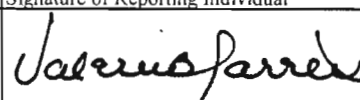
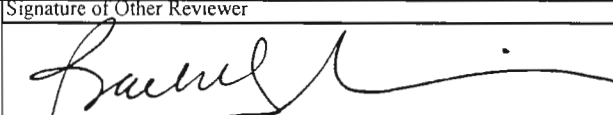
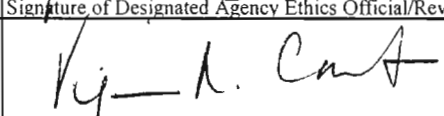


Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year) January 20 2009	Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)	Fee for Late Filing 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.
Reporting Individual's Name Last Name: Jarrett First Name and Middle Initial: Valerie B.	Position for Which Filing Title of Position: Assistant to the President - Intergovernmental Affairs, public liaison Department or Agency (If Applicable): White House		Location of Present Office (or forwarding address) Address (Number, Street, City, State, and ZIP Code): 1600 Pennsylvania Ave., NW, Washington, DC 20500 Telephone No. (Include Area Code): 202-456-1414		Reporting Periods Incumbents: 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. 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 Schedule D is not applicable.	
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		Presidential Nominees Subject to Senate Confirmation Name of Congressional Committee Considering Nomination: _____ Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Certification 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.	Signature of Reporting Individual 		Date (Month, Day, Year) 2/19/09		Agency Use Only 02-19-09 OGE Use Only	
Other Review (If desired by agency)	Signature of Other Reviewer 		Date (Month, Day, Year) 03.13.09			
Agency Ethics Official's Opinion 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).	Signature of Designated Agency Ethics Official/Reviewing Official 		Date (Month, Day, Year) 3/15/09			
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"/>						

Reporting Individual's Name
 Valerie B Jarrett

SCHEDULE A continued

Page Number
 4

(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.																						
		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 - \$7,500	\$7,501 - \$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)	Date (Mo., Dav. Yr.) Only if Honoraria	
None <input type="checkbox"/>																																		
1	JPMorgan Small Cap Growth Select Share Class	X											X							X														
2	SEP IRA - JPMorgan Chicago, IL																																	
3	JPMorgan Investor Growth Fund Select Share Class				X								X													X								
4	Lord Abbett Mid Cap Value CL C			X									X													X								
5	MFS Ser Tr IV OTC CL C	X											X							X														
6	Harbor International Fund		X										X								X													
7	Apollo Investment Corp	X											X									X												
8	JPMorgan 100% US Treasury Money Market Reserve Shares Class Swp				X								X								X													
9	iShares MSCI EAFE Index (J)**	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
 Valerie B Jarrett

SCHEDULE A continued
 (Use only if needed)

Page Number
 5

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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria														
	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	Expired 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 Apple Inc Common (J)			X													X				X																
2 Best Buy Inc Common (J)			X													X				X																
3 Brinker International Inc Common (J)			X													X				X																
4 Staples Inc Common (J)			X													X				X																
5 Starbucks Corp Common (J)			X													X				X																
6 JPMorgan 100% US Treasury Money Market Reserve Share Class Sweep (J)			X																	X																
7 PCChecking Plus Chase Bank				X														X				X														
8 PCSavings Chase Bank				X														X				X														
9 Ariel Fund			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

Valerie B Jarrett

SCHEDULE A continued

(Use only if needed)

Page Number

6

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						
None <input type="checkbox"/>															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	Ariel Appreciation Fund		X										X							X														
2	Ariel Fund (J)		X										X							X														
3	Ariel Appreciation Fund (J)		X										X							X														
4	UBS Pace Sml/Med Co Gwrth Eqty (J)		X										X						X															
5	IRA - UBS																																	
6	UBS Retirement MMF		X										X						X															
7	UBS Bank USA Deposit Acct		X													X			X															
8	UBS Pace Global Fixed Inv Fund A		X										X						X															
9	Fidelity Investments - 401K																																	

* 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
 Valerie B Jarrett

SCHEDULE A continued
 (Use only if needed)

Page Number
 7

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												
											BLOCK C											Other Income (Specify Type & Actual Amount)											
											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			
1				X									X							X													
2			X										X								X												
3			X										X									X											
4			X										X								X												
5		X											X							X													
6			X										X							X													
7		X																															Refund - Excess Contributions to 401-K Plan for 2007 \$444.92
8		X																														*** Estimated Distributive Share Of Partnership Inc Not Determinable At This Time	

* 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
 Valerie B Jarrett

SCHEDULE A continued
 (Use only if needed)

BLOCK A	Valuation of Assets at close of reporting period										BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	Assets and Income										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.																					
	BLOCK A										BLOCK B										BLOCK C											
None <input type="checkbox"/>	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.										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
	BLOCK B										BLOCK C																					
										Type										Amount												
										Dividends										None (or less than \$201)												
										Rent and Royalties										\$201 - \$1,000												
										Interest										\$1,001 - \$2,500												
										Capital Gains										\$2,501 - \$5,000												
										None (or less than \$201)										\$5,001 - \$15,000												
										\$201 - \$1,000										\$15,001 - \$50,000												
										\$1,001 - \$15,000										\$50,001 - \$100,000												
										\$15,001 - \$50,000										\$100,001 - \$1,000,000												
										\$50,001 - \$100,000										Over \$1,000,000*												
										Over \$1,000,000										Over \$1,000,000*												
										\$1,000,001 - \$5,000,000										Over \$1,000,000*												
										\$5,000,001 - \$25,000,000										Over \$1,000,000*												
										\$25,000,001 - \$50,000,000										Over \$1,000,000*												
										Over \$50,000,000										Over \$1,000,000*												
										Excepted Investment Fund										Over \$1,000,000*												
										Excepted Trust										Over \$1,000,000*												
										Qualified Trust										Over \$1,000,000*												
1	Merrill Lynch Pierce (J) (Cash)										None (or less than \$201)										None (or less than \$201)											
2	Merrill Lynch Pierce (J) (Cash)										None (or less than \$201)										None (or less than \$201)											
3																																
4																																
5																																
6																																
7																																
8																																
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.

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

Reporting Individual's Name Valerie B Jarrett	SCHEDULE B	Page Number 12
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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 \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture		
	Example: Central Airlines Common	x			2/1/99			x											
1																			
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			
2			
3			
4			
5			

Reporting Individual's Name
 Valerie B Jarrett

SCHEDULE B continued
 (Use only if needed)

Page Number
 13

Part I: Transactions

	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 \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture			
	Example: Central Airlines Common	x			2/1/99			x												
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
16																				

* 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.

Reporting Individual's Name Valerie B Jarrett	SCHEDULE C	Page Number 14
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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 & appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

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												
1	JPMorgan Chase, Chicago, IL and Lansdown Insurance Co, Bermuda (Solana)	Letter of Credit (15% Indemnification & Guarantor) Annual Carrying Charge \$1.059.38	08/04	N/A	Renews Annually				X											
2	McKinley Park Development LLC Chicago, IL	19.5% Indemnity Obligation	04/05	0%	Satisfied 01/09						X									
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	Deferred Compensation Payments Through CTA Supplemental Retirement Plan	Chicago Transit Authority, Chicago, IL	9/95
2			
3	Continued Participation In Employee 401K Plan Managed By Fidelity Investments - No Further Contributions	Habitat Executive Services, Inc Chicago, IL	11/95
4			
5			
6			

Reporting Individual's Name Valerie B Jarrett	SCHEDULE D	Page Number 15
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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	Habitat Executive Services, Inc, Chicago, IL	Developers and Managers of Residential Apartments	Managing Director and Executive Vice President	11/95	1/09
2	Navigant Consulting Inc, Chicago, IL	Business Consulting	Director	3/02	1/09
3	Veolia Transportation Services, Oak Brook, IL	Transit Services	Director	4/05	07/07
4	Joyce Foundation, Chicago, IL	Public & Environmental policies	Director	1/03	12/08
5	Chicago Stock Exchange Inc, Chicago, IL	Security Trading	Director	9/00	12/08
6	Rreef America REIT II, San Francisco, CA	Real Estate Investment	Director	7/07	12/08

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	Navigant Consulting Inc Chicago, IL	Director
2	Veolia Transportation Services Oak Brook, IL	Director
3	Joyce Foundation Chicago, IL	Director
4	Chicago Stock Exchange, Inc Chicago, IL	Director
5	Rreef America REIT II San Francisco, CA	Director
6	USG Corporation Chicago, IL	Director

Reporting Individual's Name Valerie B Jarrett	SCHEDULE D	Page Number 16
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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	USG Corporation, Chicago, IL	Manufacturing Company	Director	8/98	12/08
2	Federal Reserve Bank of Chicago, Chicago, IL	Banking	Director	1/06	12/08
3	Obama-Biden Presidential Transition Team, Washington, D.C.	Government Transition	Co-Chair	11/08	01/09
4	University of Chicago Medical Center Board of Trustees, Chicago, IL	Non-Profit Hospital	Chair	07/96	01/09
5	University of Chicago Board of Trustees, Chicago, IL	Non-Profit Educational Institution	Trustee and Vice Chair	02/01	01/09
6	Mertropolitan Planning Council of Chicago, Chicago, IL	Non-Profit Civic Planning	Director	07/96	12/08

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	Habitat Executive Services, Inc Chicago, IL	Managing Director
2	Chicago Transit Authority Supplemental Retirement Plan Chicago, IL	Deferred Compensation Paid For Services Performed Prior to 1996
3	Habitat Executive Services, Inc Chicago, IL	Deferred Compensation Paid - Termination of Employment
4		
5		
6		

Reporting Individual's Name Valerie B Jarrett	SCHEDULE D	Page Number 17
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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	Chicago 2016 Olympic Committee, Chicago, IL	Non-Profit	Vice-Chair	02/99	12/08
2	Metropolis 2020, Chicago IL	Non-Profit Civic Organization	Vice-Chair	02/99	12/08
3	Local Initiative Support Corporation, Chicago, IL	Non-Profit Lender	Director	01/92	12/08
4	Window To The World Communications, Inc	Non-Profit Public TV and Radio	Trustee	06/99	12/08
5	Chicago Central Area Committee, Chicago, IL	Non-Profit Civic Planning	Director	02/07	12/08
6	Southeast Chicago Commission, Chicago, IL	Non-Profit Community Organization	President of the Board of Directors	03/91	06/07

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		
2		
3		
4		
5		
6		

Reporting Individual's Name Valerie B Jarrett	SCHEDULE D	Page Number 18
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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	Museum of Science And Industry, Chicago, IL	Non-Profit Museum	Trustee	03/96	12/08
2	Fund For Community Redevelopment and Revitalization Chicago, IL	Non-Profit Community Development	Director	10/97	12/08
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
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