5 C.F.R Part 2634 U.S. Office of Government Ethics	Executive	Branch Pe	ersonnel PUB	BLIC	FINANCIAI	L DIS	CLOS	URE REPORT	OMB No 3209-0001
Date of Appointment, Candidacy, Election or Nomination ( <i>Month, Day, Year</i> )	Reporting Status (Check	Incumbent	Calendar Year Covered by Report		New Entrant, Nominee,		mination	Termination Date (If Apoli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
January 5, 2009	appropriate boxes)	Ш		[L×]°	or Candidate	Fi	iler		file this report and does so more than 30 days after the date the report is
Reporting Individual's Name	Last Name				First Name and Middle	Initial			required to be filed, or, if an extension
Reporting individual's Name	Kelleher				Francis Michael, Jr.				is granted, more than 30 days after the last day of the filing extension period
Position for Which Filing	Title of Position Special Assista	int to the Presid	ent and Director of		Department or Agency (	If Applica	able)		shall be subject to a \$200 fee.
1 osition for which I filling	Presidential Co	rrespondence			White House	T-1	No. On	Total Arm Code	Reporting Periods
Location of Present Office (or forwarding address)	Address (Number, 713 Hart Senat		g, Washington, DC	2051	0		24-2854	clude Area Code)	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
Position(s) Held with the Federal Government During the Preceding	Title of Position(s)	and Date(s) Held							include the filing year up to the date you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	Director of Eco	applicable.							
Presidential Nominees Subject to	IName of Congress	ional Committee C	onsidering Nomination	<u>-</u>	Do You Intend to Creat	e a Qualit	fied Diversi	fied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation			covered by your previous filing and ends at the date of termination. Part II						
Certification	Signature of Repo	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.	f	la Ca	2009	Nominees, New Entrants and Candidates for President and Vice President:					
	Signature of Other	Reviewer				Date (A	Month, Day,	Year )	Schedule A—The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	,	Lew	C.	Ĺ	A		3-24	1-09	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 On the basis of information contained	Signature of Desig	nated Agency Ethic	cs Official/Reviewing C	Official		Date (A	Month, Day	Year)	Schedule B-Not applicable.
in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	ly-	1. Cu	+			·	23/0		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
Office of Government Ethics Use Only	Signature'					Date (/	Month, Day	Year)	within 31 days of the date of filing.  Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If additional comments)	tional space is requir	ed, use the reverse	side of this sheet)						Arrangements) Show any agreements or arrangements as of the date of
			(Check b	oox if fili	ing extension granted &	indicate	number of a	days)	filing.  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
									OGE Use Only

(Check box if comments are continued on the reverse side)

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Reporting Individual's Name		_					_		_										_			_		_						_	Page Number	
Francis Michael Kelleher, Jr.												S	CI	Æ	DI	JL	E	<b>A</b>						_							2	
	—	_										_			_								_			_						
Assets and Income . BLOCK A					a repo	t clo	of a se o g pea CK B	f riod							Income: type and amount. If "None (or less than \$20 other entry is needed in Block C for that item.  BLOCK C														01)"	is checked, no		
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 carned income exceeding \$200 (other than from the U.S. Government). For your spour 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).	han \$1.001)	\$1,001 - \$15,000	2.22	\$50,001 - \$100,000	0		000		S1,060,001 - S 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	Reut and Royalties		Capital Gains	None (or less than \$201)	5201 - 51,000	\$1,001 - \$2,500	\$2,501 - \$5,000		_	\$50,001 - \$106,000	\$100,001 - \$1,000,000	Over S1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Dute (Mo , Day, Yr.) Only if Honoraria
Examples  Doe Jones & Smith, Hometown, State  Kempstone Equity Fund  IRA: Heartland 500 Index Fund			<u> </u>	<u>x</u>						-			¥ -			_×						_X				_					Law Partnership training \$1,50,000	
2 Franklin Small Mid-Cap GRA		×			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)											x				×			*				ų.					
3 National Democratic Institut Fidelity Investments Fidelity Freedom 2020 Fu		×			20		4							:		х		x		x									777			
State Employees Retirement System of IL (Cash account)		x								6-0-20-0-20-000								х		x			*				, v .					
SURS State University Retirement System of IL (cosh account)			x		3					State of the state								х					X	2000					-:			
Woodstock Mozart Festival										Control Colonian									ž.				100 m						87° 3		spouse's earned income *	
<ul> <li>This category applies only if the asset/income mark the other higher categories of value, as apprenticed.</li> </ul>	is sole opriate	ly th	છા હો	the	filer	s spo	use o	or de	pcno	dent	chile	dren	. If	the a	isse	/inc	ome	is e	ther	that	of (l	ne fi	cr o	r joir	ıtly	held	by t	he lil	er w	ith t	to spouse or depende	ent children,

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	orting Individual's Name			_	_	_	_	_		_	_	_	_	_			_	_	_	_	_	_	_	_		_	-	_	_	_		Page Number							
· Fra	incis Michael Kelleher, Jr.										SC	CH	$(\mathbf{E})$	DĮ	ЛL	$\mathbf{E}$	A c	00	tin	ue	d											3							
_	Total Michael Action (1975)		_	_									(U	se	onl	y i	ne	ede	(b)		_	_	_	_			_				_								
	Assets and Income	Valuation of Assets at close of reporting period  PLOCK P													is checked, no																								
	BLOCK A	BLOCK B BLOCK C Type Amount																																					
	[]	None (or less than \$1,401)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	5250,001 - 5500,000	\$500,001 - \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$ 5,000,000	55,000,001 - 525,000,000	\$25,040,001 - \$50,000,000	Over \$50,000,000	Excepted lavestment Fund	Excepted Trust	Qualified Treat		Royalties		Capital Gains	None (or less than \$201)	5281 - 51,000	\$1,001 - \$2,500	\$2,501 - \$5,800		S15,001 - \$50,000	550,001 - 5100,000	\$190,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amounts	Date (Mo., Day. Yr.) Only if Honoraria						
_	Nune	1																																					
	Apostolic Church of God																	2														spouse's earned & insome							
2	Milwaukee Symphony Orchestra	70 % OF												,					The state of the s													Spouse's a sincame							
3	Eligin Symphony Orchestra	4							STORY OF THE PARTY													8										Spouses edened &							
4	Milwaukee Ballet Orchestra								Section Accounts																	Z.						spouse's earned &							
5	Chamber Opera Chicago								S		200000000000000000000000000000000000000																					spouse's earned &							
6	Musicians Talent Agency								2000		Statisticanonia																					spouse's earned &							
7									200000000000000000000000000000000000000		100					\$ A . A X																							
8																11/10				in the second																			
9				2					Common over							V.		(,,						200															
-	This category applies only if the asset/incon	ic is sole	ly th	al ot	the	filor	s sp	ousc	or de	epen	deni	chi	idro	n. 1	f the	333	eVín	com	c 15 (	cithe	T IA	al O	the	filer	or j	ointl	y he	ld by	ιh¢	iller	with	the spouse or depe	ndent children.						

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mark the other higher categories of value, as appropriate.

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Reporting Individual's Name	1	SCHEDUL	F C					]			- [							
Francis Michael Kelleher, Jr.		SCHEDUL	EC															
Part I: Liabilities																٦		
Report liabilities over \$10,000 owed to a	ny one creditor at	personal residence unless it is rented out; loans secured		No	ne x				nount o	or Valu		٦						
any time during the reporting period by	you, your spouse,	by automobiles, household furniture or appliances; and							Catego	1, 01 7 1						$\dashv$		
or dependent children. Check the highes during the reporting period. Exclude a n		liabilities owed to certain relatives listed in instructions.  See instructions for revolving charge accounts.	Date	Interest	Term if	1.	1.			<u>.</u> .	<u>.</u> 8	8	5 8	6 6	3 8	8		
during the reporting period. Exclude a n	nortgage on your	occ instructions for revolving charge accounts.	Incurred	Rate	appli- cable	8 8	\$15,001 \$50,000	\$50,001 - \$100,000	\$250,000	\$250,001 \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001	\$5,000,001 \$25,000,000	\$25,000,007 \$50,000,000 Over	8		
Creditors (Name and	Address)	Type of Liability	1		Cable	\$10,001 \$15,000	\$15,001 \$50,000	\$50, \$10(	\$100 \$250	\$256 \$500	\$50	0ve \$1,0	\$1,0 \$5,0	\$5°C	\$25,0 \$50,0 Over	\$50		
Examples: First District Bank, Washington	Mortgage on rental property, Delaware	1991	8%	25 yrs.			<u>x</u>					+	·		[			
John Jones, 123 J St., Washing	ton, DC	Promissory note	1999	10 %	on deman	d	<del>                                     </del>			X					-+-	ㅓ		
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5			1		ĺ											١		
* This category applies only if the liabili	ty is solely that of the file	er's spouse or dependent children. If the liability is that of the	filer or a j	oint liabili	ty of the fi	ler										$\neg$		
with the spouse or dependent children, i	mark the other higher cat	egories, as appropriate														ᅱ		
Part II: Agreements or A	Arrangements															۱		
Report your agreements or arrangen					4) future						regard	ling th	ne rep	orting	,	- 1		
employee benefit plan (e.g. 401k, de payment by a former employer (incl			of negot	iations fo	or any of	hese ar	rangen	nents	or be	netits								
payment by a former employer (mer	during severance paying	icitis), (5) icaves									N	lone	W	*				
		Agreement or Arrangement							Partie						Date			
calculated on service perform	ned through 1/00	m payment of capital account & partnership share				oe Jones		-							7/85			
1 Defined contribu	tion your p	lon participant.  L Retirement Program)  Lion plan, will receive monthly  State Employees Retirement Fur  Pension plan, will receive monthly  62. (State Universities Retirement)			* (	lation State	al Da	emo	crd-	he:	EAS!	itu	te	18.0	4/0	5		
2 Pursuant to defined	benefit pens	ion plan, will receive monthly	retire	ment	*	Clola	- ( -	T11-		<u> </u>	اح	۱ م ۱	la h	*	200	2		
3 Pucsuant to defin	ot oge 62. (	State employees retirement for	<u>d)</u>		-	740tC	67	- ((1)	را هم	+ ,	٠,	100		- 4		_		
Payments beginn	ing of sae	62. (State Universities Retirement	System	Fund		Illin	ois S	Stal	e U	iniv	+ 1	ic. K	elle	cher	199	6		
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