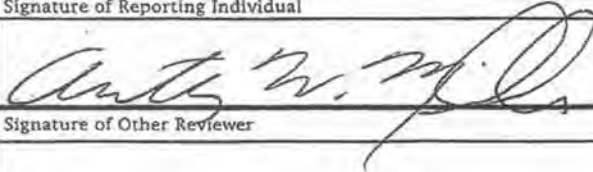

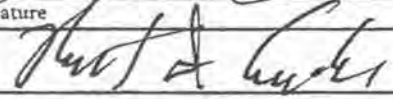


## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

<b>Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)</b>	<b>Reporting Status</b> (Check Appropriate Boxes)	<b>Incumbent</b> <input type="checkbox"/>	<b>Calendar Year Covered by Report</b>	<b>New Entrant, Nominee, or Candidate</b> <input checked="" type="checkbox"/>	<b>Termination Filer</b> <input type="checkbox"/>	<b>Termination Date (If Applicable) (Month, Day, Year)</b>	<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.
<b>Reporting Individual's Name</b>	Last Name MILLER		First Name and Middle Initial Anthony W.				
<b>Position for Which Filing</b>	Title of Position Deputy Secretary		Department or Agency (If Applicable) U.S. Department of Education				
<b>Location of Present Office</b> (or forwarding address)	Address (Number, Street, City, State, and ZIP Code) 400 Maryland Avenue, SW, Washington, D.C.				Telephone No. (Include Area Code) (202)205-3530		
<b>Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)</b>	Title of Position(s) and Date(s) Held Consultant and Senior Advisor to the Secretary of Education, January 21, 2009 - Present.						
<b>Presidential Nominees Subject to Senate Confirmation</b>	Name of Congressional Committee Considering Nomination Committee on Health, Education, Labor and Pensions		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Certification</b>	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.					5/15/2009		
<b>Other Review (If desired by agency)</b>	Signature of Other Reviewer				Date (Month, Day, Year)		
<b>Agency Ethics Official's Opinion</b>	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).					5/19/09		
<b>Office of Government Ethics Use Only</b>	Signature				Date (Month, Day, Year)		
					5/20/09		
<b>Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)</b>							
(Check box if filing extension granted & indicate number of days _____) <input type="checkbox"/>							
(Check box if comments are continued on the reverse side) <input type="checkbox"/>							
<b>Agency Use Only</b>							
<b>MAY 18 2009</b>							
OGE Use Only							
<b>MAY 19 2009</b>							



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

Reporting Individual's Name		SCHEDULE A continued (Use only if needed)												Page Number																						
MILLER, Anthony W.														3 of 9																						
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 & Actual Amount)				
1	GM 401K Plan Promark Income Fund		X											X						X																
2	GM 401K Plan Fidelity Contrafund		X											X						X																
3	Northwestern Mutual Whole Life				X															X																
4	Northwestern Mutual Whole Life		X																	X																
5	Northwestern Mutual Whole Life		X																	X																
6	Silver Lake Sumeru (underlying holdings listed below)		X																	X																
7	-- AVI-SPL (Audio Visual Systems and Services) Tampa, FL		X																	X																
8	-- i2 (ITWO)		X																	X																
9	-- Mobile Messenger (Software/Processing) Los Angeles, CA		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 MILLER, Anthony W.	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 4 of 9
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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 & Actual Amount)
1	Silver Lake Technology Assoc. LP III (reportable underlying holdings listed below):																															
2	- Avaya Stock (Telecom) Basking Ridge, NJ																															
3	- CDW Senior Subordinated Bridge Loan (Software/Hardware) Vernon Hills, MI																															
4	- Basket of Debt Instruments (income attributable to each not readily ascertainable)																															
5	1) Avaya Senior Secured Term Loan "B" 2) Intelsat 11.25% Sr. Unsec Notes due 2017																															
6	3) Intelsat 11.5/12/5% Sr. PIK Notes due 2017 4) CDW Sr. Sub Bridge Loan																															
7	5) CDW Sr Secured Term Loan 6) Sensata 11.25% Sr. Sub. Notes due 2014																															
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.

Reporting Individual's Name MILLER, Anthony W.	<b>SCHEDULE A continued</b> (Use only if needed)	Page Number 5 of 9
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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																					
	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	LRN Retirement Fund (via Principal Fin Grp): MidCap Value I Separate Account-R6												X																			
2	City of Los Angeles																											Spouse Salary				
3	LACERS (Defined Benefit Plan) (S)																X															
4	Silver Lake																											Salary \$1,837,000				
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, or Vice Presidential or Presidential Candidate

Reporting Individual's Name MILLER, Anthony W.	<b>SCHEDULE B</b>	Page Number 7 of 9
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### 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			
2			
3			
4			
5			

Reporting Individual's Name MILLER, Anthony W.	<b>SCHEDULE C</b>	Page Number 8 of 9
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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

			Category of Amount or Value (x)												
			Date Incurred	Interest Rate	Term If applicable	\$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
Creditors (Name and Address)	Type of Liability														
Examples	First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	25 yrs. on demand		x								
1															
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	General Motors 401K Plan. No further contributions made to this plan since I left employment with GM.	General Motors	06/84
2	LRN Defined Contribution Plan. No further contributions made to this plan since I left employment with LRN.	LRN	1/03
3	Silver Lake 401K Plan. No further contributions made to this plan since I left employment with Silver Lake.	Silver Lake	10/07
4	McKinsey & Co. Defined Contribution Plan. No further contributions made to this plan since I left this employment.	McKinsey & Co.	11/92
5			
6			



Reporting Individual's Name MILLER, Anthony W.	<b>SCHEDULE D</b>	Page Number 9 of 9
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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.)
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	Silver Lake, Menlo Park, CA	Private Equity Firm	Partner	04/2007	02/2009
2	United Friends of the Children, Los Angeles, CA	Non-profit foster care	Board member	10/2002	02/2009
3	ConnectQuest, Los Angeles, CA	For Profit Company	CEO	11/2006	3/2007
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
Examples	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legalservices Legal services in connection with university construction
1	Silver Lake, Menlo Park, CA	Portfolio Company Management and Investment Advisory Services
2		
3		
4		
5		
6		