Form Approved:

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 (Check	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
January 20, 2009	appropriate boxes)			X	or Candidate	ĮΓ	Filer		file this report and does so more than
	Last Name			_	First Name and Middle	lnit	ial		30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Dillon				Michael P				is granted, more than 30 days after the last day of the filing extension period
	Title of Position				Department or Agency	(If A	(pplicable)		shall be subject to a \$200 fee.
Position for Which Filing	Deputy Directo	r, Office of Polit	tical Affairs		White House				Reporting Periods
	Address (Number,	Street, Citv, State, a	and ZIP Code)			T	elephone No. (Inc	lude Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	EEOB 115B, W	/ashington, DC	20502			2	024565275	,	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	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)	N/a								you file. Part II of Schedule D is not applicable.
									Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congress	ional Committee Co	onsidering Nomination		Do You Intend to Creat	te 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
Certification	Signature of Repor	tina Individual		,	<u> </u>	ГЪ	ate (Month, 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.	//		·MA	<u> </u>			2/14	,	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer				<u> </u>	ate (Month, Day,		Schedule A-The reporting period for income (BLOCK C) is the preceding
Other Review (If desired by agency)		m		_		1 1	02. 17		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 C	fficial		D	ate (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).	ly-	- L. C	and a				2/11/09		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					D	ate (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	ional space is require	ed, use the reverse s	side of this sheet)						Arrangements) Show any agreements or arrangements as of the date of
			(Chack h	or if fil	ing extension granted &	ind	icata number of d	7015	filing.
			(Cheek of	ox y ju	ing extension granted &	. Iridi	care number of a	9°	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
									02.16.09
					(Check box if comme	ents (are continued on	the reverse side)	OGE Use Only
									<u> </u>

31 2 70 (1/6)	07.2000)
5 C.F.R Part	2634
II C OBS	of Government Ethics

`.	ing Individual's Name n, Michael Patrick																																
	Assets and Income					a repo	t ck ortin	ose o	of eriod			_											ock (C fo	or th	at i			n \$2	201)	" is	checked, no	
report producting point in the with: For yamouthan: report incompactual.	ou, your spouse, and dependent children, teach asset held for investment or the action of income which had a fair market exceeding \$1,000 at the close of the teporteriod, or which generated more than \$200 come during the reporting period, together such income. ourself, also report the source and actual int of earned income exceeding \$200 (other from the U.S. Government). For your spouse, the source but not the amount of earned ne of more than \$1,000 (except report the discount of any honoraria over \$200 of spouse).	None (or less than \$1.06)	- \$15,000	\$15,001 - \$50,000	S50,001 - S100,000		•	9		\$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 Frust		Royalties		han	\$201 - \$1,000	51,001 - 52,500			- \$50,068	-S100,000	98	Over \$1,000,000*	\$1,000,001 - \$5,900,000	Over \$5.000,000		Income (Specify Type & Actual	Date (Mo., Dav. Yr.) Only if Honoraria
	Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund State of Iowa Employee Defined Benefit			3	-×-	*		-,		=			-				<u>×</u>	-				× .	·								Law	Pertuership Income 1130,000	
2 S	Pension Plan (IPERS) State of Iowa salary - Michael Patrick Dillon (self)		×																	×	3						×	_				Salary -	
3 (Capital One Money Market account			×															x		×						100					\$128,000	
V	Vells Fargo Checking Account		x																x	x									2.2				
5 V	Vells Fargo Savings Account		x							,									x	x		ě											
J	Obama for America salary - ennifer O'Malley Dillon (spouse) ris category applies only if the asset/income is																															Salary	

4	-	_	- /	
5 C.F.R	Рап	2634		
2 6-1 -1		2024		

U.S. Office of Government Ethics																																			
Reporting Individual's Name										SC	CH	EI	DU	JLJ	E A	4 c	on	tir	ıue	d											Page	e Numb	3/6		
Dillon, Michael Patrick												(U:	se (only	y if	ne	ede	xd)			_							_							
Assets and Income					а	t clo	of a	ſ																		or les		nan i	\$20)1)"	is c	heckec	l, no		
BLOCK A			10000				CK B		000000		****		x000004						_					BLO	_					_					
· · · · · · · · · · · · · · · · · · ·	Note (or loss than \$1 (01)	000 010 000 0	\$1,001 - \$15,000	\$50.001 - \$100.000	S1(m),001 + \$2551,000	\$250,001 - \$500,000	5500,001 - 51,000,000	Over \$1,000,000 *	\$1,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	S.S. unit per Cent rent rent	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalths			None (or less than \$201)	\$201 -51.000	51,001 - 52,500	ann'ss - instra			550,001 - 5100,000 5100,004 - 5100,000	The state of the s	Over \$1,000,000*	\$1,000,001 - \$4,000,000	Over \$5,000,000		Othe Incor (Speci Type Actu Amou	ne fy & al	(Mo	ate Dav. r.) Iv if oraria
John Edwards for President salary - Jennifer O'Malley Dillon (spouse)																					2 (2)											Sala	ry	_	
2 Office of the President-elect salary - Jennifer O'Malley Dillon (spouse)										200	2									Out of the same							3					Sala	Ŋ		
3 DNC salan - Jennifer o'malley Dillon																									<i>a</i>			220				Sala	ny		
4																																			
5											8																								
6														100										New Section 1999			No.								
7																																			
8																		-									N. W. (1907)								
9														20														0.000							
* This category applies only if the asset/income	e is so	iely	Úiat	of it	e file	न्द्र ह	pous	e or	depe	រាថ្មព	ii ch	úldr	cn.	lt th	e as	sevi	nco	me i	s cil	ier t	hal ç	of the	file	r or j	oint	y էն	ld by	y the	file	er wi	ith d	he spou	se or de	penden	t childr

Prior Editions Cannot be Used.

mark the other higher categories of value, as appropriate.

* per the filer. REM m. 1209

U.S. Office of Government Ethics Page Number Reporting Individual's Name SCHEDULE A continued (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Amount Type Other Date None (or less than \$1,001) Mo., Dav. Income \$25,000,001 - \$50,000,000 \$5,000,001 - \$25,000,000 \$1,000,001 - \$ Kheq.000 (Specify Yr.) \$1,000,001 - \$5,000,000 Type & \$500,001 - \$1,000,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$100,001 - \$1,000.cm 550,001 - \$100,000 Rent and Key alte-Actual Only if Over \$1,000,000 * 550,001 - 5100,000 Excepted Investin None (or less than Over \$50,000,000 \$15,001 - \$50,000 Over \$1,000,000* 51,001 - \$15,000 \$15,001 \$50,000 Over 55,000,000 Execpted Trust Amount) Нопогаліа 55,001 - \$15,000 \$2,501 - \$5,000 Capital Galas, \$201 - \$1,000 Dividends None x 3 4 5 6 В 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.

~		/		,	
5	C.	F.Ŗ	Part	2634	

U.S. Office of Government Ethics			
Reporting Individual's Name	SCHI	EDULE A continued	Page Number
		(Use only if needed)	
			<u> </u>
Assets and Income	Valuation of Assets at close of	Income: type and amount. If "None (or less than \$201)"	is checked, no
	reporting period	other entry is needed in Block C for that item.	
BLOCK A	BLOCK B	BLOCK C	
Nonc X	Note (or bas than \$1,001) \$1,001 - \$15,000 \$15,001 - \$10,000 \$25,001 - \$20,000 \$250,001 - \$50,000 \$250,001 - \$50,000 \$250,001 - \$50,000 \$250,001 - \$50,000 \$250,001 - \$50,000 \$250,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000	Excepted Trust Combined Trust	Other Date Income (Mo., Dav. (Specify Yr.) Type & Actual Amoust) Honoraria
1			
2			
3			
4			
5			
6			
7			
8			
9			
* This category applies only if the assevinc	come is solely that of the filer's spouse or dependent chil	ildren. If the asset/income is either that of the filer or jointly held by the filer w	ith the spouse or dependent childre

Prior Editions Cannot be Used.

mark the other higher categories of value, as appropriate.

C.S. Office of Government Educs Reparing Individual's Name									S	SCI	HE	D)	UL	E	A	cor	ntix	านเ	ed												Page	Number	_	
						_		_			Ŋ	Jse	onl	y i	f ne	ede	ed)		_					_				_					_	
Assets and Income				Valu	at cl porti	lose	of erio		s								ie: t						C	for 1	lhat			ອກ 5	\$20	1)"	is ch	hecked, no		
BLUCK A	× ×	П			BLO	OCK							П			Ту	pe			_			BL	An	low	it_		_	_		_		\Box	
	Name (or less than \$1,001)	8 F	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$500,001 \$1,000,000	Over \$1,000,000 *	\$1,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	\$255000 - \$50,000,000	Over \$58,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trast	Dividends	Rent and Royalties	Interest	Caprille Catus	None (or less than \$201)	\$201 - \$3.000	SI,001 - S2,500	\$2,501 - \$5,000	55,001 -515,000	\$15,001 - \$50,000	\$50,001 - \$100,000	S1(4) (001 - \$1.000 (000)	O see Et on a toute	Over Stilved, bod-	\$1,000,001 - \$5,000,000	Over \$5,000,000		Other Income (Specify Type & Actual Amount)		Date (Mo., Day Yr.) Only if Honoraria
None x :				-	-	4	 _		_				-								4							_			<u></u>		_	
																																		•
2																																		
3																,																_		
4						110														81														
5							-													4													T	
6																				8													T	
7														,																				
8	3													ř												t T		l						
9																		8								b.								
This category applies only if the asset/inc mark the other higher categories of value, as			at of	tue i	ilea's	spou	ise o	dej	oena	ent c	child	lгел.	11 16	ie se	set/	inco	me i	s est	her	hat	of th	e fi	ler o	r joi	ntly	belo	by	фē	file	r wi	ւն ե	e spouse or	lepe	indent chil

SF 278 (Rev. 03/2000)
5 C.F.R Part 2634

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

U.S. Office of Government Ethics																		
Reporting Individual's Name													Page 1	Numbe				
Dillon, Michael Patrick		SCHEDULE I	B 												4	4/6		
Part I: Transactions							None	2									-	
Report any purchase, sale, or exchange		report a transaction involving property used solely as your		ransaci						Aı	mount o	of Tran	saction	(x)				
or dependent children during the repo		personal residence, or a transaction solely between you, your spouse, or dependent child. Check the "Certificate of	-	Type (x)	Date (Mo.										Τ-		т—
securities when the amount of the trans1,000. Include transactions that resu	isaction exceeded	divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	, ,	\$1,001 -	\$15,001 - \$50,000	,001 -	0,001 -	0,000	\$500,001 - \$1,000,000	Over \$1,000,000*	00,001	\$5,000,001 -	000,000	Over \$50,000,000	Certificate of
		cation of Assets	Pur	Sale	Ä		\$1,001	\$15 \$50	\$50 \$10	\$10 \$25	\$25 \$50	\$50,0	0ve	\$1,0	\$5,0 \$25,	\$25, \$50,	Over \$50,0	Cert
Example: Central Airlines Common			х			2/1/99			х						=			\Box
1 NOT REQUIRED FOR N	IOMINEE2		_											1			l	
2			Т		<u> </u>		1	-				_		_	\vdash	\vdash	_	\vdash
								<u> </u>		<u> </u>								
3				·;														
4			+		-		-	 -				· ·				├─-		┾
[]																		
5												-						\vdash
1 Till 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1																		
		hat of the filer's spouse or dependent children. If the underlying endent children, use the other higher categories of value, as app			ther h	ield												
			горпа	ie.														_
Part II: Gifts, Reimbur	,	-	al. T	70										~ .				
tion, and the value of: (1) gifts (su	ich as tangible items, tr	ansportation, lodging.	rece	J.S. (ived :	Jove: from	rnment; giv relatives; r	en to	your a	agenc'	y in c	onned on de	tion v enend	vith o ent ch	fficial	i trave italiv	:I:		
food, or entertainment) received f	rom one source totaling	g more than \$260; and	inde	pend	ent of	f their relat	ionsh	p to y	ou: o	r prov	ided	as per	sonal	hospi	itality	at		
(2) travel-related cash reimbursenthan \$260. For conflicts analysis,	nents received from one	e source totaling more	the c	lonor	's res	idence. Al	so, for	purpo	ses o	fagg	regati	ng gif	ts to c	letern	nine tl	ne		
as personal friend, agency approv			for c	vaiu	e iroi exclu	m one sour isions.	ce, ex	ciude	items	wort	n \$10	4 or 16	ess. S	ee ins	structi	ons		
authority, etc. For travel-related g	ifts and reimbursement	s, include travel itinerary.													1	None]
dates, and the nature of expenses		thing given to you by																
Source (Name and Examples: Nat'l Assn. of Rock Colle		Aidir Calabara and a calabara aid a			scriptio		. 1										Value	
Frank Jones, San Francisc		Airline ticket, hotel room & meals incident to national conference 6/1 Leather briefcase (personal friend)	5/99 (b	ersona	ii activ	nty unrelated	to duty	}				-		· — - ·	 -	 - −	\$500 \$300	
1																		
2				_														_
3							·											
4							_									-		
5			-															—
Prior Editions Cannot Be Used.																		
Prior Editions Cannot Be Used.																		

SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE C Dillon, Michael Patrick 5/6 Part I: Liabilities Report liabilities over \$10,000 owed to any one creditor at personal residence unless it is rented out; loans secured None Category of Amount or Value (x) by automobiles, household furniture or appliances; and any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed liabilities owed to certain relatives listed in instructions. \$100,000 \$100,001 -\$250,000 \$250,001 -\$500,000 \$1,000,000 See instructions for revolving charge accounts. during the reporting period. Exclude a mortgage on your Date Interest Term if appli-Incurred Rate cable Type of Liability Creditors (Name and Address) First District Bank, Washington, DC 1991 8% 25 yrs. Mortgage on rental property, Delaware Examples: John Jones, 123 J St., Washington, DC 1999 Promissory note 10% on demand х 1 SallieMae, Wilkes-Barre, PA 1999 6% 20 yrs Student loan 2 3 4 * 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 of absence; and (4) future employment. See instructions regarding the reporting employee benefit plan (e.g. 401k, deferred compensation; (2) continuation of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves None Status and Terms of any Agreement or Arrangement Parties Date Example: Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share Doe Jones & Smith, Hometown, State 7/85 calculated on service performed through 1/00 2 4

Prior Editions Cannot Be Used.

5

* perfective, he is in the process of rolling over his IPERS to an IRA, but the transaction is not yet complete. The new account and corresponding underlying investments will show up on next year's annual report.

Repo	rting Individual's Name				Page Number	
Dillo	on, Michael Patrick		SCHEDULE D		6	/6
Repo	et I: Positions Held Outsi ort any positions held during the ar pensated or not. Positions include otor, trustee, general partner, propri	oplicable 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 religiou and those solely of an honorary nature.		
┢──	Organi	zation (Name and Address)	Type of Organization	, Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Exa	mples: Nat'l Assn. of Rock Collectors, Doe Jones & Smith, Hometown	NY, NY	Non-profit education Law firm	President Partner	<u>6/92</u>	Present 1/00
1	State of Iowa, Des Moines, IA		State government	Chief of Staff to the Governor	1/07	1/09
2						
3	:					
4			,			
5						
6						
Repo	ort sources of more than \$5,000 co	mpensation received by you or your ed directly by you during any one year of names of clients and customers of any	corporation, firm, partnership, or othe 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.	t if you are an Termination Vice Preside	Filer, or ential ial Candidate
	Source (Name and Address)			Brief Description of Duties		
Exan	nples: Doe Jones & Smith, Hometown Metro University (client of Doe	n, State Jones & Smith), Moneytown, State	Legal services Legal services in connection with university	ersity construction		
1	State of Iowa, Des Moines, IA		Principal manager and advisor to	Governor of State of Iowa		
2		331				
3						
4						
5						
6						

Prior Editions Cannot Be Used.