Form Approved OMB No 3209-0001

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

	Reporting Status	Incumbent	Calendar Year Covered by Report		New Entrant, Nominee,		Tennination	Termination Date (If Appli - cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
January 20, 2009	appropriate boxes)			Х	or Candidate		Filer		file this report and does so more than
	Last Name				First Name and Middle	Initial			30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Emanuel				Rahm, I.				is granted, more than 30 days after the
	Title of Position				Department or Agency	(If Ann	diaghta		last day of the filing extension period shall be subject to a \$200 fee.
Position for Which Filing	White House C	Chief of Staff			Executive Office of				shari be subject to a \$200 fee.
		Street, City, State,	and 7IP ('ode)		Excedite office of			lude Area (Code)	Reporting Periods Incumbents: The reporting period is
Location of Present Office								rude Area Code j	the preceding calendar year except
(or forwarding address)	1600 Pennsylv	ania Avenue NV	V, Washington. D.C	2. 200	006	(202) 456-1414		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)	United States (Congressman fr	om the 5th District	of Illir	nois (JAN 2	003	- Jan. 200	09)	you file Part II of Schedule D is not applicable.
12 Months (11 Not Same as Above)				01 71711	((((((((((((((((((((J
Presidential Nominees Subject to	Name of Congress	sional Committee C	onsidering Nomination		Do You Intend to Creat	e a Ou	alified Diversit	ied Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation		Jonas Committee C	onstating treatment			e a ça	T T	red (rust)	covered by your previous filing and ends
	<u></u>				Yes	_	No		at the date of termination. Part II
Certification	Signature of Repo	orting Individual				Date	(Month, Day,	Year)	of Schedule D is not applicable.
I CERTIFY that the statements I have)	1							Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct				-					Candidates for President and Vice President:
to the best of my knowledge.	Mak	€				١,	2-13	8.09	Schedule A—The reporting period for
	Signature of Other	r Reviewer				Date	Month, Day,	Year)	income (BLOCK C) is the preceding
Other Review		0			•		00 11	3 - 0	calendar year and the current calendar year up to the date of filing. Value
(If desired by agency)	1 Da	M		<u></u>			03.19	1.04	assets as of any date you choose that is within 31 days of the date of filing
	Signature of Dagis	anatad Awanay Ethi	cs Official/Reviewing C) frain		Date	(Mouth Day	V\	,
Agency Ethics Official's Opinion On the basis of information contained	Signature of Desig	gnated Agency Ethic	A CITICIAI/Reviewing C	meta		Date	(Month, Day,	rear)	Schedule B-Not applicable.
in this report, I conclude that the filer is in compliance with applicable laws and	1 1/	$\mathcal{A} = \mathcal{A} \cup \mathcal{A}$. /-			l	2/24/		Schedule C. Part I (Liabilities)
regulations (subject to any comments	14-	-/.	\mathcal{C} U				3/20/	07	The reporting period is the preceding calendar year and the current calendar
in the box below).	Signature					Date	e (Month, Day,	Year	year up to any date you choose that is within 31 days of the date of filing.
Office of Government Ethics	o ignara.					Ditt	c intonin, tody,	rear j	
Use Only									Schedule C. Part II (Agreements or Arrangements) Show any agreements
Comments of Reviewing Officials (If addition	onal space is requir	red, use the reverse.	side of this sheet)						or arrangements as of the date of filing
			(Check bo	x ıf fil	ing extension granted &	ındıca	ite number of d	ays)	Imag
									Schedule DThe reporting period is the preceding two calendar years and
									the current calendar year up to the
									date of filing. Agency Use Only
									Agency Cay Only
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					(Check box if comme	ents ar	e continued on	the reverse side)	

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U.S. Office of Government Ethics

Reporting In Emanuel.	dividual's Name Rahm I.												S	Cl	HE	(D	UL	E	A													Pa	age Numb e r 2		
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	BLOCK A		_		_			CK E													_				BL	OCK	¢ C								
report each production value exce- ing period, in income with such in For vourse amount of than from I report the s income of	If, also report the source and actual carned income exceeding \$200 (other U.S. Government). For your spectource but not the amount of carner more than \$1,000 (except report the int of any honoraria over \$200 of c).	than S1,001)		S15,001 - S50,000	950,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - 51,000,000	Over \$1,000.000 *	S1,000,001 - \$ 5,000,000	55,000,001 - \$25,000,000	525,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Ty Rent and Royalties		Capital Gains	None (or less than 5201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	55,001 - 515,000	VIS,001 - 550,000	SS0,001 - S100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Contraction 1310	Other Income (Specify Type & Actual Amount)		Date Mo., 19av, Yr.) Only if Honoraria
r	Central Airlines Common Doe Jones & Smith, Hometown, State		1		×						_						×	-		F,			X			100			_		_	1.			
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	ICAN HOME PRODS 8.700% 3/15/1 R. SETYLEMENT DATE 1/30/08	1 X	PAGE CARROTTER																×			x													
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5 ARIZO	NA SCH FACS BRD 4.0% 9/01/13	×										THE STATE							x			x													
6 BROO	KE CNTY W VA BRD 4.5% 5/01/09	×														STATE OF THE PARTY			х				х												
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Reporting Individual's Name SCHEDULE A continued (Use only if needed) Page Number 3																																	
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2	CARROLL TEX INDET SCH DIST REF DTD 11/15/1998 5.00% DUE 02/15/2020 UNREFUNDED BALANCE				х														×					×								T	
3	COLUMBUS OHIO LTD TAX-SER 2 DTD 07/27/2004 5.50% DUE 07/01/2010					×													×					x									
4	COOK COUNTY ILLINOIS 5.00% FINAL MATURITY 11/15/18	×																	x			x	200000000000000000000000000000000000000										
5	CROWN POINT IND WTRW 4.0% 2/01/13	×	N. OS. C. W.																x			x											
6	EDCOUCH ELSA TEX IND	×																	×				-	×									
7	FHLB 4.875% 5/14/10	×																	×			×										\top	
8	FOND DU LAC WIS PROM NTS DTD 05/01/2001 4.50% DUE 05/01/2009			×															х				x				153						
9	FORT COLLINS COL ST 5.25% FINAL MATURITY 12/01/19	×														September 1			x			×											
	This category applies only if the asset/income is solely to a sporopriate	hat of	the f	lers	spou	se or	dep	enden	it ¢hil	kdren	lf th	e as:	seVir	com	e is e	ither	that	of the	a filer	or jo	intly	held t	y the	filer	with th	e spo	use o	depe	ndent	child	fren, mark the other	Nighe	r categories of

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1	FRANKFORT IND HIGH 4.5% 7/15/16	x																	х			×			100									_
2	GALVESTON CNTY TEX 4.9% 9/01/17 THEOR. SETTLEMENT DATE 2/1/08	×																	х				×							1				
3	GRAND RIVER DAM AUTH 5,75% 6/01/08 \$0,02875/\$1 PV ON 50,000 PAR VALUE DUE 8/1/08	×																	х				x											
4	GROSSE POINTE MICH DTD 08/01/2001 5.00% DUE 10/01/2018					×													×					×										
6	GTE CORP 7.510% 4/01/09 THEOR. SETTLEMENT DATE 1/30/08	x																	×			×			The same of							_		
6	HARRIS COUNTY TEXAS 3.25% MATURITY 3/1/09	×																	x			x												
7	HONOLULU HAWAII CITY & CNTY REF SER E DTD 11/22/2005 4.25% DUE 07/01/2015					x													х						×									
8	HOUSEHOLD FIN CORP 8.0% 7/15/10 \$0.04/\$1 PV ON 25,000 PAR VALUE QUE 1/15/08	x																	x				x											
	ILL HSG DEV AUTH REV HOMEOWNER MTG A SUBSER A-2 DTD 02/01/2001 4.50% DUE 08/01/2009			×															X				X						_				1	
1	his category applies only if the asset/income is solely th	iai of	the f	ners	5001	450 O	rdes	ende	ant ch	nidre	n. It i	the E	BESO	mean	THE IS	eith	er the	t of t	rse fili	10 16	poind	y neli	T DY	ine fil	ar wi	in the	5D0	use (or dep	ende	mt ah	nidren, mark the other	migher or	ategories

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	Note	None (or less than \$1,001)		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	S500,001 - \$1,000,000	Over \$1,000.000 *	51,000,001 - \$ 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	55,001 - \$15,000	S15,001 - S50,000	SS0,001 - S100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over S\$,000,000		Other Income (Specify Type & Actual Amount)		Date (Mo., Day, Yr) Only if Honomina
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2	KING CNTY WASH PUB HOSP DIST NO 002 SER A DTD 01/15/2001 5,00% DUE 12/01/2019				x								_				r		×	D STATE OF				x										\dagger	
3		х	SECTION NO.																×			х													
4	LAKE CNTY ILL CMNTY HIGH SCH DIST NO 124 GRANT DTD 02/01/2001 4.50% DUE 12/01/2011	ALC: UNIVERSITY OF	Anna Park			×													х					X										T	
5	LISLE ILL PK DIST ALT REV SOURCE DTD 08/15/2002 4 50% DUE 12/30/2018	S. Barra	TOTAL STREET	**************************************		x													×					x											
6	LYON CNTY NEV SCH DIST SER A DTD 02/01/2001 5.00% DUE 06/01/2021 PREREFUNDED 06/01/2011 @ 100.00	50.00	9		x														×					x			Г							1	
7	MAPLEWOOD TWP NJ 4,125% FINAL MATURITY 8/15/11	x		2000															×			×												\top	
8	MCHENRY CNTY ILL CM 5 375% 1/01/08	×		B600000			Note Sold Services					X		0.41		湯湯			×			×													
6	MERRILL LYNCH & CO 6,05% 5/16/16	×		(A) (B)	T-100 11 (01 C)					NO.				227.00					х			x												7	
	This category applies only if the asset/income is solely fue, as appropriate	that o	tra	filer's	spou	ise o	r dep	ende	n) ch	ildrer	. If t	he as	set/i	ncon	ne is	eitha	r that	of th	e file	rori	ointly	hek	by if	ne fil	er wit	n the	sgou	se or	depe	nden	t chile	tec	mark the other t	nighe	r catégories o

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 6 Emanuel, Rahm I. (Use only if needed) Valuation of Assets Assets and Income Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BI.OCK A BLOCK B BLOCK C Type Amount Other Date Excepted Investment Pund None (or less than \$1,001) 525,000,001 - 550,000,000 (Mo., Day. Income \$5,000,000 - \$25,000,000 Yr. S1,000,001 - SS,000,000 (Specify \$100,001 - \$250,000 \$250,001 - \$500,000 S500,001 - S1,000,000 S1,000,001 - S 5,000, Type & Rent and Royalties None (or less than S \$201 - \$1,000 Over \$1,000.000 * SS0,001 - S100,000 550,001 - \$100,000 Actural Only if Over \$50,000,000 S15,001 - \$50,000 Over \$1,000,000* 51,001 - \$15,000 Qualified Trust Over \$5,000,000 Excepted Trust 55,001 - \$15,000 (Insount) Honoraria Capital.Gains S1,001 - S2,500 None 1 METROPOLITAN ATLANTA RAPID TRAN х X AUTH GA SALES TAX REV REF-SECOND INDENTURE-SER A DTD 2 METROPOLITAN WASHINGTON D.C. ARPTS AUTH GEN ARPT REV REF SER A DTD Χ X 04/15/1999 5,00% DUE 10/01/2027 MICHIGAN MUNI BD AUTHORITY 4.25% X FINAL MATURITY 10/1/12 Х MICHIGAN MUN BD AUTH 4.2% 11/01/06 X MISSION 1EX WTR & SW 4,25% 2/15/15 Х Х X MONMOUTH ILL 4.5% 12/01/11 NEW YORK N Y REF SER E DTD 06/03/2002 5.25% DUE 08/01/2009 8 NORTHEAST NEB SOLID WASTE X X COALITION SOLID WASTE DISP FACS REV DTD 10/01/1998 4,80% DUE 05/15/2017 OHIO ST PUB FACS CO 4.5% 11/01/08 This category applies only if the asset/income is solely that of the filer's spouse or dependent children, mark the other higher or loonty held by the filer with the spouse or dependent children, mark the other higher or loonty held by the filer with the spouse or dependent children.

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	None									遍				溢									200		9.0		(94.5) (25.5)						
,	CKLAHOMA ST CAP IMPT 4.525% B/01/08	×												樂系		13.1			×				×						2000				
2	OREGON WIS SCH 0/8T 4,55% 4/01/14	×																	х			x	CONTRACTOR			600000	STATE OF						
3	PEMBROKE PINES FLA 4.45% 7/01/11	х										10		STATE OF					×			x	NEW YORK										
4	SANTA FE TEX INDPT SCH DIST REF DTD 05/15/2005 4:25% DUE 02/15/2014	Series Series				×													x				No.		ĸ								
5	SECTOR SPOR TR FINANCIAL \$0,26149/SHARE ON 1,750 SHARES DUE 1/3/06	×															X					x					2000						
6	SOUTHTRUST CORP 5.8% \$/15/14	×	Г																×	200 and 50 and 5		×							1000				
7	TARGET CORP 5.875% 3/01/12	x																	×				×										
8	TOMBALL TEX INDPT SCH DIST REF SER A DTD 02/15/2001 5.00% DUE 02/15/2023 PREREFUNDED 02/15/2011 @ 100			×										100			_		X					×	100 CONTRACTOR								
9	TOMBALL TEX INDPT SCH DIST REF SER A DTD 02/15/2001 5.00% DUE 02/15/2023 UNREFUNDED BAL		X	報の報										1200		THE STATE OF			×	A STATE OF THE PARTY OF THE PAR			×							100			
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None (or less than \$1,001)	51,001 - 515,000	550,001 - 5100,000	S100,001 - S250,000	5250,001 - 5500,000	\$500,001 - \$1,000,000	Over S1,000.000 *	S1,000,001 - S 5,000,000,1S	55,000,001 - \$25,000,000	525,000,001 - \$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 - S1,000	51,001 - 52,500	\$2,501 - \$5,000	55,001 - 515,000	\$15,001 - \$50,000	SS0,001 - S100,000	\$100,001 - \$1,000,000	Over S1,000,000*	51,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day. Yr.) Only if Honoraria
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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued Emanuel, Rahm I. (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK B BLOCK A BLOCK C Type Amount Other Date Income (Mo., Dav. 525,000,001 - 550,000,000 55,000,001 - \$25,000,000 S1,000,001 - S 5,000,000 Yr.) (Specify SI,000,001 - SS,000,000 S500,000, - S1,000,0028 **Excepted Investment** \$100,001 - \$1,000,001 Type & 5250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalties 000'0015 - 100'055 Over \$1,000.000 * Only if Noac (or less than Actual Over \$50,000,000 000°0015 - 100°055 Over \$1,000,000* S15,001 - S50,000 51,001 - \$15,000 Excepted Trust Qualified Trust Over \$5,000,000 Amount) Honoraria 55,001 - \$15,000 \$2,501 - \$5,000 Capital Gains S1,001 - S2,500 5201 - 51,000 None Funds AMERICAN CENTURY EQUITY INCOME FUND EAGLE MID CAP STOCK FUND CLASS A Х X (HMCAX) EATON VANCE MUTUAL FUNDS FLOATING XX X X RATE FUND - CLASS I (EIBLX) EDGEWOOD GROWTH FUND X INSTITUTIONAL CLASS (EGFIX) FIDELITY ADVISOR SERIES II HIGH INCOME Χ Х X X ADVANTAGE FUND (FAHCX) FMI FUNDS INC LARGE CAP FUND (FMIHX) GOLDMAN SACHS TR HIGH YIELD FUND Х Χ INSTITUTIONAL SHARES (GSHIX) This category applies only if the asset/income is solely that of the filer's spouse or dependent children, it the asset/income is either that or the filer or jointly held by the filer with the spouse or dependent children, mark the other higher dategories of value, as appropriate.

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 11 Emanuel, Rahm I. (Use only if needed) Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLÓCK A BLOCK B BLOCK C Type Amount Other Date (Mo., Day, Income \$25,000,001 - \$50,000,000 55,000,001 - \$25,000,000 S1,000,001 - S 5,000,000 (Specify Yr.J 5500,000, - 51,000,000 Excepted Investment Type & \$100,001 - \$250,000 5250,001 - 5500,000 Rent and Royalties 550,001 - 5100,000 \$1,000,001 - \$5,000 Actual Only if Over \$50,000,000 None (or less than 000'0015 - 100'055 Over \$1,000,000 Over \$1,000,000* S1,001 - S15,000 S15,001 - S50,000 Qualified Trust Amount) Honoraria Excepted Trust Over \$5.000,000 SS,001 - \$15,000 51,001 - 52,500 \$2,501 - \$5,000 Capital Gains \$201 - \$1,000 Dividends Interest Nonc ISHARES TR RUSSELL MIDCAP VALUE Χ X Χ INDEX FUND SHARES TRIS & PIMIDCAP 400 INDEX X X FUND (IJH) ISHARES TR S & P SMALLCAP 500 INDEX Х FUND (IJR) ISHARES TRUS TREAS INFL PROT FUND Х 5 JPMORGAN 100% US TREASURY X SECURITIES MONEY MARKET RESERVE Х SHARE CLASS SWEEP X JPMORGAN ASIA EQUITY FUND (JPASX) JPMORGAN HIGH YIELD BOND FUND X Х Χ Χ SELECT CLASS (OHYFX) JPMORGAN INTERMEDIATE TAX - REE X X BOND FUND SELECT CLASS (VSITX) 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 specifie or dependent children, mark the other higher categories

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 12 Emanuel, Rahm I. (Use only if needed) Valuation of Assets Assets and Income Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK B BLOCK A BLOCK C Tync Amount Excepted Investment Fund Other Date S25,000,001 - S50,000,000 Income (Mo. Dav. 55,000,0001 - \$25,000,000 \$1,000,001 - \$ 5.000,000,12 None (or less than \$201) (Specify 151 ST.000,001 - SS,000,000.12 S500,001 - \$1,000,000 S100,001 - S250,000 Type & 5250,001 - 5500,000 Rent and Royalties SS0,001 - S100,000 Over \$1,000.000 * V CLD8) Only if 950,001 - S100,000 Over \$50,000,000 Over 5'1,000,000* S1,001 - \$15,000 Excepted Trust Qualified Trust \$15,001 - \$50,000 Over \$5,000,000 SS, DUT - STS, DUU γενοπυι) Honoraria 52,501 - 55,000 \$1,001 - \$2,500 Capital Gains Dividends Interest None. JPMORGAN INTERNATIONAL VALUE FUND × SELECT CLASS (JIESX) JPMORGAN INTREPID AMERICA FUND SELECT CLASS (JPIAX) JPMORGAN INTREPID GROWTH FUND Х Х SELECT CLASS (JPGSX) JPMORGAN INTREPID INTERNATIONAL FUND SELECT CLASS (JISIX) JPMORGAN SHORT DURATION BOND FUND SELECT CLASS (HLLVX) JPMORGAN TAX AWARE US EQUITY FUND Х SELECT CLASS (JPTAX) JPMORGAN TAX FREE MONEY MARKET Х PREMIER CLASS SWEEP (VTMXX) 81 JPMORGAN TRIGROWTH ADVANTAGE FUND SELECT CLASS (JGASX) 9 JPMORGAN TR I HIGHBRIDGE STATISTICAL MARKET NEUTRAL SELECT CLASS Х X This category applies only if the asset/income is solely that of the filer's spouse or dependent children, It the asset/income is either that of the filer or jointly hold by the filer with the specific or dependent children.

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Repo	orting Individual's Name		SCHEDULE	В									Page N	Number	19)			
Pa	rt I: Transactions	None																	
	Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any rea										Ar	nount o	of Tran	saction	(x)				
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 your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.						Exchange	Date (Mo., Day, Yr.)	\$1,001 -	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	0,000	0,001 -	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 -	\$25,000,001 - \$50,000,000	Over \$50,000,000	Certificate of divestiture
	Identification of Assets							\$1,0	\$15	\$50	\$10	\$25	\$50	Over \$1,00	\$1,0	\$5,0	\$25 \$50	Over \$50,0	di ve
1	Example: Central Airlines Common	X	\vdash		2/1/99	┼		X	-		-				+-+				
Ш	Not Applicable																		
2																			
3										_					_				
4				_				 	_		-	-		_		_	$\mid - \mid$		
5					-			├-	-				_	<u> </u>		-	\vdash		
닏										<u></u>					Ш				
* 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						rom ent of s res	rnment; gir relatives; if their relationsidence. Al m one sour usions.	receive tionsh so, for	d by	your s ou; o: oses o	spouse r prov	e or ded : regati	ependas per	lent ch sonal Its to d	nild to hospi determ	otally itality nine t struct	al the		l
Г	Source (Name and			Brief Description									Value						
	Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francis	ce 6/15/99 (personal activity unrelated to duty) \$500 \$300																	
1	Not Applicable																		
2												_							
3										_							_		
4	4																_	-	
5																	\vdash		
Prio	r Editions Cannot Be Used.					_											Щ.		

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U	S	(Эf	fice	of	Government	Ethics

Reporting Individual's Name	SCHEDULE C Page Number 20															
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 liabilities owed to certain relatives listed in instructions.																
or dependent children. Check the highest during the reporting period. Exclude a m	Date Incurred	Interest Rate	Term if appli- cable	\$10,001 -	\$15,001 - \$50,000	.0,001 - 00,000	\$100,001 - \$250,000	\$250,001 - \$500,000	.000,000	Over \$1,000,000*	- 100,000,	\$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		
Examples: First District Bank, Washington, John Jones, 123 J St., Washington	DC	Type of Liability Mortgage on rental property, Delaware Promissory note	199 <u>1</u> 1999	L				_x	35	- x	\$ \$			\$ \$\$. <u></u> -
1 None 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									\dashv							
3																
5																
* This category applies only if the liability with the spouse or dependent children, mark II: Agreements or A	nark the other higher ca	iler's spouse or dependent children. If the liability is that of ategories, as appropriate.	the filer or	a joint lia	bility of th	e filer				_						
Report your agreements or arrangements for: continuing participation in an of absence; and (4) future employment. See instructions regarding the reporting of negotiations for any of these arrangements or benefits payment by a former employer (including severance payments); (3) leaves																
	Status and Terms of any	Aureement or Arrangement							Partie		IN	lone			D	ate
											_	85				
Notre (n/k/a NaviMedix) Phantom	Notre (n/k/a NaviMedix) Phantom Stock (see note 3 on Attachment to Schedule A), forfeited on March 30, 2009 Rahm Emanuel; Wasserstein & Co.												01	/02		
3																
4																
5 6																
Dis Elifore Course De Verd								_								

Prior Editions Cannot Be Used.

Reporting Individual's Name		SCHEDULE D		Page Number	1
Part I: Positions Held Outside Report any positions held during the appli compensated or not. Positions include but director, trustee, general partner, proprieto	cable reporting period, whether	non-profit organization or education	partnership, or other business enterprise or a all institution. Exclude positions with religious and those solely of an honorary nature.		
Organizati	ion (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Framples Nat'l Assn. of Rock Collectors, NY	Y, NY	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown, S		Law firm	Partner	7/85	1/00
Obama-Biden Transition		Presidential Transition	Chief-of-Staff Designate	1/09	1/09
Rahm Emanuel & Spouse Charital	ble Trust	Charitable Trust	Trustee	7/02	1/09
3					
4					
5					
6					
Part II: Compensation In Exc Report sources of more than \$5,000 comp business affiliation for services provided of the reporting period. This includes the na	ensation received by you or your directly by you during any one year of	corporation, firm, partnership, or other organization when you directly provided the companion of the corporation of the corpor	her business enterprise, or any other non-provided the services generating a fee or payment report the U.S. Government as a source.		Incumbent, Filer, or ntial al Candidate
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown, S Metro University (client of Doe Jo	State ones & Smith), Moneytown, State	Legal services Legal services in connection with uni	versity construction		
Obama-Biden Transition		Service as Chief-of-Staff Design	ate		
2					
3					
4					
5					
6					

ATTACHMENT TO SCHEDULE A

Note 1

Chilton New Era Partners, LP – As of January 6, 2009, the value of this asset represents a hold-back payment that will be paid to the Appointee.

Note 2

Good Hope Limited Partnership – As of December 31, 2008, this partnership held investments in the following: a shopping center located in Milwaukee, Wisconsin.

Note 3

Notre (n/k/a NaviMedix) - The Appointee's interest in Notre was forfeited on March 30, 2009.