

### Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check appropriate box) <input type="checkbox"/> Incumbent <input checked="" type="checkbox"/> New Entrant, Nominee, or Candidate	Calendar Year Covered by Report	Termination (Check box) <input type="checkbox"/> Filer	Termination Date (If Available) (Month, Day, Year)	<b>File for Late Filing</b> 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 fine.
Reporting Individual's Name Last Name: LAHOOD First Name and Middle Initial: RAYMOND H.	Title of Position: SECRETARY OF TRANSPORTATION Department of Transportation				
Position for Which Filing	Address (Number, Street, City, State, and ZIP Code): 5612 WEST GRANDE CIRCLE, PEORIA, ILLINOIS 61615 Telephone No. (Include Area Code): 309-360-1800				<b>Reporting Periods</b> Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.  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.
Location of Present Office (or forwarding address)	Title of Position(s) and Date(s) Held: MEMBER OF CONGRESS, ILLINOIS 18TH DISTRICT (1995-2008) ABRAHAM LINCOLN BICENTENNIAL COMMISSION, CO-CHAIR 2000-1/3/09				
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)	Name of Congressional Committee Considering Nomination: Commerce, Science, and Transportation Do You Intend to Create a Conflict of Interest? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<b>Nonincumbent, New Entrants and Candidates for President and Vice President:</b>  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. You must do so of any date you choose that is within 31 days of the date of filing.  Schedule B—Not applicable.  Schedule C, Part I (Limitations)—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.  Schedule C, Part II (Agreements or Arrangements)—Show any agreements or arrangements as of the date of filing.  Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date of filing.
Presidential Nominee Subject to Senate Confirmation	Signature of Reporting Individual: <i>[Signature]</i> Date (Month, Day, Year): JANUARY 10, 2009				
Other Review (If desired by agency)	Signature of Other Reviewer: <i>[Signature]</i> Date (Month, Day, Year): JANUARY 10, 2009				
Agency Ethics Official's Opinion	Signature of Designated Agency Ethics Official/Reporting Official: <i>[Signature]</i> Date (Month, Day, Year): JANUARY 10, 2009				
Office of Government Ethics Use Only	Signature: <i>[Signature]</i> Date (Month, Day, Year): 1/12/09				
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet) <p style="text-align: right;">(Check box if filing extension granted &amp; indicate number of days) <input type="checkbox"/></p> <p style="text-align: right;">(Check box if comments are contained on the reverse side) <input type="checkbox"/></p>					
<b>Agency Use Only</b>					
<b>OGE Use Only</b>					

Reporting Individual's Name <b>RAYMOND H. LAHOOD</b>	SCHEDULE A	Page Number <b>2</b>
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Assets and Income <small>BLOCK A</small>	Valuation of Assets at close of reporting period <small>BLOCK B</small>										Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. <small>BLOCK C</small>															
<p>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.</p> <p>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).</p> <p>None <input type="checkbox"/></p>	None (or less than \$1,000)										Type							Date (Mo., Day, Yr.) Only if Honoraria								
	\$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 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	\$1,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	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 & Actual Amount)
<p><b>Examples</b></p> <p>Central Airlines Common Doe Jones &amp; Smith, Hometown, State Kemperone Equity Fund IRA: Heartland 500 Index Fund</p>			x																						Low-Payable Income \$1,000	
<p>1 COUNCIL OF AMERICAN OVERSEAS WASHINGTON, DC 20013 SPOUSE, INDEPENDENT CONTRACTOR</p>																									Fee 5	
<p>2 NATIONAL CITY RETIREMENT PLAN PEORIA, ILLINOIS SPOUSE (cash balance plan)</p>		x																								
<p>3 NATIONAL CITY SAVINGS &amp; INV. PLAN PEORIA, ILLINOIS SPOUSE see page 2 A</p>																										
<p>4 COUNCIL OF IND. COLLEGES 403 (B) WASHINGTON, DC SPOUSE see page 2 A</p>																										
<p>5 CATERPILLAR INC. STOCK</p>	x													x												
<p>6 FORD MOTOR COMPANY</p>	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.

Reporting Individual's Name <b>Raymond H. Lathood</b>	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number <b>2A</b>
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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										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	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Type				Amount								
																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
1 National City Savings & SW Plan, Peoria, IL :																												
2 PNC common stock		X																			X							
3 Allegiant Balanced Allocation		X											X								X							
4 Council of IND. Colleges 4038 Washington DC (TIAA CREF VARIABLE ANNUITY):																												
5 CREF Stock			X										X								X							
6 CREF Growth			X										X								X							
7 CREF Equity Index			X										X								X							
8 CREF Social Choice			X										X								X							
9 TIAA TRADITIONAL annuity (Fixed annuity)		X																			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.



Reporting Individual's Name  
**RAYMOND H. LAHOOD**

**SCHEDULE A continued**  
 (Use only if needed)

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 that item.																															
												Type		Amount							Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.)  Only if Honoraria																				
	None (or less than \$201)	\$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	Rents and Royalties	Interest	Capital Gains	None (or less than \$201)			\$1 - \$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	None <input type="checkbox"/>																																									
1	GOODWILL IND. OF CENT. IL PLAN PEORIA, ILLINOIS 61815 SPOUSE <i>see page 3A</i>																																									
2	GOODWILL IND OF CENTRAL ILLINOIS PEORIA, ILLINOIS 61815 SPOUSE, EMPLOYMENT																																									
3	CONGRESSIONAL CREDIT UNION WASHINGTON, DC. 20026-3267										X																															
4	CEFCU - CREDIT UNION PEORIA, ILLINOIS 61656											X																														
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.

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Reporting Individual's Name <i>Raymond H LeHood</i>	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number <i>3 A</i>
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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								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	Other Income (Specify Type & Amount)														
1																																														
	<i>Goodwill Ind of cent IL Plan, Peoria IL:</i>																																													
2		X											X										X																							
3		X											X										X																							
4		X											X										X																							
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.

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

Reporting Individual's Name	<b>SCHEDULE B</b>	Page Number <span style="font-size: 1.5em;">4</span>
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**Part I: Transactions**

None

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.

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)															
		Purchase	Sale	Exchange		\$1,001 - \$10,000	\$10,001 - \$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
1	Examples: Nat'l Assn. of Rock Collectors, NY, NY Frank Jones, San Francisco, CA	Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	\$500
2		Leather briefcase (personal friend)	\$300
3			
4			
5			

Prior Editions Cannot Be Used.

Reporting Individual's Name <b>RAYMOND H. LAHOOD</b>	<b>SCHEDULE C</b>	Page Number <b>5</b>
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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

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					
Example: First District Bank, Washington, DC John Jones, 123 J St., Washington, DC		Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand																
1	SPOUSE - HERITAGE BANK, TRIVOLI, IL 61569 FIRST BANK, BLOOMINGTON, IL	LOAN LOAN	2008 2008	7.79% 6.00%	6 MTH 3 MTH		X														
2	CEFCU CREDIT UNION, PEORIA, IL	LOAN (paid in full)	2008	7.79%	6 MTH		X														
3	DIRECT LOAN SERVICE	EDUCATION LOAN	1994	6.00%	15 YEARS		X														
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: 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

State and Terms of any Agreement or Arrangement		Parties	Date
Example:	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 <b>RAYMOND H. LAHOOD</b>	<b>SCHEDULE D</b>	Page Number <b>6</b>
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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.)
1	Example: Nat'l 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
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
1	Example: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Mccoytown, State	Legal services Legal services in connection with university construction
2		
3		
4		
5		
6		