & indicate number of days	Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)			homasina ! The	Signatury of Designated Agendy Ethics Official/Reviewing Official	1 Holy	Signature of Other Reviewer	1207	Signature of Reporting Individual			Name of Congressional Committee Considering Nomination   Do You I	Title of Position(s) and Date(s) Held United States Senator - Jan. 4, 2005 to Present	713 Hart Senate Office Building, Washington, DC 20510	Address (Number, Street, City, State, and ZIP Code)	Candidate for President	Title of Position Departme	Barack H		riate 2006 Candidate	Incumbent Calendar Year New Entrant, Covered by Report Nominee, or
101101	2007 KAY 16 P 12: 31	nted & indicate number of days)			Date (Month, Day, Year)	7/17/07	Date (Month, Day, Year)	7/16/07	Date (Month, Day, Year)	5/4/07	Date (Month, Day, Year)		Yes No	Do You Intend to Create a Qualified Diversified Trust?		202-224-2854	Telephone No. (Include Area Code)		Department or Agency (If Applicable)		First Name and Middle Initial		Termination Termination Date (If Appli-
	Agency Use Only Received by PEC 5/15/07	of thing.	the preceding two calendar years and the current calendar year up to the date	arrangements as of the date of filing.  Schedule D—The reporting period is	Schedule C, Part II (Agreements or Arrangements)-Show any agreements or	any date you choose that is within 31 days of the date of filing.	reporting period is the preceding calendar	Schedule B-Not applicable.	as of any date you choose that is within 31 days of the date of filing.	for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets	Vice riesident.	Candidates for President and	Nominees, New Entrants and	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	year up to the date you file. Part II of Schedule D is not applicable.	Il of Schedule C and Part I of Schedule D	Reporting Periods Incumbents: The reporting period is	10 a 9400 Icc.	than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee	filed, or, if an extension is granted, more	this report and does so more than 30 days after the date the report is required to be	Fee for Late Filing

SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government

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Central Airlines Common	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).	For you, your spouse, and dependent children, report each asset held for investment or the	BLOCK A	Assets and Income	Reporting Individual's Name Obama, Barack H.
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40	None (or less than \$1,001)				
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908	Excepted Investment Fund				SCHEDULE A
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	Over \$5,000,000			SSS	Pag
54	Other Income (Specify Type & Actual Amount)			type and amount. If "None (or less than \$201)" is no other entry is needed in Block C for that item.	Page Number
	Date (Mo., Day, Yr.) Only if Honoraria	1		1)" is tem.	N

Examples

Doe Jones & Smith, Hometown, State

×

×

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× | ×

RA: Heartland 500 Index Fund

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.

Vanguard Wellington Fund Investor Shares (S)

×

×

×

X

X

X

×

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×

State of Illinois General Assembly Pension Plan

Vanguard Wellington Fund Investor Shares

**UBS Bank USA Deposit Acct** 

X

×

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×

Law Partnership Income \$130,000

×

Northern Trust Checking (J)

Morgan Chase Private Client Asset Mgmt Checking Acct (J)

Prior Editions Cannot Be Used.

							2 Nuveer	Vanguard Shares (S)					Reporting Individ Obama, Barack H	C.F.R. Part
Vanguard Mid-Cap Index Fund Investor Shares (S) University of Chicago Hospitals (S)	ard Mid-Cap Index Fund Investor Share		Marshall Mid-Cap Value Investor Shares (S)	Goldman Sachs Large Cap Value A (S)	Pimco Total Return Admin Shares (S)	Marshall Prime Money Market Investor Shares (S)	Nuveen Floating Rate Income Fund (J)	Vanguard Wellesley Income Fund Investor Shares (S)			BLOCK A	Assets and Income	Reporting Individual's Name  Dbama, Barack H.	S.C.F.R. Part 2634 U.S. Office of Government Ethics
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Director	Salary								Other Income (Specify Type & Actual Amount)			hal	Page Number  2 of	
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									Date (Mo., Day, Yr.) Only if Honoraria			)" is	N	

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during the reporting period. Exclude to any one creditor at any time during the reporting period by you, Obama, Barack H. Reporting Individual's Name employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continua-Examples your spouse, or dependent children. Report liabilities over \$10,000 owed Part I: Liabilities Report your agreements or arrangements for: (1) continuing participation in an Check the highest amount owed Example tion of payment by a former employer (including severance payments); (3) leaves Part II: Agreements or Arrangements \*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. See Attachment #1 General Assembly Pension Plan (No Further Contributions by Former Employer) 403(b) Retirement Plan (No Further Contributions by Former Employer) Creditors (Name and Address) John Jones, 123 JSt., Washington, DC First District Bank, Washington, DC Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00. Status and Terms of any Agreement or Arrangement or appliances; and liabilities owed to automobiles, household furniture unless it is rented out; loans secured by a mortgage on your personal residence See instructions for revolving charge certain relatives listed in instructions. Mortgage on rental property, Delaware Promissory note Type of Liability SCHEDULE None of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits. Incurred 1999 1991 X Rate Interest 10% 89% 0 Term if on demand applicable State of Illinois, Springfield, IL 25 yrs. University of Chicago, Chicago, IL Doe Jones & Smith, Hometown, State \$10,001 \$15,000 \$15,001 \$50,000 \$50,001 -\$100,000 Category of Amount or Value (x) \$100,001-\$250,000 **Parties** \$250,001 \$500,000 \$500,001 -\$1,000,000 Over Page Number \$1,000,000\* \$1,000,001 4 \$5,000,000 \$5,000,001 9 \$25,000,000 None \$25,000,001 n \$50,000,000 9/92 1/97 7/85 Date Over \$50,000,000

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					Doe Jones & Smith, H	Source (Name and Address)	Part II: Compensation in Excess of \$5,000 Pa 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						Jak.	les Doe Jones & Smith Homotown State	Organization (Name and Address)	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		Obama, Barack H.
				th), Moneytown, State		Address)	in Excess of \$5,00 pensation received by you or you directly by you during any one ames of clients and customers of business enterprise, or any other								nd Address)	Outside U.S. Goven plicable reporting period, wheth ot limited to those of an officer, resentative, employee, or consulther business enterprise or any the control of the c		
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				ction	Brief Description of Duties		by One Source  Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.  services generating a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.						Partner	President	Position Held	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.		
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