

HAND DELIVERED

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FORM A

For use by Members, officers, and employees of LEGISLATIVE RESOURCE CENTER

2006 MAY 15 PM 4:39

Rahm I Emanuel
(Full Name)

4228 North Hermitage Avenue Chicago, IL 60613
(Mailing Address)

773-267-5926
Daytime Telephone:

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: IL	Officer Or Employee	Employing Office:
	Report Type <input checked="" type="checkbox"/> Annual (May 15) <input type="checkbox"/> Amendment <input type="checkbox"/> Termination	District: 5	Termination Date:	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS


I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Exemptions-- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

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 and belief.		5-15-06

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name **Rahm I Emanuel**

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self-directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.		Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."	Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)	Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income.	Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
SP	Bear Stearns MMA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Bear Stearns MMA-IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Unumprovident Corp Senior Notes--IRA	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500	
SP	General Electric	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Health Management Associates--IRA	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Good Hope Limited Partnership (holds commercial real estate located at 7830 W Goodhope Rd., Milwaukee, WI)	\$1,001 - \$15,000	RENT	\$201 - \$1,000	1

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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		DIVIDENDS/CAPI TAL GAINS	\$50,001 - \$100,000	1
	Advisory Research Small Mid Cap Value Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests in widely diversified small cap equity holdings)	DIVIDENDS/CAPI TAL GAINS	\$50,001 - \$100,000	1
	Advisory Research Large Cap Equity Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests in widely diversified large cap equity holdings)	DIVIDENDS/CAPI TAL GAINS	\$15,001 - \$50,000	1
	S & P 500 Index Equally Weighted Fund, LP (2 Prudential Plaza, 180 N Stetson, Chicago; Invests equal amounts in each of S&P 500 equities)	DIVIDENDS/CAPI TAL GAINS	\$50,001 - \$100,000	1
	Vision Optical Partners, LLC (CBIZ Accounting & Tax Advisory Svcs, 1 S Wacker Dr, #1800, Chicago, Il; Invests in widely diversified debt and equity holdings)	CAPITAL GAINS	NONE	1
	Loan Receivable--Friends of Rahm Emanuel for Congress		NONE	
SP	LaSalle Bank	INTEREST	NONE	
JT	LaSalle Bank	INTEREST	\$1 - \$200	
	Qualified Blind Trust	DIVIDENDS/INTE REST/CAPITAL GAINS	\$100,001 - \$1,000,000	

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	LaSalle Bank Trustee, Managed IRA (Not self directed)	\$500,001 - \$1,000,000	DIVIDENDS/INTE REST/CAPITAL GAINS	\$15,001 - \$50,000	
DC	Qualified Blind Trust	\$500,001 - \$1,000,000	DIVIDENDS/REN T/CAPITAL GAINS	\$15,001 - \$50,000	
DC	Qualified Blind Trust	\$500,001 - \$1,000,000	DIVIDENDS/INTE REST/CAPITAL GAINS	\$15,001 - \$50,000	
DC	Qualified Blind Trust	\$500,001 - \$1,000,000	DIVIDENDS/INTE REST/CAPITAL GAINS	\$15,001 - \$50,000	
	Chilton New Era Partners, LP (1266 E Main St., Stanford, Ct; Invests in widely diversified S&P 500 equities)	\$250,001 - \$500,000	DIVIDENDS/INTE REST/CAPITAL GAINS	\$5,001 - \$15,000	1
SP	Wal Mart Stores, Inc.	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	P

SCHEDULE IV - TRANSACTIONS

Name **Rahm I Emanuel**

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Report any purchase, sale or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out.

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
SP	Wal Mart Stores, Inc.	P	09-01-05	\$1,001 - \$15,000
SP	Dollar Tree Stores, Inc.	PS	06-09-05; 09-01-05	\$1,001 - \$15,000

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	All items with a "1" reference in block E are held by LaSalle Bank in a non-qualified blind trust.	