OMB No. 3209-0001 Form Approved:

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

JAN - 9 2009	(Check box if comments are continued on the reverse side)	(Check box if com	ı
Schedule D.—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing. Agency Use Only	& indicate number of days)	(Check box if filing extension granted & indicate number of days	
Schedule C. Part II (Agreements or Arrangements) - Show any agreements or arrangements as of the date of films	1/9/109	nal space is required, use the reverse side of this sheet)	Office of Government Ethics Use Only Comments of Reviewing Officials (If additional space is required.)
Schedule C. Part I (Liabilities)— The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is within 31 days of the date of filing.	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official Signature of Designated Agency Ethics Official Signature of	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).
moone (backets, c) is the processing calendar year and the current calendar year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.	nth.	Signature of Wher Reviewer	Other Review (If desired by agency)
Nominees, New Entrants and Candidates for President and Vice President: Schedule A—The reporting period for	O 9 - C	Signature of Reporting Individual Our Sect	Certification Si ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of termination. Part II. of Schedule D is not applicable.	ate a Qualified Diversified Trust? X No	Name of Congressional Committee Considering Nomination Do You Intend to Create a Qualifie Committee on Agriculture, Nutrition, and Forestry Yes	Presidential Nominees Subject to No. Senate Confirmation
Schedule: D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.		Title of Position(s) and Date(s) Held	B e)
Reporting Periods Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of	Telephone No. (Include Area Code) 515-283-1000	Secretary Department of Agriculture Address (Number Street, City, State, and ZIP Code) Teleph 515-2	Position for Which ruing Section of Present Office
last day of the tiling extension period shall be subject to a \$200 fee.	(If Applicable)	Title of Position Department or Agency (If Applicab	
required to be filed, or, if an extension is granted, more than 30 days after the	e Initial Temporaries to applicate the second	ast Name First Name and Middle	Reporting Individual's Name
Hee for Late Hiling Any individual who is required to file this report and does so more than 30 days after the date the report is	Termination Date (If Appli- Termination cable) (Month, Day, Year) Filer	Reporting Status Calendar, Year New Entrant, Nominee, (Check Incumbent Covered by Report X or Candidate	y. Election ar)
THE PART ALL ALL STREET			J.S. Office of Government Ethics

Form Designed in Microsoft Excel 2000

SF278 (Rev. 03/2000)
5 C.F.R Part 2634

U.S. Office of Government For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, in income during the reporting period, together value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 production of income which had a fair market report each asset held for investment or the For you, your spouse, and dependent children, Thomas J. Vilsack Reporting Individual's Name actual acount of any honoraria over \$200 of income of more than \$1,000 (except report the with such income. your spouse). report the source but not the amount of earned U 4 ω 2 Examples Farmland (rented) This category applies only if the asset/income is solely that of the filer's spouse or dependent children. Commercial Office Building USDA - Conservation Reserve Program New York Life Insurance IRA with Principal Life Insurance Co NGL Insurance Group in connection to Davis County farm Davis County, Iowa (J) None Whole Life (S) Large Cap Value A (S) 1/2 interest, Mt. Pleasant, Iowa (S) Universal Life Policy Doe Jones & Smith, Hometown, State Kempstone Equity Fund Assets and Income Central Airlines Common IRA: Heartland 500 Index Fund BLOCK A None (or less than \$1,001) \$1,001 - \$15,000 × × × \$15,001 - \$50,000 × Valuation of Assets \$50,001 - \$100,000 × reporting period \$100,001 - \$250,000 at close of BLOCK B \$250,001 - \$500,000 \$500,001 - \$1,000,000 ж 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 SCHEDULE **Excepted Investment Fund** If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, **Excepted Trust** Qualified Trust Income: type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item. Dividends × Type 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 BLOCK C Amount × \$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 Page Number Law Partnership Income \$130,000 \$7,552.00 (Specify Amount) Type & Income Other Actual N Date (Mo., Day, Yr.) Honoraria Only if

Prior Editions Cannot be Used.

mark the other higher categories of value, as appropriate.

SF278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government Ethics

Reporting Individual's Name Thomas J. Vilsack ω N mark the other higher categories of value, as appropriate. Northwestern Mutual Life Insurance 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, US Bank Checking Account (J) lowa Public Employees Retirement System (S) Community Choice Credit Union Wayland State Bank United States Savings Bonds Iowa Public Employees Retirement Wayland State Bank Checking US Bank Checking Account (J) Whole Life (S) Certificate of Deposit (J) System **Assets and Income** BLOCK A None (or less than \$1,001) × \$1,001 - \$15,000 × \times × × \$15,001 - \$50,000 × × Valuation of Assets \$50,001 - \$100,000 × reporting period \$100,001 - \$250,000 × at close of BLOCK B \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) **Excepted Investment Fund Excepted Trust** Qualified Trust Income: type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item. 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 BLOCK C Amount \$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 Page Number Other Income (Specify Type & Actual Amount) ω Date (Mo., Day, Yr.) Only if Honoraria

SF278 (Rev. 03/2000) S C.F.R Part 2634

Thomas J. Vilsack Reporting Individual's Name U.S. Office of Government Ethics N Ø nark the other higher categories of value, as appropriate. This category applies only if the asset/income is solely that of the filer's spouse or dependent children. Allergan Irvine, California Simpson College Dorsey & Whitney LLP MidAmerican Energy lowa State University Strategic Partnerships LLC Alexandria, VA US Bank Farm Checking Account Minnesota Rural Electric Association Macalester College Des Moines, Iowa Ames, lowa Des Moines, Iowa St. Paul, Minnesota Maple Grove, Minnesota Indianola, Iowa Assets and Income BLOCK A None (or less than \$1,001) \$1,001 - \$15,000 × \$15,001 - \$50,000 Valuation of Assets \$50,001 - \$100,000 reporting period \$100,001 + \$250,000 at close of \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) **Excepted Investment Fund** If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children. **Excepted Trust** Qualified Trust Income: type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item. Dividends Rent and Royalties Interest \times Capital Gains None (or less than \$201) × \$201 + \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 BLOCKC Amount \$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 Page Number Director's Fee \$100,000 Consulting \$300,000 Salary Honorarium Honorarium \$63,000 Salary Tonorarium Consulting Other Income (Specify Type & Actual Amount) \$2,500 \$10,000 \$7,500 \$2,500 \$2,500 4 Date Mo., Day, Yr.) Only if Honoraria 08/13/2008 05/17/2008 2/2008

SF278 (Rev. 03/2000)

S C.F.R Part 2634

Reporting Individual's Name U.S. Office of Government Ethics Thomas J. Vilsack mark the other higher categories of value, as appropriate. 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, lowa Initiative (S)
Des Moines, Iowa lowa Pharmacy Association Harvard University Boston, Massachusetts Northwest Area Foundation St. Paul, Minnesota Wachovia Securities Pathway Account Vilsack Foundation (S) Des Moines, Iowa underlying holdings: Des Moines, Iowa Russell Global Equity Fund (RGESX) Russell Strategic Bond Fund Russell Emerging Markets Fund (REMSX) (RFCTX) Assets and Income BLOCK A None (or less than \$1,001) × \$1,001 - \$15,000 × \$15,001 - \$50,000 × Valuation of Assets \$50,001 - \$100,000 reporting period \$100,001 - \$250,000 at close of BLOCK B \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) Excepted Investment Fund × × × **Excepted Trust** Qualified Trust **Income:** type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item. 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 BLOCK C Amount \$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 Page Number fellowship \$13,200 Housing \$20,000 Honorarium Other Income (Specify Type & Actual Amount) \$5,000 \$5,000 Salary Salary G Date (Mo., Day, Yr.) 05/30/2008 03/13/2008 Only if Honoraria

SF278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Governmen

Reporting Individual's Name Thomas J. Vilsack U.S. Office of Government Ethics ω N mark the other higher categ 00 6 Ch 4 Wachovia Account continued: This category applies only if the asset/income is solely that of the filer's spouse or dependent children. Russell Real Estate Securities Fund Russell US Small and Mid Cap Fund (RLESX) Diageo Russell US Core Equity (RLISX) Fund (REQTX) Russell US Quantitative Equity Markets Fund (RINTX) Russell International Developed **Emerson Electric** Chevron Anheuser Busch Companies Assets and Income BLOCK A None (or less than \$1,001) × × × \$1,001 - \$15,000 × × × × × \$15,001 - \$50,000 Valuation of Assets \$50,001 - \$100,000 reporting period \$100,001 + \$250,000 at close of \$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 SCHEDULE A continued \$25,000,001 - \$50,000,000 Over \$50,000,000 (Use only if needed) × **Excepted Investment Fund** If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, **Excepted Trust** Qualified Trust Income: type and amount. If "None (or less than \$201)" is checked. no other entry is needed in Block C for that item. Dividends Rent and Royalties Interest Capital Gains × × ж × None (or less than \$201) × × × × × \$201 - \$1,000 × × × × \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 BLOCK C Amount \$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 Page Number Other Income (Specify Type & Actual Amount) 0 Date (Mo., Day, Yr.) Only if Honoraria

SF278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Governme
Reporting Individual's
Thomas J. Vilsacl ω N

Pepsico X X X X X X X X X X X X X X X X X X X

SF 278 (Rev. 03/2000)
5 C.F.R Part 2634
U.S. Office of Government I
Reporting Individual's N

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

		The state of the s		The Particular Property of the Particular Pa			-	-			-		The state of the s					J
Reporting Individual's Name											Page	Page Number	1ber	Ø				
Thomas J. Vilsack	SCHEDULE																	
Part I: Transactions					None		Ш											-
Report any purchase, sale, or exchange by you, your spouse,	report a transaction involving property used solely as your nersonal residence, or a transaction solely between you.	Transaction Type (x)	on n					Am	ount	Amount of Transaction (x)	ısacti	m (x)						
property, stocks, bonds, commodity futures, and other 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.	rchase	change	Date (Mo., Day, Yr.)	5,000	5,001 - 0,000 0,001 -	00,000	00,001 - 50,000	50,001 - 00,000	00,001 - ,000,000	er ·	,000,000*	,000,000	5,000,000 5,000,001 -	0,000,000	er 0,000,000	rtificate of	estiture
Identific	Identification of Assets	Pu Sa	Ex		\$15	\$50	\$10	\$25			Ov	-	\$5,	-	\$50	950	Cer	div
Example: Central Airlines Common		×		2/1/99		-	×			T	+	+	+	+	+		T	_
2									. 43									
ω l			4		- 43													
4									1.									
Ch										-				-	1			
* This category applies only if the underlying asset is solely that by the filer or jointly held by the filer with the spouse or dependent.	* 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 with the spouse or dependent children, use the other higher categories of value, as appropriate.	set is either he iate.	pid															
Part II: Gifts, Reimbursements, and Travel Expenses For you, your spouse and dependent children, report the source, a brief descrip- tion, 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	[ravel Expenses source, a brief descrip- ransportation, lodging, g more than \$260; and e source totaling more e source totaling more	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 your security exclude items upon \$10.0 or less. See instruction	overni fom re int of the	ment; giv latives; re heir relati ence. Als	en to veceived tonship	our ag by w to yo ourpos	ency our st u: or ses of	in co	onne or dided	ction epen as pe	with dent riffs t	offic det	official travel; child totally al hospitality at a determine the See instructions	ty at the	ā			
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	11 or other statutory ts, include travel itinerary, whing given to you by	for other exclusions.	xclusi	ons.										None	ne		"	
Source (Name and Address)	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Brief Description	cription		duty									-		Value \$500	100	
Examples: Natl Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meats incident to national conference or 1979 (personal activity unicased to duff) Leather briefcase (personal friend)	Delsonal	activity	difficiation	to duty)									+	1	\$300		Li
-13																		
2														-				
&													and the factor of the factor o	-				
4				- Andrews of the Control of the Cont			- Constitution of the Cons							-				
S								,						_				

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

5 C.F.R Part 2634 U.S. Office of Government Ethics any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed Report liabilities over \$10,000 owed to any one creditor at Part I: Liabilities Thomas J. Vilsack employee benefit plan (e.g. 401k, deferred compensation: (2) continuation payment by a former employer (including severance payments); (3) leaves Report your agreements or arrangements for: continuing participation in an ω Examples: during the reporting period. Exclude a mortgage on your Reporting Individual's Name Part II: Agreements or Arrangements ω N with the spouse or dependent children, mark the other higher categories, as appropriate () o (n 4 Example: 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 Wayland State Bank, Wayland, Iowa Wayland State Bank, Wayland, Iowa Will continue to participate in Iowa Public Retirement System; no further contributions being made First District Bank, Washington, DC John Jones, 123 J St., Washington, DC Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00. Creditors (Name and Address) Status and Terms of any Agreement or Arrangement Mortgage on rental property, Delaware
Promissory note by automobiles, household furniture or appliances; and personal residence unless it is rented out; loans secured Unsecured loan (paid in full in 2008) Mortgage on farm property See instructions for revolving charge accounts. liabilities owed to certain relatives listed in instructions. Type of Liability SCHEDULE C of negotiations for any of these arrangements or benefits of absence; and (4) future employment. See instructions regarding the reporting Incurred 2003 2008 Date 1999 6.75% 6.85% 0 8 Interest Rate None on demand 13 years 15 years appli-cable Term if Doe Jones & Smith, Hometown, State State of Iowa (Des Moines, Iowa) \$10,001 -\$15,000 \$15,001 -\$50,000 \$50,001 -\$100,000 \$100,001 -Category of Amount or Value (x) Parties × \$250,000 \$250,001.-× \$500,000 \$500,001 -\$1,000,000 Page Number Over \$1,000,000* \$1,000,001 \$5,000,000 \$5,000,001 -9 \$25,000,000 \$25,000,001 01/1993 \$50,000,000 Date 7/85 Over \$50,000,000

U.S. Office of Government Ethics				Page Number	
Thomas J. Vilsack		SCHEDULE D		10	
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 c director, trustee, general partner, proprietor, representative, employee, or	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 relipious social, fraternal, or political entities and those solely of an honorary nature.	rship, or other business enterprise or any inition Exclude positions with religious tose solely of an honorary nature.	None	
Orga	Organization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors, NY, NY	IS, NY, NY	Non-profit education	President	6/92	Present
Mid morion Energy (Des Moines Inwa)	inos (owo)	Energy Company		70007	12/2008
2 National Education Association (Washington, DC)	n (Washington, DC)	Teachers' Union	Consultant	04/2007	12/2007
3 Ambassadors Inc./Embark LLC (Chicago, Illinois)	C (Chicago, Illinois)	Event Planning Company	Consultant	05/2007	10/2007
Drake University Law School (Des Moines,	(Des Moines, Iowa)	Higher Education	Teacher	02/2007	12/2007
Dorsey & Whitney LLP (Des N	(Des Moines, Iowa)	Law Firm	Of Counsel	05/2007	present
lowa State University (Ames, Iowa)	lowa)	Higher Education	BIGMAP Fellowship	10/2007	12/2007
Part II: Compensation In	Part II: Compensation In Excess Of \$5,000 Paid by One Source	irce		Do not com	Do not complete this part
Report sources of more than \$5,000 c business affiliation for services provi the reporting period. This includes the	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.	siness enterprise, or any other non-profit he services generating a fee or payment the U.S. Government as a source.	if you are an Incumber Termination Filer, or Vice Presidential or Presidential Cand	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, Hometon Metro University (client of D	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university	ty construction		
MidAmerican Energy (Des Moines, Iowa)	sines, lowa)	Consulted on renewable energy			
2 National Education Association (Washington, DC)	on (Washington, DC)	Consulted on No Child Left Behind			
3 Ambassadors, Inc (Newport Beach,	3each, California)	Consulted on convention planning			
Drake University Law School (Des Moines, Iowa)	(Des Moines, Iowa)	Teacher	and decreased and the second and the		
Dorsey & Whitney LLP (Des Moines, Iowa)	Voines, Iowa)	Legal services			
lowa State University (Ames, lowa)	lowa)	Teaching salary - Fellowship			

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 Reporting Individual's Name U.S. Office of Government Ethics Part I: Positions Held Outside U.S. Government Thomas J. Vilsack the reporting period. This includes the names of clients and customers of any 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 Part II: Compensation In Excess Of \$5,000 Paid by One Source O 4 ω Examples: Nat'l Assn. of Rock Collectors, NY, NY
Doe Jones & Smith, Hometown, State Examples: ത ω Carnegie Learning Company (Pittsburgh, Pennsylvania) Strategic Partnerships LLC (Alexandria, Virginia) Allergan (Irvine, California) Harvard University (Boston, Massachusetts) Strategic Partnership LLC (Alexandria, Virginia) Allergan (Irvine, California) Panetta Institute (Seaside, California) Harvard University (Boston, Ma ssachusetts) Carnegie Learning Company (Pittsburgh, Pennsylvania) Alleghney County Medical Society (Pittsburgh, Northwest Area Foundation (St. Paul, Minnesota) Doe Jones & Smith, Hometown, State
Metro University (client of Doe Jones & Smith), Moneytown, State Source (Name and Address) Organization (Name and Address) Pennsylvania) 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. Educational Software Company Consulting Company non-profit organization or educational institution. Exclude positions with religious social, fraternal, or political entities and those solely of an honorary nature. Healthcare Company Higher Education consultant of any corporation, firm, partnership, or other business enterprise or any Speaking engagement in 2008 Speaking engagement in 2007 Speaking engagement in 2007 Director Consulting Director Legal services in connection with university construction Non-profit education SCHEDULE Type of Organization Brief Description of Duties Director Director Consultant Kennedy School Fellow Partner President Position Held Page Number From (Mo., Yr.) 7/85 if you are an Incumbent, 02/2007 or Presidential Candidate Vice Presidential Termination Filer, or Do not complete this part 09/2008 08/2007 03/2007 None None 그 Present 1/00 To (Mo., Yr.) 80 12/2007 12/2008 12/2008 /2008

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

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 U.S. Office of Government Ethics Part I: Positions Held Outside U.S. Government Reporting Individual's Name Report sources of more than \$5,000 compensation received by you or your the reporting period. This includes the names of clients and customers of any business affiliation for services provided directly by you during any one year of Thomas J. Vilsack ω Examples: Part II: Compensation In Excess Of \$5,000 Paid by One Source o () 4 N Examples: O O Brett Macinness (Dallas, Texas) Gordian Group (Mauldin, South Carolina) Kevin MacInness (Boulder, Colorado) Independent Light and Power (Independence, Iowa) lowa Pharmacy Association (Des Moines, Iowa) Macalester College (St. Paul, Minnesota) Doe Jones & Smith, Hometown, State

Metro University (client of Doe Jones & Smith), Moneytown, State Source (Name and Address) Organization (Name and Address) non-profit organization or educational institution Exclude positions with religious social, fraternal, or political entities and those solely of an honorary nature. consultant of any corporation, firm, partnership, or other business enterprise or any of more than \$5,000. You need not report the U.S. Government as a source. corporation, firm, partnership, or other business enterprise, or any other non-profit organization when you directly provided the services generating a fee or payment Speaking engagement in 2008 Speaking engagement in 2008 Legal fees Legal fees Legal fees Legal fees Legal services in connection with university construction Non-profit education Law firm SCHEDULE D Type of Organization Brief Description of Duties Partner President Position Held Page Number From (Mo., Yr.) 7/85 or Presidential Candidate Vice Presidential Termination Filer, or if you are an Incumbent, Do not complete this part None None 2 Present 1/00 To (Mo., Yr.)