

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes) Incumbent <input type="checkbox"/>		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/>		Termination Filer <input type="checkbox"/>		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 Kagan				First Name and Middle Initial Elena							
Position for Which Filing		Title of Position Solicitor General				Department or Agency (If Applicable) Department of Justice							
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) Harvard Law School Cambridge, MA 02138						Telephone No. (Include Area Code) 617-495-4601					
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 None											
Presidential Nominee Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Judiciary Committee				Do You Intend to Create a Qualified Diversified Trust? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Certification 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.		Signature of Reporting Individual <i>Elena Kagan</i>				Date (Month, Day, Year) January 21, 2009							
Other Review (If desired by agency)		Signature of Other Reviewer <i>Jan M. Rob</i>				Date (Month, Day, Year) Jan. 21, 2009							
Agency Ethics Official's Opinion 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).		Signature of Designated Agency Ethics Official/Reviewing Official <i>Greg J. Thomas</i>				Date (Month, Day, Year) JAN 21, 2009							
Office of Government Ethics Use Only		Signature <i>Robert A. Curich</i>				Date (Month, Day, Year) Jan 27, 2009							
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	
												JAN 21 2009	

Reporting Individual's Name
 Elena Kagan

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 \$201)" is checked, no other entry is needed in Block C for that item.										Date (Mo., Day, Yr.) Only if Honoraria
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 \$1,001)	\$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 *	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	Other Income (Specify Type & Actual Amount)	
	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 - \$1,000,000	Over \$1,000,000 *	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	Other Income (Specify Type & Actual Amount)	
Examples																					
Central Airlines Common				X																	
Doe Jones & Smith, Hometown, State			X																		Low Partnership Income \$130,000
Kempstone Equity Fund					X																
IRA: Heartland 500 Index Fund													X								
1 Cambridge Savings Bank Checking Account (Cash)					X							X									
2 Vanguard Prime Money Market Fund (VMMXX)			X												X						
3 Vanguard Total Stock Market Index Fund (VTSMX)				X											X						
4 Mutual Beacon Fund (BEGRX)			X												X						
5 Univ of Chicago Retirement: TIAA Traditional			X												X						
6 Univ of Chicago Retirement: CREF Stock			X										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
 Elena Kagan

SCHEDULE A continued
 (Use only if needed)

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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.								Date (Mo., Day, Yr.) Only if Honoraria										
	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 - \$1,000,000	Over \$1,000,000 *	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type		Amount						Other Income (Specify Type & Actual Amount)									
												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	
None <input type="checkbox"/>																													
1 Univ of Chicago Retirement Plan: CREF Bond Market			X						X					X															
2 Univ of Chicago Retirement Plan: Vanguard Intermediate-Term Bond Index Fund (VBIIX)			X						X																				
3 Univ of Chicago Retirement Plan: Vanguard Windsor Fund (VMNDX)			X						X																				
4 Harvard 403B Retirement Plan: Fidelity Magellan				X					X																				
5 Harvard 403B Retirement Plan: Fidelity Puritan				X					X																				
6 Harvard 403B Retirement Plan: Fidelity Intermediate Bond				X					X																				
7 Harvard 403B Retirement Plan: Vanguard Total Bond Market Index (VBMFX)		X							X																				
8 Harvard 403B Retirement Plan: Vanguard Federal Money Market Fund (VMFXX)		X							X																				
9 Harvard 403B Retirement Plan: Vanguard Wellesley Income Fund (VWINX)			X						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

Elena Kagan

SCHEDULE A continued

(Use only if needed)

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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.																							
	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 - \$1,000,000	Over \$1,000,000 *	Over \$1,000,000 - \$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 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
None <input type="checkbox"/>																																		
1 Harvard 403B Retirement Plan: Vanguard 500 Index Fund (VFINX)	X											X								X														
2 Harvard 403B Retirement Plan: Vanguard International Explorer Fund (VINEX)	X											X								X														
3 Harvard 457B Plan: Vanguard Total Bond Market Index (VBMFX)	X											X								X														
4 Harvard 457B Plan: Vanguard Total Stock Market Index (VTSMX)		X										X								X														
5 Harvard 457B Plan: Vanguard Explorer Fund (VEXPX)	X											X								X														
6 Harvard 457B Plan: Vanguard Global Equity Fund (VHGEX)	X											X								X														
7 Harvard University																																Salary as dean \$437,299		
8 Goldman Sachs Global Markets Institute																																Stipend for advisory council membership \$10,000		
9 National Constitution Center																															Honorarium for talk: \$1,000	3/8/08		

* 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.

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

Reporting Individual's Name Elena Kagan	SCHEDULE B	Page Number 4
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Part I: Transactions

None

Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction involving property used solely as your personal residence, or a transaction solely between you, 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	Transaction Type (x)			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*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture		
	Example: Central Airlines Common	x			2/1/99			x											
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 to you by

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 \$104 or less. See instructions for other exclusions.

None

	Source (Name and Address)	Brief Description	Value
	Examples: Nat'l Assn. 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 Elena Kagan	SCHEDULE C	Page Number 5
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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)

Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)														
					\$10,001 - \$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				
Examples: First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs.				x											
Jour Jones, 123 J St., Washington, DC	Promissory note	1999	10%	on demand					x										
1																			
2																			
3																			
4																			
5																			

* 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); (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

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 calculated on service performed through 1/00.	Doe Jones & Smith, Hometown, State	7/85
1 I will receive from Harvard a two-year leave of absence from the faculty. I will continue participation in my defined contribution retirement plans, but neither make contributions to them nor receive matching contributions.	Harvard University	12/08
2 I now receive from Harvard an applicable federal rate second mortgage on my home and a cash subsidy for the interest payments on that loan. Pursuant to the terms of the note, I will retain this mortgage during my leave of absence but will no longer receive any subsidy of interest payments.	Harvard University	12/08
3		
4 I continue to hold assets in my University of Chicago defined contribution retirement plan, which was terminated after I left the faculty there.	University of Chicago	12/08
5		
6		

Reporting Individual's Name Elena Kagan	SCHEDULE D	Page Number 6
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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.

None

	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	Skadden Fellowship Foundation American Law Deans Association	Non-profit organization Non-profit education	Member, Board of Trustees Member, Board of Directors	7/03 7/04	present present
2	National Constitution Center Peter Jennings Project Advantage Testing Foundation	Non-profit organization Non-profit organization	Member, Board of Advisors Member, Board of Directors	4/06 6/07	present present
3	American Indian Empowerment Fund Oxford University Press, Inc.	Non-profit organization Corporation	Member, Advisory Board Member, Board of Trustees	2/08 11/08	present present
4	New York State Commission on Higher Education Goldman Sachs Global Markets Institute	Governmental commission Corporate entity	Member Member, Advisory Council	2/07 3/05	6/08 12/08
5	Harvard University	Non-profit education	Dean of Harvard Law School	7/99	present
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	Harvard University	Salary, Harvard University
2	Goldman Sachs Global Markets Institute	Stipend for membership on advisory council
3		
4		
5		
6		