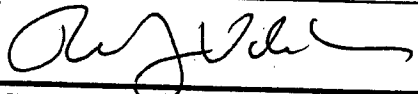
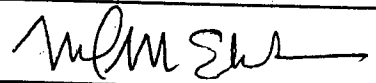


# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/21/2009		Reporting Status (Check Appropriate Boxes) <input checked="" type="checkbox"/> Incumbent	Calendar Year Covered by Report 2009	New Entrant, Nominee, or Candidate <input type="checkbox"/>	Termination Filer <input type="checkbox"/>	Termination Date (If Applicable) (Month, Day, Year)
Reporting Individual's Name		Last Name Vilsack		First Name and Middle Initial Thomas J		
Position for Which Filing		Title of Position Secretary		Department or Agency (If Applicable) United States Department of Agriculture		
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 1400 Independence Ave, SW Washington DC 20052			Telephone No. (Include Area Code) 202-720-3634	
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 Secretary of Agriculture January 21, 2009 to Present				
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Committee on Agriculture, Nutrition and Forestry		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Certification		Signature of Reporting Individual			Date (Month, Day, Year)	
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.					2/11/2010	
Other Review (If desired by agency)		Signature of Other Reviewer			Date (Month, Day, Year)	
Agency Ethics Official's Opinion		Signature of Designated Agency Ethics Official/Reviewing Official			Date (Month, Day, Year)	
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).					8/6/2010	
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)						
IR 2/8/10 ME (Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>						
FEB 1 2010 (Check box if comments are continued on the reverse side) <input type="checkbox"/>						
Agency Use Only						
OGE Use Only						
AUG 11 2010						

**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 Periods**  
**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.

**Nominees, New Entrants and Candidates for President and Vice President:**

**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 as of any date you choose that is within 31 days of the date of filing.

**Schedule B—**Not applicable.

**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.

**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.

Reporting Individual's Name Vilsack, Thomas J	SCHEDULE A	Page Number 2 of 8
--	------------	-----------------------

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
------------------------------	--	---

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

Examples	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			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 & Actual Amount)		
	Central Airlines Common				x																											
	Doe, Jones & Smith, Hometown, State			x																											Law Partnership Income \$130,000	
	Kempstone Equity Fund					x																										
	IRA: Heartland 500 Index Fund						x																									
1	Line intentionally blank																															
2	Iowa Public Employees Retirement System (S)			X																												
3	Iowa Public Employees Retirement System				X																											
4	US Bank Checking Account (J)		X																													
5	US Bank Checking Account (J)		X																													
6	Wayland State Bank Checking Account		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  
 Vilsack, Thomas J

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

Page Number

3 of 8

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																					
		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 & Actual Amount)			
1	Famland (rented) Davis County, Iowa						X										X																	
2	USDA - CRP payments Davis County, Iowa Land																															\$6682		
3	Commercial Office Building 1/2 Interest, Mt. Pleasant Iowa (S)		X														X						X											
4	IRA with Principal Life (S) Insurance Company Large Cap Value A		X										X								X													
5	New York Life Insurance Whole Life (S)		X																		X													
6	NGL Insurance Group Universalife Policy		X													X																		
7	Unites States Savings Bonds		X																			X												
8	Northwestern Mutual Life Insurance Whole Life (S)		X																		X													
9	Wayland State Bank CDs		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 Vilsack, Thomas J	<h2 style="margin: 0;">SCHEDULE A continued</h2> (Use only if needed)	Page Number 4 of 8
--	---	-----------------------

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																											
1	/	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						
1	/	US Bank Farm Checking Account	X															X	X																			
2	/	Dorsey & Whitney LLP Des Moines, Iowa (January 1 - 15 Salary)																	X																		\$10,000	
3	/	Merit Services 401 (k) (S) <i>401K is in state lead holder no not use</i>		X										X							X																	
4	/	Iowa Initiative (S) Des Moines, Iowa																																			Salary	
5	/	Wells Fargo Account underlying holdings: <i>what type of account?</i>																																			Salary	
6	/	Russell Global Equity Fund (RGESX)		X										X								X																
7	/	Russell Emerging Markets Fund (REMSX)	X											X								X																
8	/	Russell Strategic Bond Fund (RFCTX)		X										X								X																
9	/	Russell International Developed Markets Fund (RINTX)	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  
 Vilsack, Thomas J

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

Page Number  
 5 of 8

BLOCK A	BLOCK B										BLOCK C														
	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.														
											Type	Amount									Date (Mo., Day, Yr.) Only if Honoraria				
										Dividends	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*	Over \$5,000,000		Other Income (Specify Type & Actual Amount)			
1	Wells Fargo Account Underlying Holdings (continued):																								
2	Russell US Small and Mid Cap Fund (RLESX)											X													
3	Russell US Quantitative Equity Fund (REQTX)											X													
4	Russell US Core Equity (RLISX)											X													
5	Russell Real Estate Securities Fund											X													
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, or Vice Presidential or Presidential Candidate

Reporting Individual's Name Vilsack, Thomas J	<b>SCHEDULE B</b>	Page Number 6 of 8
--	-------------------	-----------------------

### 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

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)											
		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	Certificate of divestiture
Example	Central Airlines Common	x			2/1/99			x									
1																	
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 Rock Collectors, NY, NY	Airline 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)	\$300
1	Michael Milligan of Drake University	airline ticket	783.20
2			
3			
4			
5			

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

Reporting Individual's Name  
 Vilsack, Thomas J

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

Page Number  
 of 8

**Part I: Transactions**

	Identification of Assets	Transaction Type (x)			Date (Mo., Day, Yr.)	Amount of Transaction (x)												
		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	Certificate of divestiture	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		

\*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.

Reporting Individual's Name Vilsack, Thomas J	<b>SCHEDULE C</b>	Page Number 7 of 8
--	-------------------	-----------------------

**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				
Examples	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			x												
1	Wayland, Iowa Wayland State Bank	Mortgage on Farm Property	2008	6.85%	13 years					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

	Status and Terms of any Agreement or Arrangement	Parties	Date
Example	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
1	Iowa Public Retirement System no future contributions made	State of Iowa	01/93
2			
3			
4			
5			
6			



Reporting Individual's Name Vilsack, Thomas J	<b>SCHEDULE D</b>	Page Number 8 of 8
--	-------------------	-----------------------

**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.)
Examples	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
1	Dorsey & Whitney LLP (Des Moines, Iowa)	Law Firm	OF Counsel	05/2007	1/15/09
2	MidAmerican Energy (Des Moines, Iowa)	Energy Company	Consultant	02/2007	12/2008
3	Strategic Partnerships LLC (Alexandria, Virginia)	Consultant Company	Director	02/2007	12/2008
4	Harvard University (Boston Massachusetts)	Higher Education	Kennedy School Fellow	09/2008	12/2008
5	Allergan (Irvine, California)	Healthcare Company	Consultant	08/2007	08/2008
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
Examples	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		