

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate box) ☐ Incumbent ☒ New Entrant, Nominee, or Candidate	Calendar Year Covered by Report	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: SHOR	First Name and Middle Initial: SUSAN S		
Position for Which Filing	Title of Position: ASBURY COUNSEL TO THE PRESIDENT Department or Agency (If Applicable): WHITE HOUSE COUNSEL OFFICE			
Location of Present Office (or forwarding address)	Address (Number, Street, City, State, and ZIP Code): 1923 N. BURNING ST CHICAGO, IL 60614		Telephone No. (Include Area Code): 312-623-1069	
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 Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust? ☐ Yes ☒ No		
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		Date (Month, Day, Year): 2/19/09	
Other Review (If desired by agency)	Signature of Other Reviewer		Date (Month, Day, Year): 2/26/09	
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		Date (Month, Day, Year): 3/31/09	
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)				
(Check box if filing extension granted & indicate number of days _____) ☐				
(Check box if comments are continued on the reverse side) ☐				
Agency Use Only				
OGE Use Only				

Reporting Individual's Name

Susan Sher

SCHEDULE A

Page Number

Assets and Income		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.											
BLOCK A		BLOCK B										BLOCK C											
												Type	Amount									Other Income (Specify Type & Actual Amount)	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 ☐																							
Examples																							
Central Airlines Common																							
Doe Jones & Smith, Hometown, State																							
Kempstone Equity Fund																							
IRA: Highland-500 Index Fund																							
1	Legal Services (S)																						
2	Office on N. Clinton, Chicago, IL (S)																						
3	University of Chicago Medical Center																					Salary	
4	Bank of America Investment Services - PSP Plan Acct. (S) - Cash																						
5	Bank of America Money Market Savings Acct.																						
6	Bank of America Interest Checking Acct.																						

* 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

Susan Sher

SCHEDULE A continued

(Use only if needed)

Page Number

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																							
		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	Excluded Investment Fund	Excepted Trust	Qualified Trust	Type	Amount								Other Income (Specify Type & Amount)	Date (Mo., Day, Yr.)	Only if Honoraria							
																	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	David A. Noyes & Co. Brokerage Account (SS (p.d. 1-10-01-3, p. 31-9))																																		
2	- Evergreen Municipal Money Market Fund Class A			X													X																		
3	- Agilent Tech. Inc. Common		X																		X														
4	- Alcatel-Lucent ADR Common	X																			X														
5	- Amgen, Inc. Common		X																		X														
6	- Cisco Systems, Inc. Common		X																		X														
7	- Genvec, Inc. Common	X																			X														
8	- Hewlett-Packard Co. Common			X													X					X													
9	- JDS Uniphase Corp. Common	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.

SCHEDULE A continued

Susan Sher

(Use only if needed)

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B								Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C													
		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)	Dividends	Interest	Capital Gains	None (or less than \$201)	\$201 - \$5,000	\$5,001 - \$25,000	\$25,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	Over \$250,000*	None (or less than \$201)	Other Income (Specify Type & Amount)	Date (Mo., Day, Yr.)
1	- Leap Wireless Int'l Inc. Common													X									
2	- LSI Corp. Common													X									
3	- Microsoft Corp. Common				X						X					X							
4	- Motorola Inc. Common		X								X				X								
5	- Qualcomm, Inc. Common				X						X					X							
6	- Verigy Ltd. Common												X										
7	- Vodafone Group PLC Spans. ADR New Common		X								X												
8	- Michigan St. Hospital Fin. Auth. Rev. Carefunded Bd. - Mercy Health-X Municipal Bonds			X								X				X							
9	- Illinois St. Sales Tax Rev. Ser. S D/E Old Municipal Bonds											X											

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(Use only if needed).

Page Number

L

Susan Shier

* 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.

(Use only if needed)

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Susan Sher

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Assets and Income		Valuation of Assets at close of reporting period								Income: type and amount. If "None (or less than \$20)" is checked, no other entry is needed in Block C for that item.									
BLOCK A		BLOCK B								BLOCK C									
		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 \$20)	Type	Amount	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria					
											Dividends	Rent and Royalties	Interest	Capital Gains					
1	Vanguard Total Bond Market Index Inv.				X					X					X				
2	Vanguard Wellington Fund Inv.				X					X					X				
3	Vanguard Primecap Fund Investor				X					X					X				
4	Vanguard VC 403(b) Retirement Plan (p. 6, lines 4-6)				X					X					X				
5	Vanguard GNMA Fund Investor Shares	X								X	X								
6	Vanguard High-Yield Corp. Fund Inv.		X							X	X								
7	Vanguard Windsor Fund Investor				X					X	X				X				
8	Vanguard Explorer Fund Investor			X						X	X								
9	Chase Premier Checking(s)		X								X		X						

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Prior Editions Cannot be Used

(Use only if needed)

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Susan Sher

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Assets and Income		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.														
BLOCK A		BLOCK B								BLOCK C														
		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*	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*	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	Chase Plus Savings (\$)			X							X				X									
2	Chase 10LTA Account (\$)	X												X										
3	M&I University of Chicago Supplemental Executive Compensation Plan (p. 7, lines 3-6S)																							
4	Vanguard 500 Index Fund			X										X										
5	Vanguard Mid-Cap Index Fund			X										X										
6	Royce Premier Fund			X										X										
7	William Blair & Co. - IRA Account (p. 7, lines 7-9, p. 8, lines 1-3)																							
8	Cash: William Blair Ready Reserves	X									X			X										
9	Vanguard BD Index Fd.			X													X							

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Prior Editions Cannot be Used.

SCHEDULE A continued

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Susan Sher

Assets and Income		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.																						
BLOCK A		BLOCK B										BLOCK C																						
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 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type				Amount												Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)	Only if Honoraria
																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	Ishares TR Russell 1000 GRW Mutual Fund			X									X			X					X													
2	Vanguard Specialized REIT IN			X									X			X							X											
3	William Blair Mutual Funds Int'l G		X										X			X				X														
4	William Blair + Co. - Brokerage Account (p. 8, line 4 thru p. 11, line 1)																																	
5	William Blair Cash Account	X																		X														
6	William Blair Ready Reserves Cash			X														X			X													
7	Abbott Labs Common		X																	X														
8	Adobe Sys. Inc. Common		X																	X														
9	Airgas Inc. Common		X											X						X														

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Reporting Individual's Name

Susan Sher

SCHEDULE A continued

(Use only if needed)

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																				
												Type	Amount										Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria								
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$49,000	\$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	Over \$25,000,000	Excluded Investment Fund	Excluded Trust	Qualified Plan	Dividends	Rents 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	- Alberto Culver Co. Non Common		X													X			X													
2	- Alliance Data Sys. Corp. Common		X																X													
3	- Apple, Inc. Common		X																X		X											
4	- Bud, Bath, & Beyond Inc. Common		X																X													
5	- BP PLC Sponsored Adr		X													X					X											
6	- Celgene Corp. Common		X																X													
7	- Cisco Sys. Inc. Common		X																X													
8	- CVS Caremark Corp. Common		X													X			X													
9	- Danaher Corp. Del. Common		X													X			X													

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SCHEDULE A continued
(Use only if needed)

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Susan Sher

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																			
												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	Dividends	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000
1	- Ecolab Inc. Common		X														X		X												
2	- Express Scripts Inc. CL		X																X												
3	- Fastenal Co. Common		X														X		X												
4	- FiServ Inc. Common		X																X												
5	- Gamestop Corp. CL A		X																X												
6	- General Growth PPTYS Common		X																X												
7	- Genoptix Inc. Common		X																X												
8	- Genvec Inc. Common		X																X												
9	- Gilead Sciences Inc. Common		X																X												

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Reporting Individual's Name

Susan Sher

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 this 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 \$5,000,000	Over \$25,000,000	Type	Amount
											Dividends	
											Interest	
											Capital Gains	
											None (or less than \$201)	
											\$201 - \$1,000	
											\$1,001 - \$1,500	
											\$1,501 - \$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	
1 - Global Pmts. Inc. Common	X										X	
2 - Hologic Inc. Common	X										X	
3 - Intercontinental Exchange Common	X										X	
4 - International Business Machines Common	X										X	
5 - Intuit Common	X										X	
6 - Iron Mtn. Inc. PA Common	X										X	
7 - J2 Global Communications Common	X										X	
8 - Kimberly Clark Corp. Common	X										X	
9 - Medco Health Solutions Common	X										X	

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Reporting Individual's Name

Susan Sher

SCHEDULE A continued

(Use only if needed)

Page Number

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Assets and Income BLOCK A		Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																	
												Type	Amount									Other Income (Specify Type & Actual Amount)	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 *	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	Over \$25,000,000	Excluded Investment Fund	Excluded Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$500	\$501 - \$1,000	\$1,001 - \$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	-Praxair Inc. Common	X													X				X										
2	-Precision Castparts CP Common	X													X				X										
3	-Resmed Inc. Common	X																	X										
4	-Rockwell Collins Inc. Common	X													X				X										
5	-Schwab Charles CP New Common	X													X				X										
6	-State Str. Corp. Common	X													X				X										
7	-Target Corp. Common	X													X				X										
8	-Verisign Inc. Common	X																	X										
9	-Visa Inc. Cl. A	X																	X										

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Prior Editions Cannot be Used.

Reporting Individual's Name

Susan Sher

SCHEDULE A continued

(Use only if needed)

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Assets and Income BLOCK A	Valuation of Assets at close of reporting period BLOCK B										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. BLOCK C																				
	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	Over \$25,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$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	
1 - Suncor Energy, Inc. Common	X														X				X												
2 Unum Group Common(S)		X													X				X												
3 PDL BioPharma, Inc. Common(S)		X													X					X											
4 Idearc, Inc. Common															X				X												
5 Prudential Financial, Inc.		X													X				X												
6 AT&T, Inc.		X													X					X											
7 Verizon Communications, Inc.		X													X				X												
8																															
9																															

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

Reporting Individual's Name

Susan Sher

SCHEDULE B

Page Number

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Part I: Transactions

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.

None ☐

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											Certificate of divestiture
		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	
	Example: Central Africa Common	x			2/1/99			x									
1	NOT REQUIRED FOR NOMINEES																
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	Airfare ticket, hotel room & meals incident to national conference 6/1/99 (personal activity unrelated to duty) Leather briefcase (personal friend)	\$500 \$300
1			
2			
3			
4			
5			

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 repaid 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)

[illegible]

* 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.

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 Susan Sher	SCHEDULE D	Page Number 17
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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:	Natl. Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
1	Mr. Sinai Hospital Medical Center and Schwab Rehabilitation Hospital & Care Network Center, Chicago, IL	Hospital	Board Member Vice Chair of Board Chair of Ad Hoc Governance Committee	7/05	1/09
2	YWCA of Greater Chicago, Chicago, IL	Women's support & civil rights advocates charitable organization	Board Member	1/07	1/09
3	The Chicago Network, Chicago, IL	Professional organization for support and advancement of career women	Board Member	1/93	6/08
4	High Jump, Chicago, IL	Non-profit education	Board Member	5/03	1/09
5	Attorney General's Charitable Advisory Council, Chicago, IL	Charity advocate committee	Member	1/00	1/09
6	Illinois Hospital Association, Naperville, IL	Hospital support & advocacy	Joint task force on charity care Disproportionate share steering committee	1/02	1/09

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	Legal services
	Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction
1	University of Chicago Medical Center, Chicago, IL	Legal services as employee of university medical center
2		
3		
4		
5		
6		

Reporting Individual's Name Susan Sher	SCHEDULE D (cont.)	Page Number 18
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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:	Natl. 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	University of Chicago Medical Center, Chicago, IL	Hospital	Employee - Vice President for Budget and Administrative Affairs and General Counsel	6/97	Present
2					
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), Minnetonka, State	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		