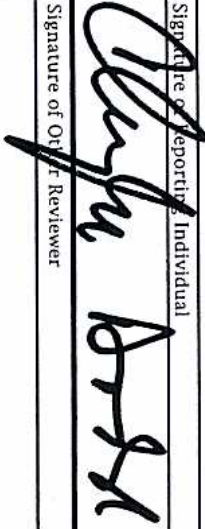


# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)		Reporting Status (Check Appropriate Boxes)	Calendar Year Covered by Report	New Entrant, Nominee, or Candidate	Termination Date (If Applicable) (Month, Day, Year)	<b>Fee 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 fee.
01/11/2007		<input type="checkbox"/>	2006	<input checked="" type="checkbox"/>		
Reporting Individual's Name		Last Name		First Name and Middle Initial		<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.  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.
Position for Which Filing		Candidate for President of the United States		Department or Agency (If Applicable)		
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code)		Telephone No. (Include Area Code)		
c/o 448 Russell Senate Office Building, Washington DC				202-224-2823		
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				
United States Senator, 1981-present						
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input 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.				5/15/07		
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).						
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)						

(Check box if filing extension granted & indicate number of days \_\_\_\_\_)

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 278-112

Reporting Individual's Name  
Dodd, Christopher J.

# SCHEDULE A

### 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																	
	BLOCK A								BLOCK B									Type				Amount												Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
	BLOCK A								BLOCK B									Dividends	Rent and Royalties	Interest	Capital Gains	Amount													
	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	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 Senate FCU		X														X																			
2 US Senate FCU			X														X																		
3 AIB Bank Account			X														X																		
4 Cottage, County Galway, Ireland					X														X																
5 Property Lot -- Timberlakes Community, Wasatch Uiah			X																		X														
6																																			

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).

Examples  
Central Airlines Common  
Doe Jones & Smith, Hometown, State  
Kempstone Equity Fund  
IRA: Heartland 500 Index Fund  
Law Partnership Income \$130,000

\* 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  
 Dodd, Christopher J.

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

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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 B										BLOCK C																								
	Type										Amount																								
	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 & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria			
1 Smith Barney IRA: Capital World Growth & Income Fund, Class C CWGCGX			X										X			X			X		X														
2 Legg Mason Growth Trust	X												X					X					X												
3 Clegg Klemm Friedman, LLC Boston MA, Capital Account for Investing Underlying Asset			X										X					X																	
4 (Continued) GC Entrepreneurs Fund II LP																																			
5 Smith Barney IRA: Growth Fund of America Class C GFACX			X										X			X		X			X														
6 Smith Barney SEP IRA: Capital Income Builder Fund, Class C CWGCGX			X										X			X		X			X														
7 Smith Barney SEP IRA: Growth Fund of America, Class C GFACX			X										X			X		X			X														
8 Smith Barney SEP IRA: Capital World Growth & Income Fund, Class C CWGCGX			X										X			X		X			X														
9 Smith Barney SEP IRA: Fortress Investment Group, FIG			X										X			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  
 Christopher J. Dodd

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

Page Number  
 3 of

	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.	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria																									
		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												
																	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	SB SEP IRA: Citigroup Money Mkt			X															X																					
2	SB SEP IRA: New Perspective Fund C NPFCX				X												X			X																				
3	Lehman Bank Cash Deposit Account		X																X																					
4																																								
5																																								
6																																								
7																																								
8																																								
9	529 C Growth Fund of America, Class C		X																																					

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Reporting Individual's Name  
 Christopher J. Dodd

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

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.	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 B											Type	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	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 S Brockdale Senior Living (Stock)						X													X																				
2 S Blockbuster Inc (Stock) BBI					X														X																				
3 S Fortress InvI Group LLC, DEL Class A, FIG (Stock)				X															X																				
4 S Chicago Board of Trade (Stock) CBOT								X											X																				
5 S																																							
6 S																																							
7 S																																							
8 S																																							
9 S																																							

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Reporting Individual's Name  
 Christopher J. Dodd

## SCHEDULE A continued

(Use only if needed)

Page Number  
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 of

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 B																				BLOCK C														
	BLOCK A	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 & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria		
1	Cardiome Pharma, Unexercised Stock Options. Vested and Unvested Options				X															X															
2	Intentionally blank																																		
3	Cardiome Pharma SO, 15,000 granted, 7/25/06 @13.93 CND, exp 7/24/12 (underwater)	X																		X															
4	Cardiome Pharma Corp Stock Options Exercised.	X																	X																
5	Javelin Pharmaceutical (FKA IDDS/ITRD), Stock Options, Vested and Unvested Options						X													X															
6																																			
7																																			
8																																			
9																																			

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Reporting Individual's Name: Dodd, Christopher J. Page Number: 8 of   

**SCHEDULE D**

**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	Natl 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	Alpha & Omega, Ellington, CT	Non Profit, devoted to care of handicapped kids	Director	10/1976	Present
2	Goodspeed Opera House, East Haddam, CT	Regional Theatre	Director	10/1982	Present
3	Eugene O'Neill Theater Center, Waterford, CT	Regional Theatre	Director	09/1990	Present
4	The Hole in the Wall Gang Camp Fund, Inc	Non-profit camp for children with serious illness	Director	03/1987	Present
5	McGovern Family Foundation	Non-profit, encourages research on alcoholism	Director	10/1996	Present
6	US Spain Council	Non-profit education	Chairman	11/1999	5/2005

**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. 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		