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

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

NSN 7540-01-070-844 OGE/Adobe Acrobat version 1.0.1 (3/29/0	RECEIVERALE	IVED TION ELECTION TITISES	Supersedes Prior Editions, Which Cannot Be Used.
		RECEIVED  RECEIVED	
OGE Use Only		D: 41	
	YAM FRA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Agency Use Only			
of filing.	icate number of days)	(Check box if filing extension granted & indicate number of days	
the preceding two calendar years and the current calendar year up to the date		Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If addition
arrangements as of the date of filing.			Use Only
Schedule C, Part II (Agreements or	Date (Month, Day, Year)		Signature
year and the current calendar year up to any date you choose that is within 31 days of the date of filing.			On the basis of information contained in this report, I cooklude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).
reporting period is the preceding calendar	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	Agency Ethics Official's Opinion Signatur
Schedule B-Not applicable.			(H desired by agency)
as of any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	of Ot /r Reviewer	Other Review Signature of Ot
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	5/15/07	infu book	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.
Vice President:	Date (Month, Day, Year)	eportin, Individual	Certification Signifur
Candidates for President and			
Nominees, New Entrants and	₩		Presidential Nominees Subject to Senate Confirmation
Schedule D is not applicable.	Do You Intend to Create a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination   Do You Intend to Cr	$\overline{}$
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends or the date of termination Part II of		Title of Position(s) and Date(s) Held United States Senator, 1981-present	Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	202-224-2823	c/o 448 Russell Senate Office Building, Washington DC	ice ldress)
If of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State, and ZIP Code)	Location of Address
Reporting Periods Incumbents: The reporting period is		Candidate for President of the United States	Position for Which Candidate
10 4 3200 Icc.	ency (If Applicable)	ition Department or Agency (If	Title of Position
than 30 days after the last day of the filing extension period, shall be subject		Christopher J.	Individual's Name Dodd
filed, or, if an extension is granted, more	ddle Initial	First Name and Middle Initial	Page 1 Last Name
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days for the data the report is required to be	Filer cable) (Nonth, Day, Year)	riate Incumbent Caterinar real New Entrant, Nominee, or 2006 Candidate	or Nomination (Month, Day, Year)  O1/11/2007  Reporting Status (Check Appropriate Boxes)
	Tomination Date (If Appli-	Colondar Vant	

Reportin Dodd, Chr	Reporting Individual's Name Dodd, Christopher J.						1						č	H	E	ŭ	L	SCHEDULE A													P	Page Number	
	Assets and Income	_		at o	/al	ua e o	fre	Valuation of Assets at close of reporting period		SS	ets	od	1   3					nc he	Income:		type and amount. If "None	oe a	nd er e	am	Y 0	, t	ff [	ed or	E (	810 CF	(or less Block C	type and amount. If "None (or less than \$201)" i	" is
	BLOCK A						OJB	BLOCK B	ω					-										В	BLOCK C	Č.							
For you, report ea production value exc	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 report-		01)	W MATATERIA V	-XXAVE1	Approximately		ontereserve	A.T	0	SECTION POSTUDE OF		000	nd	A.S. A. Silvai	PAPER CAL	22.00	Ty	ype	MA STATE	)	Table 198	777.027	TETES		SMELEN SELVIS		Amount		73550			
with such income	ing period, or which generated more than 3200 in income during the reporting period, together with such income.		The state of the state of			THE RESERVE		0000000000			THE RESIDENCE OF THE PERSON OF		a crewing mer-	Acres delinered	iciic i c	That is		25	54X		n \$20		29.7					0,000	t	William St.			Date (Mo., Day,
For your amount o than from report th	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 the source but not the amount of earned the source but not the source	1 D. 31	r less tha	- \$15,000	- \$50,00	- \$100,0	)1 - \$250, )1 - \$500,	1 - \$300,	Control of the last	,000,000 001 - \$5,0	001 - \$3,0	0,001 - \$5	0,000,000	d Investm	Heart Manager The Patrician Princip		701 712. 33 1	d Royaltie		Gains	r less tha		\$2,500	- \$5,000	- \$15,000	- \$50,00	- \$100,0	1 - \$1,00	,000,000	001 - \$5,0	,000,000	Type & Actual Amount)	Only if Honoraria
actual amour your spouse).  None	actual amount of any honoraria over \$200 of your spouse).  None							Alter Carling Con-	A CHILDREN		Miller S. Harry S. S. Switz		miss son pagents agree		Excepte	Qualifie	Dividen		Interest	Capital	A STATE OF THE STA	\$201 -	Z. WOLLING CO.		The Grand Assessment			\$100,00	Over \$1				
	Central Airlines Common	SI HERONO	N.	15/083	335)	×	8,513	Wet 25	2600	PUS		Oline.	1977	360B	(1) N	100	×		7,553		735/10	S##	×	48		64							   
Examples	Doe Jones & Smith, Hometown, State			NSW/Sect	×	Barre	MEH	Seesa		ov:	AA15	Witt 6	255	et.	H.M.	SCO	40,000	galy.		100								725				Law Partnership Income \$130,000	   
	Kempstone Equity Fund IRA: Heartland 500 Index Fund	_ _		rete Marie	11 24	Lo Intelle	l ×	era Itvijas	* I	31 7/3	7.4			× I ×				rulas.			240			l ×	-	1 6	T	1					j   
1 US Se	US Senate FCU				×											-	-	_			×	~											
2 US Se	US Senate FCU				×														×			×					-						
3 AIB Ba	Bank Account			×					-												×			-									.77
4 Cottag	Cottage, County Galway, Ireland					~	×											×	-,						×								
<ul><li>5 Proper</li><li>S Wasat</li></ul>	Property Lot Timberlakes Community, Wasatch Utah				×								er.						N-24		×	^											
6									- 1 2								_																
* This	This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.	ome is child	sole ren,	ely t	hat . k th	of th	ne fil her	ler's high	spo	use	or d orie	eper s of	)der	nt ch	ildr s ap		lf tł	e.	If the asset/income is either that of the filer or jointly held priate.	inco	me	is ei	ther	tha	of	the	îler	or j	oind	ly h	eld		

10	တ ္	o ∞	S 7	თ ი	o o	4	oω	s 2	۲			Г			Ď
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.	Smith Barney SEP IRA: Fortress Investment Group, FIG	Smith Barney SEP IRA: Capital World Growth & Income Fund, Class C CWGCX	Smith Barney SEP IRA: Growth Fund of America, Class C GFACX	Smith Barney SEP IRA: Capital Income Builder Fund, Class C CWGCX	Smith Barney IRA: Growth Fund of America Class C GFACX	(Continued) GC Entrepreneurs Fund II LP	Clegg Klemm Friedman, LLC Boston MA. Capital Account for Investing Underlying Asset	Legg Mason Growth Trust	Smith Barney IRA: Capital World Growth & Income Fund, Class C CWGCX			BLOCK A	Assets and Income		Dodd, Christopher J.
ome is childre		h &		der			et				_				
solel en, n					-		×	×		None (or less than \$1,001) \$1,001 - \$15,000		-	- 0		
y th	×	×	×	×	×		^	-	×	\$15,001 - \$50,000		ł	at o		
at o		- ~								\$50,001 - \$100,000			Val		
oth					-	-				\$100,001 - \$250,000		1	Valuation of Assets at close of reporting period	1	
er h		and a second		- 14		-			Commission of the	\$250,001 - \$500,000		器	tio		
ır's s ighe				10						\$500,001 - \$1,000,000		BLOCK B	pon	Į.	
pou r ca										Over \$1,000,000*		В	ri f		
se o										\$1,000,001 - \$5,000,000			SS	1	S
r de ries		-								\$5,000,001 - \$25,000,000			ets	10	$\Xi$
peno of v										\$25,000,001 - \$50,000,000			6d	7	SCHEDULE
dent alue				-						Over \$50,000,000		ł	1	186	
chil as		×	×	×	×		×	×	×	Excepted Investment Fund				(Ose omy ii needed)	$\exists$
drei										Excepted Trust				15	E [II]
opri										Qualified Trust					; >
the late.		×	×	×	×				×	Dividends	T		o I	1 6	contin
asse										Rent and Royalties	Ţ		Incom checke	l ec	nt
ii/Jir										Interest	Туре		ke	15	
con		×	×	×	×		×	×	×	Capital Gains			д, <u>г</u> е: П	9	ued
1e is	×			- 1						None (or less than \$201)			e: type and amount. If "None (or less d, no other entry is needed in Block C	1	d
eith					×				×	\$201 - \$1,000			the		
ler t		×	×	×						\$1,001 - \$2,500	1		nd r e	1	
hat							×			\$2,501 - \$5,000	7	ВІ	ntr am	1	
of th								×		\$5,001 - \$15,000		BLOCK C	our y is		
le fil										\$15,001 - \$50,000	ר	0	ne ne		
er o										\$50,001 - \$100,000	Amount		f ")		
r joi		, ,				1/1				\$100,001 - \$1,000,000	7		d lon		
ntly										Over \$1,000,000*	7=		n B		
hel										\$1,000,001 - \$5,000,000	7		oc oc		
ъ.										Over \$5,000,000			k C	1047	Pa
-										Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	o	Page Number
										Date (Mo., Day, Yr.) Only if Honoraria			)1)" is item.		

۱		ı	ı	ı	١	ı	ı	ı	١	١	ı	ı	١	ı	ı	١	ı	۱	ı	ı	ı	ı	ı	ı	ı	ı	١	ı	۱	ł	ı		
5 ±	Reporting Individual's Name Christopher J. Dodd									SC	SCHEDULE	E	ĭ	II	A		0	continued	חר	191	1-4									-	age	Page Number	
												(C	Se o	E	\subseteq	l ii	ed	(Use only if needed)											1	-	W	of	
	Assets and Income			at c	/al	ua e o	fre	por o u	tin A	Valuation of Assets close of reporting peri	Valuation of Assets at close of reporting period	ا مَ					C II	Income: checked,	red (ed		pe ot	an her	d a	Try mo	is	. If	dec."N	in	Blc	ck les	C fo	type and amount. If "None (or less than \$201)" in oother entry is needed in Block C for that item.	1)" is tem.
	BLOCK A						BL(	BLOCK B	₩ .															BLC	BLOCK C	C							
								-				- , 5				1		Type	Pe						<u>-1</u>		- 0	Amount	-   `	-	-		
													,000	stment Fund	st	st		alties									A.11930000 C.1		or one transport to the total			NOTES 18	Date (Mo., Day, Yr.)
	4)		None (or less the	\$1,001 - \$15,0 \$15,001 - \$50,	\$50,001 - \$100	\$100,001 - \$25	\$250,001 - \$20	\$500,001 - \$1,0	Over \$1,000,00	\$1,000,001 - \$	\$5,000,001 - \$2	\$25,000,001 -	Over \$50,000,0	Excepted Inves	Excepted Trust	Qualified Trust	Dividends	Rent and Royal	Interest	Capital Gains	None (or less t	\$201 - \$1,000	\$1,001 - \$2,50	\$2,501 - \$5,000	\$5,001 - \$15,00	\$15,001 - \$50,0	\$50,001 - \$100	\$100,001 - \$1,0	Over \$1,000,00	\$1,000,001 - \$3	Over \$5,000,00	Actual Amount)	Only if Honoraria
s -	SB SEP IRA: Citigroup Money Mkt			×	<u>  ^ </u>				-										×	# 1		×							-				
SZ	SB SEP IRA: New Perspective Fund C NPFCX			×										×			×			×			×						_				
Sw	Lehman Bank Cash Deposit Account			×															×			×											
4																						N.				5 72							
5																											_			-			
9						-			//																								
7			-	-			-	-																				77.24					
8																																	
0 ه	529 C Growth Fund of America, Class C			×	-									×			×																
	* 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.	ne is hildi	sole	dy t	hat o	of th	e fil	er's nigh	spor	ise o	r de ries	of v	dent alue	chil , as	drer	opr.	the iate.	asse	t/in	com	e is	eith	er tł	lat c	f th	e file	ir or	joir	ıdy	held			
															ı		l				l	l	l	ı	l	l	l	l	l		l		

Prior Editions Cannot Be Used.

9	00	7	6	S	4 w	σω	s 2	S F					Ch
©					Chicago Board of Trade (Stock) CBOT	Fortress Invt Group LLC, DEL Class A, FIG (Stock)	Blockbuster Inc (Stock) BBI	Brookdale Senior Living (Stock)			BLOCK A	Assets and Income	Reporting Individual's Name Christopher J. Dodd
-									None (or less than \$1,001)	-			
									\$1,001 - \$15,000		1	رم	
									\$15,001 - \$50,000		1	G <	
						×			\$50,001 - \$100,000		1	alu	
							×		\$100,001 - \$250,000		1	Valuation of Assets at close of reporting period	
					×			×	\$250,001 - \$500,000		ВLО	ref	
									\$500,001 - \$1,000,000		вгоск в	ori	
									Over \$1,000,000*		] ~	ing	
									\$1,000,001 - \$5,000,000		]	se	
									\$5,000,001 - \$25,000,000		1	ts	SCHEDULE (Use only
									\$25,000,001 - \$50,000,000		1	<b>G</b>	128
-								= 11==7.5	Over \$50,000,000		1		l se o
									Excepted Investment Fund	= 11			EDULE (Use only
									Excepted Trust		1		the contract of the contract of
									Qualified Trust		]		A conti
								×	Dividends			C II	conti needed)
1			- F						Rent and Royalties	Type		Inco check	nti led
									Interest	рe		ked B	inued
									Capital Gains			, p	1e
					×	×	×		None (or less than \$201)			o yp	
									\$201 - \$1,000			e an	
									\$1,001 - \$2,500		ŀ	me: type and amount. If "None ked, no other entry is needed in	
									\$2,501 - \$5,000		BL	<u>1</u> 1 1 1 1 1	
									\$5,001 - \$15,000		BLOCK C	is	
								×	\$15,001 - \$50,000	⊿	C	ne	
									\$50,001 - \$100,000	Amount		ede	
									\$100,001 - \$1,000,000	Ĭ		don	
							KING-		Over \$1,000,000*	] =	1	n B	
					= = 5141.4				\$1,000,001 - \$5,000,000			or l	
									Over \$5,000,000			ess k C	Pa
									Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Page Number
									Date (Mo., Day, Yr.) Only if Honoraria			)1)" is item.	

9	1	8	7	6	o o	4 0	s <sup>3</sup>	2 1	S 1					Re <sub>l</sub> Chri
					Javelin Pharmaceutical (FKA IDDS/ITRD), Stock Options, Vested and Unvested Options	Cardiome Pharma Corp Stock Options Exercised.	Cardiome Pharma SO, 15,000 granted, 7/25/06 @13.93 CND, exp 7/24/12 (underwater)	Intentionally blank	Cardiome Pharma , Unexercised Stock Options. Vested and Unvested Options			BLOCK A	Assets and Income	Reporting Individual's Name Christopher J. Dodd
_					×		1.590		F	N / 1 d 61 001)	1830			
_	-	-				×	×	-		None (or less than \$1,001) \$1,001 - \$15,000	Q.E.		-	
_	-				-				-	\$15,001 - \$50,000	erija.		at c	
-	-	_								\$50,001 - \$100,000			Valuation of Assets at close of reporting period	¥
_								0.00	×	\$100,001 - \$250,000	578 A		uat e of	: !
		-	- 3	- 0 GH				1000	1818111	\$250,001 - \$500,000		BLC	rej	
					×					\$500,001 - \$1,000,000	Trial.	BLOCK B	or o	
							A 7-14			Over \$1,000,000*	= %	В	Ling (A)	22
										\$1,000,001 - \$5,000,000			sse g pe	
										\$5,000,001 - \$25,000,000			eric	H
										\$25,000,001 - \$50,000,000	172		<u> </u>	(CE
										Over \$50,000,000				Se o
										Excepted Investment Fund	THE PE			SCHEDULE A continuous (Use only if needed)
										Excepted Trust				y if r
										Qualified Trust				ne O
								4		Dividends	],,		유류	continued reeded)
										Rent and Royalties	Туре		Incom	ed)
										Interest	] e		me (ed,	l nu
					1	×		La compl		Capital Gains			no : 17	ec
					×		×		×	None (or less than \$201)	1		e: type and amount. If "None l, no other entry is needed in	<del>-</del>
_										\$201 - \$1,000			and	
										\$1,001 - \$2,500			en en	
	2			-						\$2,501 - \$5,000		BLO	LTV DOI	
										\$5,001 - \$15,000	-	BLOCK C	is i	
										\$15,001 - \$50,000	₽ B		. If 1ee	
						×				\$50,001 - \$100,000	15		ded "N	
									-	\$100,001 - \$1,000,000	Amount		)ne	10:
	_				75.50	-				Over \$1,000,000*	0.00		BC (or	
	-									\$1,000,001 - \$5,000,000	-		(or less Block C	
									_	Over \$5,000,000	+		C fo	5
										Other Income (Specify Type & Actual Amount)			Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item.	Page Number  5 of
										Date (Mo., Day, Yr.) Only if Honoraria			1)" is tem.	

ة م	SCHEDULE D	Dodd, Christopher J.
Page Number		Reporting Individual's Name
		OD: Office of Government Pulicy

## Part I: Positions Held Outside U.S. Government

trustee, general partner, proprietor, representative, employee, or consultant of 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,

> organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary nature.

an	any corporation, firm, partnership, or other business enterprise or any non-profit	ant of nature. on-profit		No	None 🔲
	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.) To (Mo., Yr.)	To (Mo., Yr.)
TI C	Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present
Ş	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00
_	Alpha & Omega, Ellington, CT	Non Profit, devoted to care of handicapped kids	Director	10/1976	Present
2	Goodspeed Opera House, East Haddam, CT	Regional Theatre	Director	10/1982	Present
ω	Eugene O'Neill Theater Center, Waterford, CT	Regional Theatre	Director	09/1990	Present
4	The Hole in the Wall Gang Camp Fund, Inc	Non-profit camp for children with serious illness	Director	03/1987	Present
ь	McGovern Family Foundation	Non-profit, encourages research on alcoholism	Director	10/1996	Present
6	US Spain Council	Non-profit education	Chairman	11/1999	5/2005

## 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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

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. None

X

	3	4 3 2	0 4 0