Form Approved:

5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

OMB No. 3209-0001

U.S. Office of Government Ethics				
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year (Check Incumbent Covered by Report	New Entrant, Nominee,	Termination Date (If Appli - Cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	appropriate boxes)	X or Candidate	Filer	file this report and does so more than
	Last Name	First Name and Middle	e Initial	30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Vilsack	Thomas J.	o Dittili	is granted, more than 30 days after the 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	Secretary	Department of Agr		
	Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)	Reporting Periods Incumbents: The reporting period is
Location of Present Office (or forwarding address)	801 Grand Street, Suite 3900; Des Moines, IA 50	0309	515-283-1000	the preceding calendar year except Part II of Schedule C and Part I of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D where you must also include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)				you file. Part II of Schedule D is not applicable.
			The second secon	Termination Filers: The reporting
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination	(A) (A) (A)	ate a Qualified Diversified Trust?	period begins at the end of the period
Serate Commination	Committee on Agriculture, Nutrition, and Forestry	Yes	X No.	covered by your previous filing and ends at the date of termination. Part II
Certification	Signature of Reporting Individual	Ngar	Date (Monin, Day, Year)	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.	Olen Vesul.		1-09-09	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)	og.massoci que responso		Date (Month, Day, Tear)	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	Signature of Designated Agency Ethics Official/Reviewing O	official	Date (Month, Day, Year)	그 하다 취임이 하다 이 네이지 말까지 그는 네
On the basis of information contained in this report. I conclude that the filer is	Signature of Designated Agency Etinics Official/Reviewing O	ATTICIAI		Schedule BNot applicable. Schedule C. Part I (Liabilities)
in compliance with applicable laws and regulations (subject to any comments in the box below).	Res		1/9/09	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		Date (Month, Day, Year)	within 31 days of the date of filing.
Use Only	ional space is required, use the reverse side of this sheet)	4	1/9/09	Schedule C. Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of
or the state of th				filing.
[·	(Check bo	ox 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
				o cn v
		(Check box if comm	nents are continued on the reverse side)	JAN -9 2009
L THE			5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	

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Reporting Individ	dual's Name											_																	Page Number	
Thomas J. Vil	sack											S	СН	EI	U	LE	A												2	
As	ssets and Income			V		ation at cl	ose o	of criod														ock (C for	that			\$20)1)"	is checked. no	
	BLOCK A	_	188	8888	10000	BLC	CK B	3	******	88	****	_	SSS81	1988									BLOC							
report each asso production of invalue exceeding ing period, or vin income during with such income					0	00	000	٠	90,90	100,000	000,000		tent Fund				уре		\$201)				Ar	noui			0,000		Other Income (Specify Type &	Date (Mo., Day, Yr.)
amount of earn than from the U report the source income of more actual acount o your spouse).	so report the source and actual ed income exceeding \$200 (other LS. Government). For your spource but not the amount of earned than \$1,000 (except report the f any honoraria over \$200 of	None (or less than \$1.003	\$1,001 - \$15,000		\$50,001 - \$100,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000.000 *	81,000,001 - \$ 5,000,000	35,000,001 - 455,000,000	S25,010,001 - \$50,000,000	Over 330,000,000	Excepted investment Fund	Cacepied Arust			Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$3,000	\$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	Actual Amount)	Only if Honoraria
I —	ntral Airlines Common	📖	_#	~~ }⊢ •	x	.			▓.	_	 _			- 💹	×		! _		-		x_	<u></u>	_	<u>.</u>						
Ke	e Jones & Smith, Hometown, State mpstone Equity Fund A: Heartland 500 Index Fund	-	- -	<u>*</u> 	 - -			 		- - - -		-133	+	- #	+		-	 				* - * -		- -	- 		-		Law Partnership Income \$130,000	
Farmland Davis Co							×									×							×							
in conne	onservation Reserve Program																												\$7,552.00	
1/2 interes	ial Office Building est, Mt. Pleasant, Iowa (S)			X												X						x								
Large Ca	Principal Life Insurance Co. ap Value A (S)		x										x						х											
Whole L	Life Insurance ife (S)		x																X											
Universa	rance Group al Life Policy		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.											nt children,																			
mark the other	higher categories of value, as appr	opriate.																							Printer Committee		The state of the s	- Constant		

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Reporting Individual's Name								_		~	~~~																				P	age Number	***************************************
Thomas J. Vilsack										S	CF			UL					1U6	ed,												3	
												(L	se	on!	y i	ne	ede	ed)													_		
Assets and Income					a repo	t clo	of . ose o g pe CK B	of crioc																C 1		hat i			n \$2	201`)" is	s checked, no	
BLOCK						BLO		,									Ту	pe			_					oun	t				+		
None	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 - \$1,600,000	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 (H)	000 000 30	Over 53,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
United States Savings Bonds		x																Х			х												
Northwestern Mutual Life Insurance Whole Life (S)		x																		х													
Wayland State Bank Certificate of Deposit (J)					х													X				х											
Community Choice Credit Union Account	×																			х													
fowa Public Employees Retirement System (S)			x																	Х													
lowa Public Employees Retirement System				x																х													
US Bank Checking Account (J)			x															x			Х												
US Bank Checking Account (J)		X																		X													
Wayland State Bank Checking Account (J)		х																		х													
* This category applies only if the asset/inco mark the other higher categories of value, as a			hat o	f the	file	r's sp	ouse	or	depe	nder	it ch	ildr	en.	If th	e ass	et/ir	com	ie is	eith	er th	at o	the	file	rorj	oint	ly he	ld b	y the	file	er wi	ith t	he spouse or deper	ndent children

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Reporting Individual's Name Thomas J. Vilsack	SCHEDULE A continued (Use only if needed)											4																		
Assets and Income					at epor	clos	se of g per		ts												ck C		that			n \$2	201)	" is checked. n	0	
None	None (or tas than 31,001)	\$1,001 - \$15,000	\$15,001+\$50,000	\$50,001 - \$100,000			000	Over \$1,000.000 *	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Unainted Trust	Rentand Royaltus		Capital Gains	None (or less than \$201)	\$201 +51.4HII	\$1,001 - \$4,300 \$4,501 & \$7,000	85.001 - \$15.000	Ai	nou	00	Over \$1,000,000*	\$1 000 401 \$4 000 000	Over \$5 000 000	Other Income (Specify Type & Actual Amount)		Date (Mo., Day, Yr.) Only if Honoraria
1 US Bank Farm Checking Account		x							-							х		x												
2 Strategic Partnerships LLC Alexandria, VA																												\$2,500 Director's F	ee	
lowa State University Ames, Iowa																												\$63,000 Salary	,	
MidAmerican Energy Des Moines, Iowa																												\$100,000 Consultin		
Dorsey & Whitney LLP Des Moines, Iowa																												\$300,000 Salary)	
Simpson College Indianola, Iowa																												\$2,500 Honorariu	m_	05/17/200
Allergan Irvine, California																												\$7,500 Consultin	g	
Minnesota Rural Electric Association Maple Grove, Minnesota																												\$2,500 Honorariu	m_	08/13/200
Macalester College St. Paul, Minnesota * This category applies only if the asset/incon																												\$10,000 Honorariu	m	12/2008

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 5 Thomas J. Vilsack (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. at close of reporting period BLOCK A BLOCK B BLOCK C Type Amount Other Over \$50,000,000 Excepted Investment Fund Date None (or less than \$1,001) \$25,000,001 - \$50,000,000 (Mo., Day. Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 \$1,000,001 - \$5,000,000 Yr.)(Specify \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 \$100,001 - \$250,000 Type & \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 Only if None (or less than \$50,001 - \$100,000 Actual \$15,001 - \$50,000 Over \$1,000.000 \$15,001 - \$50,000 Over \$1,000,000* \$1,001 - \$15,000 Qualified Trust Over \$5,000,000 Excepted Trust Amount) Honoraria \$5,001 - \$15,000 \$2,501 - \$5,000 Capital Gains \$1,001 - \$2,500 \$201 - \$1,000 Dividends Interest None Northwest Area Foundation \$5,000 05/30/2008 St. Paul. Minnesota honorarium \$20,000 Harvard University fellowship Boston, Massachusetts \$13,200 Housing lowa Pharmacy Association \$5,000 03/13/2008 Des Moines, Iowa Honorarium Iowa Initiative (S) Salary Des Moines, Iowa 5 Vilsack Foundation (S) Salary Des Moines, Iowa Wachovia Securities Pathway Account underlying holdings: Russell Global Equity Fund Х X Χ (RGESX) 8 Russell Emerging Markets Fund Х X Х (REMSX) 9 X Russell Strategic Bond Fund (RFCTX) 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.

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U.S. Office of Government Ethics																																
Reporting Individual's Name					e.					SC	Н	EI	U	LE	A	co	nt	int	ıed											P	age Number 6	
Thomas J. Vilsack											((Us	e c	only	ifı	nee	ded)							_		_	-				
Assets and Income		-1.00			a epo	t clo	of a	f	ets												moui in B		k C		hat i			n \$2	:01)	" is	s checked. no	
	None (or less than \$1,401)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000		000	Over \$1,000.000 *	\$1,000,001 \$5,000,000	\$5,000,001 - \$25,000,000	Occasion of the control of the contr	Over aso, ovo a	Excepted thyrsunent Fund	Excepted Trust Onealified Trust	Dividende	Powelfie	Interest	ains	None (or less than \$201)	\$201 × \$1.000	\$1,001 - \$2,500	\$2,501 - \$5,000	0		oun	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,600,001 - \$5,000,000	Over \$5,000,000	000000000000000000000000000000000000000	Other Income (Specify Type & Actual Amount)	Date (Mo Day, Yr.) Only if Honoraria
None 1 Wachovia Account continued: Russell Real Estate Securities Fund (RRESX)		×											x		-				×	ζ												
Russell International Developed Markets Fund (RINTX)		x											x						×	(
Russell US Small and Mid Cap Fund (RLESX)		х											X						×													
Russell US Quantitative Equity Fund (REQTX)		х											x .						×													
Russell US Core Equity (RLISX)		x											x						×	(
Anheuser Busch Companies	×																	,		×												
7 Chevron	×																	×		×												
Diageo	Х																	,		×												
9 Emerson Electric	x																	×		×												
* This category applies only if the asset/incormark the other higher categ	ne is sole	ly ti	nat of	the	filer	's sp	ouse	or de	epen	dent	chile	dren	. If	the a	sset	/inco	ome	is eil	her	that	of the	file	ror	joint	ly he	ld b	y the	filer	wit	h th	ie spouse or depe	ndent children

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Reporting Individual's Name	<i>.</i>								S	CF	ΉE	DI	IJL	E	<u>A</u> (con	tir	1U6	ed ·										Page Number 7	, , , , , , , , , , , , , , , , , , , ,
Thomas J. Vilsack													onl																,	
	η																													
Assets and Income	-		V	'alua		of ose o		sets							Inc	om er er	e: t	vne is n	and	amo ed in	unt.	If'	Non	e (or	less	thar	1 \$2	01)"	is checked. no	
Di oori i					ortin	ıg pe	rioc	i							Our.	01 01	161)	15 1		ou III					100111	•				
BLOCK A					BLC	CK B	3									Ty	pe						BLOC Aı	K C nou	nt					T
None	None (or fess than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over 31,000.000 *	\$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	Inferest	Capital Gains	None (or less than \$201)	\$261 - \$1,000	\$1,001 - \$2,500	\$2,501 - 55,000	-	0	90	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
Wachovia Account continued: Pepsico																		x		x										
Southern Company	×																	Х		Х										
Vectren Corp	×																	Х		X										
4																														
5																														
6																														
7																														
8	***																													
9																														1

* 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 Thomas J. Vilsack		SCHEDULE	В										Page N	numbe		8		
Part I: Transacti	ons				-		None											_
	exchange by you, your spouse,	report a transaction involving property used solely as your	Tr	ansact	ion		T			An	nount (of Trans	saction	(x)				
	the reporting period of any real	personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of	1	ype (x	()	Date (Mo									Ι.	, 1		
securities when the amount of	of the transaction exceeded that resulted in a loss. Do not	divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	Sale	Exchange	Day, Yr.)	\$1,001 -	5,001 ~	0,001 -	00,001 - 50,000	50,001 -	\$500,001 - \$1,000,000	er ,000,000*	,000,000,	\$5,000,001 - \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000	Certificate of
Example: Central Airline		fication of Assets	X X	Š	血	2/1/99	\$ 5	\$ 52	x 49	\$2	\$2	\$1	Ó 54	\$5	\$5	\$2	ठ छ	ర :
1	s Common					21(17)					o				 			
		National						ļ.,										
2																		
3																		
4	And the second s																	
5																		
* This category applies only	if the underlying asset is solely the	nat of the filer's spouse or dependent children. If the underlying as	set is ei	her h	eld				1		1		<u></u>	l	1	1		_
		ndent children, use the other higher categories of value, as appropr	iate.		_													
	eimbursements, and																	
For you, your spouse and	dependent children, report the gifts (such as tangible items,	e source, a brief descrip-				mment; giv relatives; i										:l:		
food, or entertainment) re	eceived from one source totali	ng more than \$260; and	inde	pende	ent o	their rela	tionshi	p to y	ou: or	prov	ided	as per	sonal	hospi	itality			
(2) travel-related cash rei than \$260. For conflicts a	mbursements received from canalysis, it is helpful to indica	ne source totaling more te a basis for receipt, such	total	value	e from	idence. Al n one sour												
as personal friend, agenc	y approval under 5 U.S.C. § 4	111 or other statutory	for o	ther e	exclu	sions.									1	None		í

None

dates, and the nature of expenses provided. Exclude anything given to you by Value Brief Description Source (Name and Address) Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)

Leather briefcase (personal friend) Examples: Nat'l Assn. of Rock Collectors, NY, NY
Frank Jones, San Francisco, CA \$500 \$300 2 3 5

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Reporting Individual's Name												Page N	umber			_
Thomas J. Vilsack		SCHEDUI	LE C											9		
Part I: Liabilities																
Report liabilities over \$10,000 owed to		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne				Catego	ory of A	mount	or Valu	ıe (x)			
any time during the reporting period by or dependent children. Check the high during the reporting period. Exclude a	est amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if	, o	. 0	- 8	90	00	\$500,001 - \$1,000,000	Over \$1,000,000*	- 1000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	000,00
		:	Micdired	Kato	cable	\$10,001	5,00	\$50,001 -	\$100,001 \$250,000	\$250,001	0, 8	,000	88	5,00	5,00	Over \$50,000,
Creditors (Name an		Type of Liability	1001	00/	25	69 69	\$ 55		\$ \$	\$5	\$ \$	Q 29	\$ 55	\$5	\$5	68
Examples: First District Bank, Washington John Jones, 123 J St., Washington	on, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10 %	25 yrs. on demand	1		<u> </u>		x						
Wayland State Bank, Wayland,	Iowa	Mortgage on farm property	2008	6.85%	13 years					x						
Wayland State Bank, Wayland,	lowa	Unsecured loan (paid in full in 2008)	2003	6.75%	15 years				x							
3																
4																
5																
* This category applies only if the liabil	lity is solely that of the t	iler's spouse or dependent children. If the liability is that of the	filer or a i	L oint liabili	v of the fil	er		-				<u> </u>				1
with the spouse or dependent children,			, ,,,,,		., 01 1110 111											
Part II: Agreements or	Arrangements															
Report your agreements or arrange	_		of absen	ce; and (4) future e	mploy	ment.	See in	nstruc	tions	regard	ling th	ne ren	ortin	g	
employee benefit plan (e.g. 401k, o	deferred compensation	n; (2) continuation			r any of th								٠	`		
payment by a former employer (inc	cluding severance pay	ments); (3) leaves									N	lone				
	Status and Terms of a	ny Agreement or Arrangement							Parties		1	OHE			D	ate
Example: Pursuant to partnership agre		sum payment of capital account & partnership share			Do	e Jones	& Smit	h. Hom						····		185
calculated on service perfor	med through 1/00.							,								
Will continue to participate in lo	wa Public Retirement	System; no further contributions being made			St	ate of I	owa (Des N	loines	, low	a)				01/1	1993
2																
3						······································	·									
4																
5																
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Prior Editions Cannot Be Used.

Reporting Individual's Name				Page Number	
Thomas J. Vilsack		SCHEDULE D		1	10
Part I: Positions Held Outs Report any positions held during the a compensated or not. Positions include director, trustee, general partner, propri	pplicable reporting period, whether but are not limited to those of an officer,		partnership, or other business enterprise or any 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.)
Examples: Nat'l Assn. of Rock Collectors	, NY, NY	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometow	n, State	Law firm	Partner	7/85	1/00
MidAmerican Energy (Des Moir	nes, Iowa)	Energy Company	Consultant	02/2007	12/2008
National Education Association	(Washington, DC)	Teachers' Union	Consultant	04/2007	12/2007
Ambassadors Inc./Embark LLC	C(Chicago, Illinois)	Event Planning Company	Consultant	05/2007	10/2007
Drake University Law School (I	Des Moines, Iowa)	Higher Education	Teacher	02/2007	12/2007
5 Dorsey & Whitney LLP (Des Mo	oines, lowa)	Law Firm	Of Counsel	05/2007	present
lowa State University (Ames, Id	owa)	Higher Education	BIGMAP Fellowship	10/2007	12/2007
Report sources of more than \$5,000 co business 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 prov	ner business enterprise, or any other non-profit ided the services generating a fee or payment report the U.S. Government as a source.	if you are a Termination Vice Presid	lential ntial Candidate
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometow Metro University (client of Do	n, State e Jones & Smith), Moneytown, State	Legal services . Legal services in connection with univ	versity construction		
MidAmerican Energy (Des Moir	nes, lowa)	Consulted on renewable energy			
National Education Association	ı (Washington, DC)	Consulted on No Child Left Behir	nd		
Ambassadors, Inc (Newport Be	each, California)	Consulted on convention planning	g		
Drake University Law School (I	Des Moines, Iowa)	Teacher			
5 Dorsey & Whitney LLP (Des Me	oines, Iowa)	Legal services			
lowa State University (Ames, Ic	owa)	Teaching salary - Fellowship			
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Reporting Individual's Name Thomas J. Vilsack		SCHEDULE D		Page Number			
Recon	port any positions Held Outs port any positions held during the any mpensated or not. Positions include ector, trustee, general partner, propressions.	oplicable reporting period, whether but are not limited to those of an officer,		rtnership, or other business enterprise or a institution Exclude positions with religion those solely of an honorary nature.			
		zation (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	7/85	Present 1/00		
1	Strategic Partnerships LLC (Alexandria, Virginia)		Consulting Company	Director	02/2007	12/2008	
2	Carnegie Learning Company (Pittsburgh, Pennsylvania) Harvard University (Boston, Massachusetts)		Educational Software Company	Director	03/2007	12/2007	
3			Higher Education	Kennedy School Fellow	09/2008	12/2008	
4			Healthcare Company	Consultant	08/2007	08 /2008	
5							
6							
Part II: Compensation In Excess Of \$5,000 Paid by One So 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 if you are an Incumbe Termination Filer, or Vice Presidential or Presidential Candida 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				
L	Strategic Partnership LLC (Alexandria, Virginia) Carnegie Learning Company (Pittsburgh, Pennsylvania) Harvard University (Boston, Ma ssachusetts)		Director		****		
L			Director	With the state of			
3			Fellow				
1	Panetta Institute (Seaside, California)		Speaking engagement in 2007				
Alleghney County Medical Society (Pittsburgh, Pennsylvania)		Speaking engagement in 2007					
6	Allergan (Irvine, California) Northwest Area Foundation (St	. Paul, Minnesota)	Consulting Speaking engagement in 2008			In the second se	

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Reporting Individual's Name				Page Number		
Thomas J. Vilsack		SCHEDULE D	12			
Part I: Positions Held Outsi Report any positions held during the ar compensated or not. Positions include director, trustee, general partner, propri	oplicable reporting period, whether but are not limited to those of an officer,		rtnership, or other business enterprise or a institution Exclude positions with religion d those solely of an honorary nature.			
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						
2		A CONTRACTOR OF THE PROPERTY O				
3						
4						
5						
6						
Report sources of more than \$5,000 co	d directly by you during any one year of	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. If you are a Termination Vice President or President P			ential tial Candidate	
Source (Name and Address)			None	None		
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State lowa Pharmacy Association (Des Moines, Iowa)		Brief Description of Duties Legal services Legal services in connection with university construction				
		Speaking engagement in 2008				
2 Gordian Group (Mauldin, South	Carolina)	Legal fees				
Independent Light and Power	(Independence, Iowa)	Legal fees				
Kevin MacInness (Boulder, Col	orado)	Legal fees				
Brett Macinness (Dallas, Texas)	Legal fees				
Macalester College (St. Paul, M	innesota)	Speaking engagement in 2008			-	

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