




Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 02/10/2007		Reporting Status (Check Appropriate Boxes) Incumbent <input type="checkbox"/>	Calendar Year Covered by Report 2006	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 Obama		Title of Position Candidate for President		First Name and Middle Initial Barack H.		Department or Agency (If Applicable)	
Position for Which Filing		Title of Position(s) and Date(s) Held United States Senator - Jan. 4, 2005 to Present					
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 713 Hart Senate Office Building, Washington, DC 20510					
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 United States Senator - Jan. 4, 2005 to Present					
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 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) 5/14/07			
Other Review (If desired by agency)		Signature of Other Reviewer 		Date (Month, Day, Year) 7/16/07			
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) 7/17/07			
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)							
*Additional information provided to REC by candidate on 6/23/07							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are on reverse side) <input type="checkbox"/>							
Reviewed for Apparent Compliance with the Federal Election Campaign Act 9C: h Hd 51 YW 2002 1C: 21 d 91 YW 2002							
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Agency Use Only Received by REC 5/15/07 OGE Use Only							

Reporting Individual's Name
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SCHEDULE A continued

(Use only if needed)

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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 C										Date (Mo., Day, Yr.) Only if Honoraria									
												Type					Amount						Other Income (Specify Type & Actual Amount)								
	BLOCK B											Dividends	Rent and Royalties	Interest	Capital Gains																
BLOCK A	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	\$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 Vanguard Wellesley Income Fund Investor Shares (S)					X							X							X												
2 Nuveen Floating Rate Income Fund (J)	X															X															
3 Marshall Prime Money Market Investor Shares (S)		X											X								X										
4 Pimco Total Return Admin Shares (S)			X										X								X										
5 Goldman Sachs Large Cap Value A (S)			X										X								X										
6 Marshall Mid-Cap Value Investor Shares (S)			X										X								X										
7 Vanguard Mid-Cap Index Fund Investor Shares (S)		X													X																
8 University of Chicago Hospitals (S)																															
9 Tree House Foods (S)																															

* 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.

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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

1	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	8%	25 yrs. on demand			X				X							
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: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of 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

1	Example	Status and Terms of any Agreement or Arrangement	Parties	Date
1	See Attachment #1			
2	403(b) Retirement Plan (No Further Contributions by Former Employer)	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
3	General Assembly Pension Plan (No Further Contributions by Former Employer)		University of Chicago, Chicago, IL State of Illinois, Springfield, IL	9/92 1/97
4				
5				
6				

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SCHEDULE D

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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 (Name and Address)

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

None

Examples	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
1	Natl Assn. of Rock Collectors, NT, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
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

Examples	Source (Name and Address)	Brief Description of Duties
1	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
2		
3		
4		
5		
6		