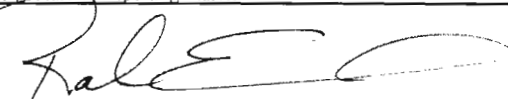

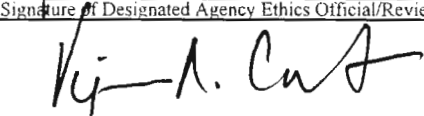


## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes)	Incumbent <input type="checkbox"/>	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	<p style="text-align: center;"><b>Fee for Late Filing</b></p> <p>Any individual who is required to file this report and does so more than 30 days after the date the report is required to be filed, or, if an extension is granted, more than 30 days after the last day of the filing extension period shall be subject to a \$200 fee.</p> <p style="text-align: center;"><b>Reporting Periods</b></p> <p><b>Incumbents:</b> The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.</p> <p><b>Termination Filers:</b> 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 Schedule D is not applicable.</p> <p><b>Nominees, New Entrants and Candidates for President and Vice President:</b></p> <p><b>Schedule A--</b>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 as of any date you choose that is within 31 days of the date of filing</p> <p><b>Schedule B--</b>Not applicable.</p> <p><b>Schedule C, Part I (Liabilities)--</b>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.</p> <p><b>Schedule C, Part II (Agreements or Arrangements)--</b> Show any agreements or arrangements as of the date of filing</p> <p><b>Schedule D--</b>The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.</p>
January 20, 2009							
Reporting Individual's Name	Last Name		First Name and Middle Initial				
	Emanuel		Rahm, I.				
Position for Which Filing	Title of Position		Department or Agency (If Applicable)				
	White House Chief of Staff		Executive Office of the President				
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)			Telephone No. (Include Area Code)			
	1600 Pennsylvania Avenue NW, Washington, D.C. 20006			(202) 456-1414			
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Title of Position(s) and Date(s) Held						
	United States Congressman from the 5th District of Illinois. (JAN. 2003 - JAN. 2009)						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nominator			Do You Intend to Create a Qualified Diversified Trust?			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Certification</b>	Signature of Reporting Individual				Date (Month, Day, Year)		
					2-18-09		
<b>Other Review (If desired by agency)</b>	Signature of Other Reviewer				Date (Month, Day, Year)		
					03.19.09		
<b>Agency Ethics Official's Opinion</b>	Signature of Designated Agency Ethics Official/Reviewing Official				Date (Month, Day, Year)		
					3/20/09		
Office of Government Ethics Use Only	Signature				Date (Month, Day, Year)		
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
<b>Agency Use Only</b>							
<b>OGE Use Only</b>							





Reporting Individual's Name  
 Emanuel, Rahm I.

**SCHEDULE A continued**  
 (Use only if needed)

BLOCK A Assets and Income		BLOCK B Valuation of Assets at close of reporting period										BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.										Date (Mo., Day, Yr.) Only if Honoraria													
												Type											Amount												
None <input type="checkbox"/>		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	\$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)			
1	FRANKFORT IND HIGH 4.5% 7/15/16	X																X			X														
2	GALVESTON CNTY TEX 4.9% 9/01/17 THEOR. SETTLEMENT DATE 2/1/08	X																X				X													
3	GRAND RIVER DAM AUTH 5.75% 6/01/08 \$0.02875/\$1 PV ON 50,000 PAR VALUE DUE 8/1/08	X																X				X													
4	GROSSE POINTE MICH DTD 06/01/2001 5.00% DUE 10/01/2018					X												X					X												
5	GTE CORP 7.510% 4/01/09 THEOR. SETTLEMENT DATE 1/30/08	X																X				X													
6	HARRIS COUNTY TEXAS 3.25% MATURITY 3/1/09	X																X				X													
7	HONOLULU HAWAII CITY & CNTY REIF SER E DTD 11/22/2005 4.25% DUE 07/01/2015					X												X						X											
8	HOUSEHOLD FIN CORP 8.0% 7/15/10 \$0.04/\$1 PV ON 25,000 PAR VALUE DUE 1/15/08	X																X				X													
9	WLL HSG DEV AUTH REV HOMEOWNER MTG A SUBSER: A-2 DTD 02/01/2001 4.50% DUE 08/01/2009		X															X				X													

\* 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.











Reporting Individual's Name Emanuel, Rahm I.	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 5
---	---	------------------

Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																								
		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	Type				Amount							Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria							
																	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			\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000			
None <input type="checkbox"/>																																				
1	Funds																																			
2	AMERICAN CENTURY EQUITY INCOME FUND					X								X			X																			
3	EAGLE MID CAP STOCK FUND CLASS A (HMCAX)	X												X			X				X															
4	EATON VANCE MUTUAL FUNDS FLOATING RATE FUND - CLASS I (EIBLX)	X												X			X				X															
5	EDGEWOOD GROWTH FUND INSTITUTIONAL CLASS (EGFIX)		X											X			X				X															
6	FIDELITY ADVISOR SERIES II HIGH INCOME ADVANTAGE FUND (FAHCX)			X										X			X																			
7	FMI FUNDS INC LARGE CAP FUND (FMIHX)					X								X			X																			
8	GOLDMAN SACHS TR HIGH YIELD FUND INSTITUTIONAL SHARES (GSHIX)		X											X			X				X															

\* 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.













Reporting Individual's Name  
 Emanuel, Rahm I.

**SCHEDULE A continued**  
 (Use only if needed)

Page Number  
 16

BLOCK A Assets and Income	BLOCK B Valuation of Assets at close of reporting period											BLOCK C Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.											Date (Mo., Day, Yr.)  Only if Honoraria												
												Amount												Other Income (Specify Type & Actual Amount)											
												Type																							
None <input type="checkbox"/>	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	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000					
1		X															X		X																
2		X															X		X																
3		X																	X																
4					X												X		X																
5		X																	X																
6		X																	X																
7				X															X																
8			X																X																
9																																			

\* 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.



Reporting Individual's Name  
 Emanuel, Rahn I.

**SCHEDULE A continued**  
 (Use only if needed)

Page Number  
 17

BLOCK A	BLOCK B										BLOCK C										Date (Mo., Day, Yr.)  Only if Honoraria													
	Valuation of Assets at close of reporting period										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																							
											Amount																							
None <input type="checkbox"/>	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	\$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)			
1			X																X	X														
2			X																	X														
3	X														X	X							X											
4		X													X							X												
5	X														X							X												
6																																		
7																																		
8		X																		X														
9	X																		X		X													

\* 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.



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

Reporting Individual's Name	SCHEDULE B	Page Number 19
-----------------------------	------------	-------------------

**Part I: Transactions**

None

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not

report a transaction involving property used solely as your personal residence, or a transaction solely between you your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.

#	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)														
		Purchase	Sale	Exchange		\$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	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over	Certificate of divestiture			
	Example: Central Airlines Common	x			2/1/99			x												
1	Not Applicable																			
2																				
3																				
4																				
5																				

\* This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

**Part II: Gifts, Reimbursements, and Travel Expenses**

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. **Exclude** anything given to you by

the U.S. Government; given to your agency in connection with official travel received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

None

#	Source (Name and Address)	Brief Description	Value
	Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$300
1	Not Applicable		
2			
3			
4			
5			

Reporting Individual's Name	SCHEDULE C	Page Number 20
-----------------------------	------------	-------------------

**Part I: Liabilities**

Report liabilities over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Category of Amount or Value (x)

	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)																
						\$10,001 - \$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						
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 demand			x			x											
1	None																					
2																						
3																						
4																						
5																						

\* 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 employee benefit plan (e.g. 401k, deferred compensation); (2) continuation payment by a former employer (including severance payments); (3) leaves of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits

None

	Status and Terms of any Agreement or Arrangement	Parties	Date
Example:	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	Notre (n/k/a NaviMedix) Phantom Stock (see note 3 on Attachment to Schedule A), forfeited on March 30, 2009	Rahm Emanuel; Wasserstein & Co.	01/02
2			
3			
4			
5			
6			

Reporting Individual's Name	SCHEDULE D	Page Number  21
-----------------------------	------------	-----------------------

**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 organization or educational institution. **Exclude** positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

None

	Organization (Name and Address)	Type of Organization	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
1	Obama-Biden Transition	Presidential Transition	Chief-of-Staff Designate	1/09	1/09
2	Rahm Emanuel & Spouse Charitable Trust	Charitable Trust	Trustee	7/02	1/09
3					
4					
5					
6					

**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 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 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.

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate

None

	Source (Name and Address)	Brief Description of Duties
Examples:	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1	Obama-Biden Transition	Service as Chief-of-Staff Designate
2		
3		
4		
5		
6		

## ATTACHMENT TO SCHEDULE A

Note 1

***Chilton New Era Partners, LP*** – As of January 6, 2009, the value of this asset represents a hold-back payment that will be paid to the Appointee.

Note 2

***Good Hope Limited Partnership*** – As of December 31, 2008, this partnership held investments in the following: a shopping center located in Milwaukee, Wisconsin.

Note 3

***Notre (n/k/a NaviMedix)*** – The Appointee's interest in Notre was forfeited on March 30, 2009.