

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes)		Calendar Year Covered by Report		New Entrant, Nominee, or Candidate		Termination		Termination Date (If Applicable) (Month, Day, Year)		Fee for Late Filing	
JAN 20, 2009		<input type="checkbox"/> Incumbent				<input checked="" type="checkbox"/>		<input type="checkbox"/> Filer				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				First Name and Middle Initial							
		SCHILIRO				Philip M							
Position for Which Filing		Title of Position				Department or Agency (If Applicable)							
		ASSISTANT TO THE PRESIDENT				WHITE HOUSE 1/7/09 - LEGISLATIVE AFFAIRS							
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)				Telephone No. (Include Area Code)							
		451 6TH STREET, NW WASH, DC 20004				202-540-3320							
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											
		CHIEF OF STAFF, HOUSE OVERSIGHT + CONSUMER REFORM / REP HELEN WAXMAN											
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination				Do You Intend to Create a Qualified Diversified Trust?							
						<input type="checkbox"/> Yes <input 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.						1/2/09							
Other Review (If desired by agency)		Signature of Other Reviewer				Date (Month, Day, Year)							
						2/16/09							
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).						2/16/09							
Office of Government Ethics Use Only		Signature				Date (Month, Day, Year)							
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)												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.	
												Nominees, New Entrants and Candidates for President and Vice President:	
												Schedule A--The reporting period for income (BLOCK C) is the preceding 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.	
												Schedule B--Not applicable.	
												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 within 31 days of the date of filing.	
												Schedule C, Part II (Agreements or Arrangements)-- Show any agreements or arrangements as of the date of filing.	
												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	
												OGE Use Only	

(Check box if filing extension granted & indicate number of days _____)

(Check box if comments are continued on the reverse side)

Reporting Individual's Name
Patrick W Schilke

SCHEDULE C

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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

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 John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand			x			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		
2		
3		
4		
5		
6		

Reporting Individual's Name
 PHILIP M SCHILIZO

SCHEDULE A continued
 (Use only if needed)

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BLOCK A	BLOCK B										BLOCK C										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria													
	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 <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*	\$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	Type	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					
1		X													X					X															
2																																			
3		X															X			X															
4		X													X					X															
5		X													X					X															
6		X															X			X															
7																																			848,461 ⁱⁿ
8																																		16,154 ⁱⁿ	
9																																		INCOME ⁱⁿ	

* 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 Philip M Sutton	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	OBAMA - BIDEN TRANSITION	PRESIDENTIAL TRANSITION	DIRECTOR, COMM AFFAIRS	Nov 2008	Present
2	OBAMA FOR AMERICA	CAMPAIGN COMMITTEE	SENIOR ADVISOR	JULY 2008	NOV 2008
3					
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	OBAMA - BIDEN TRANSITION	ASSIST IN PRESIDENTIAL TRANSITION
2	OBAMA FOR AMERICA	ASSIST IN PRESIDENTIAL CAMPAIGN
3		
4		
5		
6		