
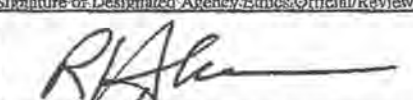



Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate boxes)	<input type="checkbox"/> Incumbent	Calendar Year Covered by Report	<input checked="" type="checkbox"/> New Entrant, Nominee or Candidate	<input type="checkbox"/> Termination (File)	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	Tonsager	First Name and Middle Initial	Dallas, P.			
Position for Which Filing	Title of Position	Under Secretary for Rural Development	Department or Agency (If Applicable)	United States Department of Agriculture			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.
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code)	1501 Farm Credit Drive, McLean, Virginia 22102	Telephone No. (Include Area Code)	703-883-4000			
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						
	Board Member, Farm Credit Administration December 2004 to Present						
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination	Committee on Agriculture, Nutrition and Forestry	Do You Intend to Create a Qualified Diversified Trust?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Certification	Signature of Reporting Individual		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.			3/27/09				
Other Review (if desired by agency)	Signature of Other Reviewer		Date (Month, Day, Year)				
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reviewing Official		Date (Month, Day, Year)				
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).			3/27/09				
Office of Government Ethics Use Only	Signature		Date (Month, Day, Year)				
			3/27/09				
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"/>							
Agency Use Only							
OGE Use Only							
MAR 27 2009							

Reporting Individual's Name
 Tonsager, Dallas P.

SCHEDULE A

Page Number
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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 \$200)" is checked, no other entry is needed in Block C for that item.																		
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 amount of any honoraria over \$200 of your spouse). None <input type="checkbox"/>	None (or less than \$1,000)	\$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	Over \$25,000,000	Excepted Trust	Excepted Investment Fund	Dividends	Rent and Royalties	Interest	Capital Gain	None (or less than \$200)	\$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 - \$500,000	Over \$500,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria	
	Examples: Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund																												
1 Plainview Farm, Oldham, SD (one-half interest in family partnership) - farms 2000 acres but owns 200 acres						X																					Personal Share of Gross Income \$326,252.00		
2 Crops: Corn, Soybeans and Wheat Other Investment: Lake Area Corn Processors, LLC (Produces ethanol and its by-products)			X											X					X										
3																													
4 Plainview Land Company, LLC, Oldham, SD (one-quarter interest in family LLC) - owns 640 acres which is leased to Plainview Farm through a cash lease Other Investment: Lake Area Corn Processors, LLC (Produces ethanol and its by-products)					X															X						Personal Share of Gross Income \$16,500.00			
5																					X								
6			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

Tonsager, Dallas P.

SCHEDULE A continued

(Use only if needed)

Page Number

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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								
											Type																			
										Amount																				
None <input type="checkbox"/>	None (or less than \$201)	\$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 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																														
5	Wells Fargo Trade Account (Cash Account)	X																X												
6																														
7	IRA Wells Fargo First Trust Unit Dow Target	X											X					X												
8	IRA Wells Fargo First Trust Target Triad Oct 2008		X										X					X												
9																														

⁴⁰ 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

Tonsager, Dallas P.

SCHEDULE A continued

(Use only if needed)

Page Number

5

BLOCK A	BLOCK B										BLOCK C																						
	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.																						
	None (or less than \$1,000)	\$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 (trusts, private funds)	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gain	None (or less than \$201)	\$201 - \$15,000	\$15,001 - \$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)	Date (Mo., Day, Yr.) Only if Honoraria	
1	Inheritance from mother's estate (Cash)																															\$20,000	
2																																	
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.

Prior Editions Cannot be Used.

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

Reporting Individual's Name Tonsager, Dallas P.	SCHEDULE B	Page Number 8
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Part I: Transactions None

#	Identification of Assets	Transaction Type (s)			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	\$5,000,001 - \$25,000,000	Over \$25,000,000	Over \$50,000,000	Certificate of divestiture
	Example: Central Airlines Common				2/1/99											
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 in your capacity as an agent of 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 \$114 or less. See instructions for other exclusions.

#	Source (Name and Address)	Brief Description	Value
	Examples: Nat'l Ass'n. 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 Tonsager, Dallas P.	SCHEDULE C	Page Number 7
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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 or appliances, and liabilities owed to certain relatives listed in Instructions. See instructions for revolving charge accounts.

None

Category of Amount or Value (x)

Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)																		
			\$10,001-\$15,000	\$15,001-\$20,000	\$20,001-\$25,000	\$25,001-\$30,000	\$30,001-\$35,000	\$35,001-\$40,000	\$40,001-\$45,000	\$45,001-\$50,000	\$50,001-\$55,000	\$55,001-\$60,000	Over \$60,000,000								
Examples:																					
	1991	8%	25 yrs																		
	1999	10%	on demand																		
1	2007	5.5%	5 years				X														
2	2004	4.25%	25 years				X														
3	2008	8%	1 year						X												
4	2008	6.75%	4 years				X														
5	2003	3.5%	7 years	X																	

* 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: (1) 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

State 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		
2		
3		
4		
5		
6		

Reporting Individual's Name Tonsager, Dallas P.	SCHEDULE C	Page Number B
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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 or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.

None

Category of Amount or Value (X)

Creditor (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (X)																
					\$10,000	\$15,000	\$25,000	\$50,000	\$100,000	\$250,000	\$500,000	\$1,000,000	Over \$1,000,000	Over \$5,000,000	Over \$25,000,000	Over \$50,000,000					
<i>Examples:</i> First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.																	
John Jones, 123 1/2 St., Washington, DC	Promissory note	1999	10%	on demand																	
1 Commodity Credit Corporation, USDA	Loan on Plainview Farm for grain bins (responsible for one-half)	2006	4.625%	7 years			X														
2 First National Bank of Valentine, Valentine, NE	Loan on Plainview Farm (responsible for one-half)	2005	5.69%	15 years					X												
3 First National Bank of Valentine, Valentine, NE	Loan for Plainview Land Co (responsible for one-quarter)	2005	5.69%	15 years					X												
4 First National Bank of Valentine, Valentine, NE	Personal loan for farm land	2005	5.69%	15 years					X												
5 First National Bank of Valentine, Valentine, NE	Personal loan for farm land	2006	6.6%	15 years					X												

* 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); 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

State and Terms of any Agreement or Arrangement	Party	Date
<i>Example:</i> 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		
2		
3		
4		
5		
6		

Reporting Individual's Name Tonsager, Dallas P.	SCHEDULE D	Page Number 9
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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.

	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples:	Natl. 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	Plainview Farm Oldham, SD	Crop Farm	General Partner (Passive ownership only)	01/78	Present
2	Plainview Land Company LLC Oldham, SD	Farm Land	Member (Passive ownership only)	01/94	Present
3	Mother's Estate (No compensation)	Estate Administration	Co-Personal Representative	1/09	Present
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		
2		
3		
4		
5		
6		