Form Approved:

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

U.S. Office of Government Ethics Termination Date (If Appli-cable) (Month, Day, Year) Reporting Status Fee for Late Filing Date of Appointment, Candidacy, Election Calendar Year or Nomination (Month, Day, Year) (Check Covered by Report New Entrant, Nominee, Termination Any individual who is required to Incumbent χ or Candidate Filer appropriate buxes) file this report and does so more than January 26, 2008 30 days after the date the report is First Name and Middle Initial Last Name required to be filed, or, if an extension Reporting Individual's Name is granted, more than 30 days after the Sean Kennedy last day of the filing extension period Title of Position Department or Agency (If Applicable) shall be subject to a \$200 fee. Position for Which Filing Office of Legislative Affairs Special Assistant to the President Reporting Periods Address (Number, Street, City, State, and ZIP Code) Telephone No. (Include Area Code) **Incumbents:** The reporting period is Location of Present Office the preceding calendar year except The White House or forwarding address) Part II of Schedule C and Part I of Schedule D where you must also Position(s) Held with the Federal Title of Position(s) and Date(s) Held include the filing year up to the date Government During the Preceding you file. Part II of Schedule D is not Chief of Staff, Sen. Claire McCaskill (1/2007-1/2009) 12 Months (If Not Same as Above) applicable. Termination Filers: The reporting Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualified Diversified Trust? period begins at the end of the period Presidential Nominees Subject to Senate Confirmation covered by your previous filing and ends at the date of termination. Part II of Schedule D is not applicable. Certification Signature of Reporting Individual Date (Month, Day, Year) CERTIFY that the statements I have Nominees, New Entrants and made on this form and all attached Candidates for President and Vice schedules are true, complete and correct President: to the best of my knowledge. Schedule A-The reporting period for ignature of Other Reviewe income (BLOCK C) is the preceding Date (Month, Day, Year) calendar year and the current calendar Other Review vear up to the date of filing. Value 3/26/09 assets as of any date you choose that is (If desired by within 31 days of the date of filing. agency) Agency Ethics Official's Opinion Signature of Designated Agency Ethics Official/Reviewing Official Date (Month, Day, Year) Schedule B-Not applicable. On the basis of information contained in this report, I conclude that the filer is Schedule C, Part I (Liabilities)-5/26/09 in compliance with applicable laws and The reporting period is the preceding regulations (subject to any comments calendar year and the current calendar in the box below). year up to any date you choose that is within 31 days of the date of filing. Signature Date (Month, Day, Year) Office of Government Ethics Schedule C. Part II (Agreements or Use Only Arrangements) -- Show any agreements Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) or arrangements as of the date of filing (Check box if filing extension granted & indicate number of days 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)

SF278 (Rev 03/2000)	
5 C F.R Part 2634	
U.S Office of Government Ethics	
Reporting Individual's Name	
Kennedy, Sean David	SCHEDULE A

Page Number	
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		X										
Assets and Income	Valuation of Assets at close of other entry is needed in Block C for that item.	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											
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 acount of any honoraria over \$200 of your spouse).	1,000 1,	Other Income (Mo., Day, Specify Yr.) Type & Actual Amount) Honoraria										
Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund		Law Portsershap Income \$3 kit/200										
IRA. Heartland 500 Index Fund 1 Vanguard REIT Index Fund	X X X X											
2 Vanguard Int'l Growth Fund	X X X X X X X X X X X X X X X X X X X											
3 Vanguard Total Bond Market Index Fund												
4 Vanguard Total Stock Market Index Fund												
5 Vanguard Small-Cap Growth Index	X X X											
8 Vanguard Windsor II Fund (joint)												
 This category applies only if the asset/income is 	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 space or dependent children										

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.

SF278 (Rev	03/2000)
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Rep	orting Individual's Name										0.4	777	- T	T P		_				$\overline{}$	_				_	_			_		Page	e Numit	oer			Т
Ke	nnedy, Sean David	SCHEDULE A continued (Use only if needed)														3																				
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	Assets and Income	Valuation of Assets at close of reporting period													Income: type and amount. If "None (or less than \$201 other entry is needed in Block C for that item.)1}")" is checked, no							
	BLOCK A	386883	a	2000	_	2000000	BLOX	KB	2	State:	- 80	888	200	3	BLOCK C Amount												_		4							
		one (or lase than \$1,001)	51,001 - 515,000	3000	\$50,001 - \$100,000	Step.081 - \$250,000	\$250,001 - \$500,000	\$560,001 - \$1,000,000	Over \$1,000.000 *	SE 200,001 - \$ 5,000,000	55,000,001 - \$25,000,000	S.M. OUR. DOLL - R.M. HOLL (1910)	Over 550,000,000		Chaffied Trust	Disdende	Governmen		Catins	None (or less than \$201)	\$281 - \$1,44H	\$1,001 - \$2,500	\$2,501 - \$5,000				\$100,001 - \$1,000,000	Over \$1,990,000*	51,006,601 - \$5,000,000	Over \$5,000,000		Oth Inco (Spe Typ Act Amo	ome cify n &		Date Mo. Dav. Yr) Only if Honorana	
	None	Z	12	5	S	S	S		٥	N	25		١				2 3		O	No	Š	SI	23	\$5	×	55	3	Ó	15	Ó						
5	Vanguard REIT (ndex Fund (joint)		x																	×																1
2	Vanguard Growth Portfollo (dc)			×																x																
3	Vanguard Growth Portfolio (dc)		×								9///2003									×																1
4	Vanguard Small-Cap Growth Index (s)		x											×					100	×																1
5	Vanguard REIT Index Fund (s)		×																	х																1
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7	Vanguard Total Bond Market Index Fund		×											×						x															_	1
8	Vanguard Total Stock Market Index Fund		×						S AND A COMMON TO					×						x																1
	John Hancock Lifestyle Balanced (s)			X										×	88					x																
*	This category applies only if the asset/income is	s so!	ely	that	of th	e file	r's s	роц	e or	depe	ende	nt ch	nildn	en.	f the	822	el/in	come	e is e	ther	that	of th	e fil	er o	rjou	оЦу	held	by t	ie fil	er w	ńth t	he spo	ouse or	depe	ndent child	in

mark the other higher categories of value, as appropriate.

5 C.F.R. Part 2634	
U.S. Office of Government Ethics	s

	porting Individual's Name	SCHEDULE A continued												_	Page Number															
	ennedy, Sean David		_							SC		E D Use						ue	d										4	
	Assets and Income	Valuation of Assets at close of reporting period BLOCK B Income: type and amount. If "None (or less than \$201 other entry is needed in Block C for that item. BLOCK B BLOCK C													01)"	is checked, no														
⊢	BI OCK A	BLOCK B BLOCK C Type Amount																												
	None	Name (or Jess than \$1,001)	81,001 - 815,000	\$15,061 - \$50,000	\$50,001 - \$100,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000.000 *	S1, a00, 001 - \$ 5,000,000	55,000,001 - \$25,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royaldee			None (or less than \$201)	S281 - S1.000	\$2.50 - \$5.000	\$5,001 - \$15,000	, d		Simple Standan	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 Honorana
1	Vanguard 529 Account (dc)			x										x	-							H						_		
2	Chevy Chase Bank			+	x										_		×	1		*										
3	Senate Employee Credit Union				,												X			7							•••••			
4	Elmendorf Strategies (s)																												spouse salary	
5	AT&T stock		x						2					S.	х				×											
Ĺ	United States Senate																												2008 salary	
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ng t	This category applies only if the asset/incor ark the other higher categories of value, as a	ne is sole ppropriate	ly th :.	at of	the fi	ilers	spou	se or	dep	ender	st chi	ldrei	ı. If	the a	sset	inco	mc i	s eith	her (nat of	thc	filæ	or jo	intly	held	Бу (І	ie fi	ler w	ith the spouse or de	pendent childre

eporting Individual's Name Page Number																
Kennedy, Sean David		SCHEDUL	LE C										5			
Part I: Liabilities																
Report liabilities over \$10,000 owed to an any time during the reporting period by y	•	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne				Categ	ory of A	Amount	or Valu	ie (x)			
or dependent children. Check the highest during the reporting period. Exclude a m	amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term i	f - c	- 0	÷ 8	- 10 8	. 8	01 -	.000	- 00	-,001 -	0,000	,000,000
Creditors (Name and	Address)	nicurred	Kale	cable	\$10,001	\$15,001	\$50,001	\$100,0	\$250,0	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000	\$5,000,001 \$25,000,000	\$25,000.0 \$50,000,0	Over \$50,00	
Examples: First District Bank, Washington John Jones, 123 J St., Washington	, DC	Type of Liability Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs			- <u>x</u>		x						
1	,,															
2																
3							1									
4			†			\top	1	†								
5			1			\top	1	-	-	1						
* This category applies only if the liabili with the spouse or dependent children, r		iller's spouse or dependent children. If the liability is that of t	he filer or a	joint liab	oility of th	e filer										
Part II: Agreements or A											_					
Report your agreements or arrangem employee benefit plan (e.g. 401k, de				nce; and (_	ling th	е гер	orting	,	
payment by a former employer (inclu	iding severance payn	nents); (3) leaves	of fiego	nations it	or any or	inese ai	Tange	ments	or or	JII CIII		lone	- -3	l		
	Status and Terms of any	Agreement or Arrangement							Parti	es					Da	ate
Example: Pursuant to partnership agreet calculated on service perform	ment, will receive lump su	m payment of capital account & partnership share				Doe Jones	& Smit	th, Hon	netown	, State					7/	/85
Pursuant to employment agreement	ent, will receive stock	grants from AT&T through 2/2009.				AT&T									4/2	004
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	ng Individu	l's Name	ρ.		SCHEDULE D		Page Number	
Report compe	any position	ons held du ot. Position	ring the a	ide U.S. Government pplicable reporting period, whether but are not limited to those of an officer, rietor, representative, employee, or	consultant of any corporation, firm, partne non-profit organization or educational inst social, fraternal, or political entities and the	ifution. Exclude positions with religious		
			Organ	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Exam _[ssn. of Rock nes & Smith			Non-profit education Law firm	President Partner	<u>6/92</u>	Present 1/00
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Repor busine	t sources of ess affiliation porting peri	more than n for service od. This in	\$5,000 coes providucludes the	Excess Of \$5,000 Paid by One South compensation received by you or your led directly by you during any one year of the names of clients and customers of any	corporation, firm, partnership, or other bus organization when you directly provided the of more than \$5,000. You need not report	the U.S. Government as a source.	if you are an Termination Vice Preside	Filer, or ential ial Candidate
		(Name and nes & Smith		The Chair		Brief Description of Duties		
Examp				be Jones & Smith), Moneytown, State	Legal services Legal services in connection with university	construction		
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Prior Editions Cannot Be Used.