Form Approved: OMB No. 3209-0001

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

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

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status	Incumbent	Calendar Year Covered by Report		New Entrant, Nominee,	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
1/20/2009	appropriate boxes)			Х	or Candidate	Filer		file this report and does so more than
-	Last Name				First Name and Middle	Initia		30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Phillips, III				Robert M			is granted, more than 30 days after the
	Title of Position				Department or Agency (If Applicable)		last day of the filing extension period shall be subject to a \$200 fee.
Position for Which Filing	Director of Nev	w Modio			White House Comm			shall be subject to a \$200 fee.
,		Street, City, State,	~~ d 71D C~ d~)		Touse Comis	Telephone No. (Inc.		Reporting Periods
Location of Present Office		use, EEOB 176a	<u> </u>				-1414	Incumbents: The reporting period is the preceding calendar year except
(or forwarding address)	The write not	ise, EEOB 170a				, ,	/	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 12 Months (If Not Same as Above)	Director of Nev	v Media for Pres	idential Transition	Team				you file. Part II of Schedule D is not applicable.
-					·			Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congress	sional Committee Co	onsidering Nomination		Do You Intend to Create	a Qualified Diversif	ied Trust?	period begins at the end of the period
Senate Confirmation					Yes	No		covered by your previous filing and ends at the date of termination. Part II
						- Instant		of Schedule D is not applicable.
Certification	Signature of Repor	rting Individual	-61			Date (Month, Day,	Year)	
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.	M.M.	ean Mis	1/2/m			Do Man	Dβ	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer				Date (Month, Day,	Year)	Schedule A.—The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)	mo	relul	floor	n		3/23	109	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	s Official/Reviewing O	fficial		Date (Month, Day,	Year)	Schedule B-Not applicable.
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).	Vy-	L. CA	<u></u>			3/24/09		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	Signature b					Date (Month, Day,	Year)	within 31 days of the date of filing.
Use Only								Schedule C. Part II (Agreements or
Comments of Reviewing Officials (If additi	onal space is requir	ed, use the reverse s	side of this sheet)			N. C.		Arrangements) Show any agreements or arrangements as of the date of
			(Check ho	or if fili	ng extension granted & i	indicate number of de	THE A	filing.
			(Check bo	a g jau	ig extension grunted &	mulcule number by ut	//3/	Schedule D-The reporting period is
								the preceding two calendar years and the current calendar year up to the
								Agency Use Only
								Agency Use Only
					(Check box if commen	nts are continued on t	the reverse side)	OGE Use Only
					(

U.S. Office of Government Eduics Reporting Individual's Name Viacon Phillips											,	SC	HEI	UI	LE.	A												Page Number	
Assets and Income					21	ion clor	se of	f	ets												If"					n \$2	201)'	" is checked, πο	
BLOCK A					-	SLOC								\perp							E	3LO	ск с						
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 han 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 bonoraria over \$200 of your spouse).	None (or less than \$1,001)	1 1	\$15,001 - \$50,000	550,001 - \$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	Dividends	Rent and Royalties		Capital Gains	None (or less than \$201)	\$261 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000 \$4,001 - \$14,000		MOU 0013 - 1000 003	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
Central Airlines Common Examples Doe Jones & Smith, Hometown, State			×	_X_				-						<u>×</u>						X -						1.	-	Low Partnership become 51,M,000	
Kempstone Equity Fund [RA; Heartland 500 Index Fund	-	-						-				×		_							* - x					╁╌	-		<u></u>
1 Trustmark Corporation		х	38															x											
2 ING Savings Account		×	518/20/53									40%						×									and the second second		
3 Apple Inc (in IRA account) Fidelity Cash Reserves		x x																X X									A CONTRACTOR		
4 Hartford Midcap Value Class 8		×										*						x											
T Rowe Price Retirement Fund 2040 - R Calvert Social Inv Fund Eq Port - A Allianz NFJ Small-Cap Value Fund - A		X X X			950													X X X											
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mark the other higher categories of value, as appropriate.

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Re.	porting Individual's Name		—	—	—	—	_	—				_	_			—				—	—	—			_	_		—				Page Number	—	
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	Assets and Income			,	Val	lu ati at	lon . clc	ose o	Ass of	iets			1				Inc	om er e	ie: t	ype is t	влd reed	l aro led	ioun in B	ic If	["N c C 1	one for t	(or	r less item	ttaai	л \$20	01)"	' is checked, no		
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—	BLOCK A		1			В	LOC	CK B	$\overline{}$	***	-					is in the second		Ту		\neg	_	—	—	—		OCK				—		_	$\overline{}$	
	None	None (or less than \$1,001)	24	\$15,001 - \$50,000	550,001 - 5100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over 51,000,000 *	\$1,060,001 - \$.5,000,000	\$5,000,001 - \$25,000,000	\$25,006,001 - \$50,000,000	Over \$50,000,000	Excepted lavestment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalthes		Capital Gains	None (or less than \$201)	\$20f - \$1,000	51,001 - \$2,500	\$2,501 - \$5,000		\$15,001 - \$50,000	\$50,001 - \$100,000	000	Over \$1,000,000*	\$1,900,001 - \$5,600,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)		Date (Mo., Dav. Yr.) Only if Honoraria
1	Blue State Digital, LLC				T						1		\neg							2					-		_				_	28,333.36	+	
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2	Obama for America	Š	The state of the s						1800										200						No.	ii.						53653,87		
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	This category applies only if the asset/income	: is solel	iy thi	11 of	the !	filer's	s spr	szuc	or d	eper	nden	ıl ch	ildre	an I	f the	e ass	set/in	com	e is e	eithe	ज की	at O	the	fila	or jr	sind	y he'	d by	the	filer	with	the spouse or dep	ende	nt children,

mark the other higher categories of value, as appropriate.

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U.S. Office of Government

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

U.S	6. Office of Government Ethics																		
Rep	porting Individual's Name		SCHEDULE	В										Page	Numbe	г			
P	art I: Transactions							None	e]	•		<u>.</u>					
	port any purchase, sale, or exchang		report a transaction involving property used solely as your		ansacti						Aı	nount	of Tran	saction	(x)				
pro	r dependent children during the reporting period of any real personal residence, or a transaction solely between you, roperty, stocks, bonds, commodity futures, and other 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 Type (x) Date (Mo., Date (Mo., Day, Yr.)												Over \$1,000,000*	\$1,000,001 -	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture	
Г			ation of Assets		Sal	Ä		\$15	\$15 \$50	-	\$10 \$25	\$25	\$50	§ ₹	\$1,0	\$5,0 \$25	\$25 \$50	Over \$50,0	Ger dive
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	0 , ,		t of the filer's spouse or dependent children. If the underlying a lent children, use the other higher categories of value, as appro-		either h	neld	,												
For tion for (2) that as aut	art II: Gifts, Reimbur or you, your spouse and depende on, and the value of: (1) gifts (su od, or entertainment) received fi of travel-related cash reimbursem an \$260. For conflicts analysis, personal friend, agency approve thority, etc. For travel-related gi- tes, and the nature of expenses r	rements, and T ent children, report the ich as tangible items, trom one source totaling ents received from one it is helpful to indicate al under 5 U.S.C. § 411 ifts and reimbursements provided. Exclude any	ravel Expenses source, a brief descrip- ansportation, lodging, a more than \$260; and e source totaling more a basis for receipt, such l or other statutory s, include travel itinerary,	the Urece inde the c total for c	ived fr pende lonor's value ther e	rom ent of s res e from exclu		eceive ionshi so, for	d by to y	your s ou; or	pouse r prov of aggr	or de vided regati	epend as per ng gif	ent ch sonal ts to o	nild to hosp detern	otally itality nine the structi	at he		
	Source (Name and Examples: Nat'l Assn. of Rock Colle		Airline ticket, hotel room & meals incident to national conference 6.		ef Desc	1		to duty										Value \$500	
	Frank Jones, San Francisc		Leather briefcase (personal friend)	1 <u>3/33</u> (p	CISORIAI	activ	nty unicialcu	to duty							. — -			\$300	
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5 C.F.R Part 2634 U.S. Office of Government	Ethics																
Reporting Individual's N	Vame												Page 1	Number			
Macon Phillips			SCHEDU	LE C													
D. (I I I I I I I I I I I I I I I I I I	•					W	/								_	_	_
Part I: Liabilit		124			N.	<u> </u>											
Report liabilities over any time during the r		-	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		NO	ne	ı			Categ	gory of	Amoun	t or Val	lue (x)			
or dependent children			liabilities owed to certain relatives listed in instructions.				 		\Box	T			T :	T.	٠ .	, - c	\Box
during the reporting r	period. Exclude a m	ortgage on your	See instructions for revolving charge accounts.	Structions for revolving charge accounts. Date Interest Rate Incurred Rate Term if applicable Cable Type of Liability Type of Liability								\$500,001 -	Over \$1,000,000*	\$1,000,0001	\$5,000,0001	\$25,000,001	
	Creditors (Name and	\dashv		cable	\$10,001	\$15,0	550,0	\$100 \$250	\$250,001	\$500	0.04 1.00	5,0	\$5,00	\$25,0	Over		
First Dist	rict Bank, Washington,	, DC	Type of Liability Mortgage on rental property, Delaware	1991	8%	25 yrs.			х		L					1	
John Jone	es, 123 J St., Washingto	on, DC	Promissory note	1999	10 %	on demand	—				х		-	_	-	—	\perp
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			ler's spouse or dependent children. If the liability is that of t	ne filer or a j	oint liabili	ty of the file	r										_
			tegories, as appropriate.													—	
Part II: Agre	eements or A	Arrangements															
		ents for: continuing				4) future er							ling tl	he rep	ortin	g	
		erred compensation		of negot	iations fo	or any of the	ese ar	range	ments	or be	nefits						
payment by a form	er employer (inclu	ding severance payr	nents); (3) leaves									1	Vone		J		
		Status and Terms of any	Agreement or Arrangement							Partie	s						ate
	nt to partnership agreen		m payment of capital account & partnership share	-		Doe	Jones	& Smit	th, Hom	etown,	State		_			7.	/85
1 401k Plan starte	ed at Blue State Di	gital					-									4/	/05
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Ret	oorting Individual's Name				Page Number	
ı	acon Phillips		SCHEDULE D			
Re	port any positions Held Outs port any positions held during the an impensated or not. Positions include ector, trustee, general partner, propri	pplicable reporting period, whether but are not limited to those of an officer,	non-profit organization or educationa	partnership, or other business enterprise or an all institution. Exclude positions with religious and those solely of an honorary nature.		. —
-	Organ	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Ex	amples: Nat'i Assn. of Rock Collectors Doe Jones & Smith, Hometow	, NY, NY	Non-profit education Law firm	President Partner	- <u>6/92</u>	Present 1/00
1	Blue State Digital		Director of Strategy and Comm	5/05	4/08	
2						
3	Obama Transition Project	, ,	presidential transition group	Director of New Media	11/08	1/09
4				-		
5						
6						
Re ₁	port sources of more than \$5,000 co siness affiliation for services provide	Excess Of \$5,000 Paid by One Sompensation received by you or your ed directly by you during any one year of enames of clients and customers of any	corporation, firm, partnership, or oth organization when you directly provi	er business enterprise, or any other non-profided the services generating a fee or payment report the U.S. Government as a source.	if you are an Termination Vice Preside	ential ial Candidate
	Source (Name and Address)			Brief Description of Duties		
L	mmples: Doe Jones & Smith, Hometow Metro University (client of Do Blue State Digital	n, State e Jones & Smith), Moneytown, State	Legal services Legal services in connection with universe Employee Wages	-		
2	Obama for America		New Media - Technology, Commu Employee Wages New Media - Online program dev	unications and Strategic consulting		
3	Obama Transition Project		Employee Wages New Media - Online program dev			
4						
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n :	EU. G. D. H. I					

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