

U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved
OMB No. 3206-0001

Reporting Individual's Name LAMOOD LAMOOD		Reporting Status <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entry, Nomination, or Reappointment	Calendar Year Covered by Report <input checked="" type="checkbox"/> 2009 <input type="checkbox"/> 2008	Termination Date (If Applicable) (Month, Day, Year)
Position for Which Filing SECRETARY OF TRANSPORTATION Department of Transportation		Reporting Period From (Month, Day, Year) To (Month, Day, Year) 1/1/09 to 12/31/09		
Location of Present Office 5112 WEST GRANDE CIRCLE, PEORIA, ILLINOIS 61615		Telephone No. (Include Area Code) 309-360-1800		
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above) MEMBER OF CONGRESS, ILLINOIS 18TH DISTRICT (1995-2008) AGRICULTURE COMMISSIONER, ILLINOIS - Chair 2000-11/3/09		Title of Predecessor and Date(s) Held		
Predecessor's Name CANNON, SCIENCE and Transportation		Date of Predecessor's Termination 1/1/09		
Other Review (If covered by report) Wm Register		Date of Review JANUARY 10, 2009		
Office of Government Ethics (If Only) 11/12/09		Date of Filing JANUARY 10, 2009		

Check box if filing extension granted & indicate number of days: ☐

Check box if comments are contained on the reverse side: ☐

276-112 Form Designed in Microsoft Excel 2000

NSN 7540-01-070-4444

Supersedes Prior Editions, Which Cannot Be Used

276-112

Form Designed in Microsoft Excel 2000

NSN 7540-01-070-4444

SCHEDULE A

Assets and Income

BLOCK A

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 ☐

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

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.														Date (Mo., Day, Yr.)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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Examples: Central Airlines Common Doe Jones & Smith, Homestead, State McDonald's Equity Fund IRA: Fidelity 500 Index Fund														Tax Exempt Income (Specify Type & Actual Amount)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
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* 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.

Prior Editions Cannot be Used.

Reporting Individual's Name

Raymond H. Lafford

SCHEDULE A continued
 (Use only if needed)

Page Number

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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*	\$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										Object Income (SP, Activity 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	National City Savings & Inv Plan, Parma, IL:																																			
2	PNC common stock		X																																	
3	Alligian + Balanced Allocation		X												X																					
4	Council of IND. Colleges 4038 Washington DC (TIAA CREF VARIABLE ANNUITY):																																			
5	CREF Stock			X											X																					
6	CREF Growth			X											X																					
7	CREF Equity Index			X											X																					
8	CREF Social Choice			X											X																					
9	TIAA TRADITIONAL ANNUITY (FIXED ANNUITY)		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.

RAYMOND H. LAHOOD

SCHEDULE A continued

(Use only if needed)

Page Number

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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.										Date (Mo., Day, Yr.) Only if Honoraria											
BLOCK A		BLOCK B										BLOCK C																					
1	GOODWILL IND. OF CENT. L. PLAN PEORIA, ILLINOIS 61615 SPOUSE <i>see page 39</i>	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	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	Other Income (Specify Type & Amount)	
2	GOODWILL IND. OF CENTRAL ILLINOIS PEORIA, ILLINOIS 61615 SPOUSE, EMPLOYMENT																																
3	CONGRESSIONAL CREDIT UNION WASHINGTON, DC. 20026-3287																																
4	CEFCU - CREDIT UNION PEORIA, ILLINOIS 61656																																
5																																	
6																																	
7																																	
8																																	
9																																	

* 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
(Use only if needed)

(Use only if needed)

Page Number

AD

[illegible]

Prior Editions (Annex B) Used.

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

Page Number

SCHEDULE B

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

☐

Amount of Transaction (b)

		Identification of Asset	Transaction Type (c)			Date (Mo., Day, Yr.)	Amount of Transaction (b)											
			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	
1	Example: Central Airlines Common	x			2/1/99			x										
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 Book Collectors, NY, NY	Airfare ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)		\$500	
	Frank Jones, San Francisco, CA	Leather briefcase (personal friend)		\$200	
1					
2					
3					
4					
5					

SCHEDULE C

Page Number
5

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.

	Creditors (Name and Address)	Type of Liability	None <input type="checkbox"/>		Category of Amount or Value (A)											
			Date Incurred	Interest Rate	Term if applicable	\$10,001 - \$15,000	\$15,001 - \$20,000	\$20,001 - \$25,000	\$25,001 - \$30,000	\$30,001 - \$35,000	\$35,001 - \$40,000	\$40,001 - \$45,000	\$45,001 - \$50,000	\$50,001 - \$55,000	\$55,001 - \$60,000	Over \$60,000
1	First District Bank, Washington, DC John Jones, 123 1st St., Washington, DC	Mortgage on rental property, Delaware Provisionary note	1991	8%	25 yrs.											
2	SPOUSE - HERITAGE BANK, TRIVOLI, IL 61589	LOAN	2008	7.78%	6 MTH		X									
3	FIRST BANK, BLOOMINGTON, IL	LOAN	2008	8.00%	3 MTH		X									
4	CEFCU CREDIT UNION, PEORIA, IL	LOAN (Paid in Full)	2008	7.78%	6 MTH		X									
5	DIRECT LOAN SERVICE	EDUCATION LOAN	1994	6.00%	15 YEARS		X									

* 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

	Stated and Terms of any Agreement or Arrangement	Parties	None <input checked="" type="checkbox"/>	Date
Example	Partnership in partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	Do Jones & Smith, Hometown, State		7/05
1				
2				
3				
4				
5				
6				

U.S. Office of Government Ethics
 Reporting Individual's Name

RAYMOND H. LAHOOD

SCHEDULE D

Page Number

6

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

officer 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.)
Example:	Robert A. Smith, Collector, NY, NY Doe Jones & Smith, Homestead, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 1/00
1					
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
Example:	Doe Jones & Smith, Homestead, State Metro University (alias of Doe Jones & Smith), Montgomery, State	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		