SF278 (Rev. 03/200)0)
5 C.F.R. Part 2634	

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209-0001

U.S. Office of Government Ethics								
Date of Appointment, Candidacy, Election	Reporting Status	× × .	Calendar Year		Num Tintent Mania	Termination	Termination Date (If Appli- caple) (Month, Day, Year)	Ree for Late Filing
or Nomination (Month, Day, Year)	(Check	Incumbent	Covered by Report		New Entrant, Nominee, or Candidate	Termination Filer		Any influidual who is required to file this report and does so more than
	oppropriate boxes)			Ľ	or Cascadate			30 days after the date the report is
	Last Name				First Name and Middle	Initial		required to be filed, or, if an extension
Reporting Individual's Name	Marantis				Demetrios J.			is granted, more than 30 days after the last day of the filing extension period
	Title of Position	- the second sec			Department or Agency	(If Applicable)		shall be subject to a \$200 fee.
Position for Which Filing	Deputy U.S. Tr	ade Representa	itive		Office of the United		epresentative	Devia
	Address (Number	Street, City, State,	and ZIP Code)		1	Telephone No. (In	clude Area Code)	Reporting Periods
Location of Present Office (or forwarding address)	219 Dirksen Se	enate Office Buil	lding, Washington,	DC 2	20510	202 224 7909		the preceding calendar year except Part II of Schedule C and Part I of
	100°41 (20 - 44)	ID() II						Schedule D where you must also
Position(s) Held with the Federal Government During the Preceding	Title of Position(s)	and Date(s) Held						include the filing year up to the date you file. Part II of Schedule D is not
12 Months (If Not Same as Above)	Chief Internatio	onal Trade Coun	isel, Senate Financ	æ Co	ommittee			applicable.
Presidential Nominees Subject to	Name of Congress	ional Committee Co	onsidering Nomination		Do You Intend to Creat	te a Qualified Divers	ified Trust?	Termination Filers: The reporting
Senate Confirmation	Senate Finance							covered by your previous filing and ends
	Senate Financi	e commutee			Yes	× NO		at the date of termination. Part II
Certilication	Signature of Repor	ting Individual				Dale (Month, Day	, Yeur)	of Schedule D is not applicable.
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.	Dens	5M	3			3-18	-09	Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Reviewer				Date Month Day	Year)	Schedule AThe reporting period for income (BLOCK C) is the preceding
Other Review (If desired by								calcular year and the current calcular year up to the date of filmg. Value assets as of any date you choose that is wiftin 31 days of the date of filing.
agency)								
Agency Ethics Official's Opinion	Signature of Desig	mated Agency Ethic	cs Official/Reviewing C	fficia	1	Date (Month. Do.	y Year)	Schedule B-Not anticable
in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).	Jon	· .	apol	/		3/18	109	Schedule C. Part I dishilities The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is
Office of Government Ethics	Signature	MA A	<		×	Date (Month Don	YPOT)	within 31 days of the date of filing.
Use Only		Unt -	f Carrie	h	/	3/1	9/09	Arrangements)- Show any agreements or
Comments of Reviewing Officials III addition	ional soace is reauit	ed use the reverse	side of this sheet)				/	or arrangements as of the date of
			(Check b	ox if fi	iling extension granted &	& indicate number of	days)	filing
					• •			Samedule D-1'ne reporting period is
								the current calendar years and the current calendar year up to the
								date of filing. Agency Use Univ
								shourd she out
					(Check box if comm	ients are continued o	n the reverse side	MAR 1 8 2009
					(jan are 1 o more
Supersedes Prior Editions, Which Cannot E	le Used.				278-112	Form	Designed in Microsoft Excel 2000	NSN 7540-01-070-8444

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S C.F.R Part 2634 U.S. Office of Government Ethics			
Reporting Individual's Name Demetrios Marantis	Ś	SCHEDULE A	Fage Number 2
Assets and Income	Valuation of Assets at close of reporting period	Income: type and amount. If "None (or less than \$201)" other entry is needed in Block C for that item.	îs checked, no
BLOCK A	BLOCK B	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 report- ing 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 acount of any honoraria over \$200 of	None (0? [56 (h)n \$1,001) \$1,001 - \$15,000 \$15,001 - \$15,000 \$250,001 - \$15,000 \$250,001 - \$100,000 \$100,001 - \$250,000 \$250,001,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$5,000,000 - \$25,000,000 - \$25,000,000 \$5,000,000 - \$25,000	Excepted Trust Excepted Trust Excepted Trust Orallfied Trust Orallfied Trust Orallfied Trust Dividends Rentanti Rovalities Addi Interest Copilal (Gains None (or less than \$201) S201 - \$1,000 S2,001 - \$1,5000 S2,001 - \$15,000 S2,001 - \$1,000,000 S2,001 - \$1,000,000 S2,000 S3,000 Over \$1,000,000 S2,000 S3,000 Over \$1,000,000 S2,000,000 Over \$1,000,000 S2,000,000	Other Date Income (Mo., Day, (Specify Yr.) Type & Actual Only if Amount) Honoraria
your spouse). None	811, 811, 811, 811, 811, 811, 811, 811,	150 E80 Dih B8 B1 B1 S10 S50 S50 S50 S50 S50 S50 S50 S50 S50 S5	
Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund RA: Heartland 500 Index Fund			LawPietmonkip Isoone \$130,000
1 Citi Money Market Account	x	X X	
2 Vanguard 500 Index Fund	x		
3 Sun America Growth Opportunities Fund	x	x x	
AIG Sun America Focused Gr A Fund	x	×	
5 Hartford Capital Appreciation Fund	x	x	
6 Columbia Marisco 21st Century Fund	×	×	
* This category applies only if the asset/income is mark the other higher categories of value, as approp		m. If the asset/income is either that of the filer or jointly held by the filer with t	ie spouse or dependent children,

Prior Editions Cannot be Used.

U.S. Office of Government Ethics Reporting Individual's Name Demetrios Marantis	Ś	SCHED	ULE A	Page Number 2	
Assets and Income	Valuation of Assets at close of reporting period		Income: type and amount. If "None (or less than \$20) other entry is needed in Block C for that item.	1)" îs checked. no	
BLOCK A	BLOCK B		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 report- ing 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 spour report the source but not the amount of earned income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of	(han \$1,4001) 00 00 0,000 00,000 00,000 00,000 5,600,000 \$5,000,000 \$5,000,000	cepted Tay extinent Fund cepted Trust atthet Trust	vidends iniand Rovelities ferest inial Gains in \$5,000 001 - \$2,500 001 - \$15,000 001 - \$15,000 001 - \$15,000 001 - \$15,000 000 - \$100,000 000 - \$100,000 000 - \$100,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dat Yr.) Only if Honorari

porting Individual's Name emetrics Marantis	SCHEDULE A continued	Page Number 3
	(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)" other entry is needed in Block C for that item.	is checked, no
BLOCK A	BLOCK B BLOCK C	
Vare	Nore (or less (but \$1,001)) \$1,001 - \$15,000 \$56,000 \$56,000 \$50,001 - \$15,000 \$50,000 \$50,000 \$50,001 - \$100,000 \$50,000 \$50,000 \$50,001 - \$550,000 \$50,000 \$50,000 \$50,001 - \$50,000 \$5,000,000 \$5,000,000 \$5,000,001 - \$55,000,000 \$5,000,000 \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,000 \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,001 - \$10,000 \$5,000,000 \$5,000,000 \$5,001 - \$10,000 \$5,000,000 \$5,000,000 \$5,001 - \$10,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000 \$5,000,000	Other Date Income (Mo., Da (Specify Yr.) Type & Actual Only i Amount) Honorau
None		
UBS Bank USA Deposit Account	x x x	
Davis New York Venture Fund	X X X X	
AIG Sun America Focused Gr A Fund Growth Fund	x x	
Alliance Bernstein Global Thematic Growth Fund	X X X	
UBS Bank USA Deposit Account	× X X	
Vanguard Total Bond Market Index	x	
Vanguard Wellington Fund		
Vanguard European Stock Index Fund	x x x	
Vanguard Explorer Fund	x	

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

U.S. Office of Government Ethics														_				
Reporting Individual's Name			•										Page	Numbe	r			
Demetrios Marantis SCHEDU																4		
Some do Menando													1					
	Contraction of the second s							2.5	1		and a little state of the second							and the second pro-
Part I: Transactions								None]								8
Report any purchase, sale, or exchange b	ov your your spouse.	report a transact	tion involving property used solely as your	Tr	ansacti	ion	1	1			Amo	nt of Tr	ansactio	1 (x)				
or dependent children during the reporting		personal residen	ice, or a transaction solely between you,		(ype (x	c)								.,				
property, stocks, bonds, commodity futur	res, and other		dependent child. Check the "Certificate of				Date (Mo.					1	1.	1.	. 0	-0	0	-
securities when the amount of the transa	action exceeded		ck to indicate sales made pursuant to a	2		Be l	Day. Yr.)		•		- 0 -	0:	g g	10 8	88	88	8	te o
\$1,000. Include transactions that resulted	d m a loss. Do not	certificate of dr	vestiture from OGE.	Purchase	4	har		5 8	8 8	000		000	3 . 9	8 8	88	88	<u>ک</u> و ا	ifica
	Identific	ation of Assets		- La	Sale	Exchange		16,0	\$15,001 - \$50,000	\$100,000	\$250,000	\$500,000		\$1,000,001 - \$5,000,000	25.0	\$25,000,001 \$50,000,000	Over \$50,000,000	Certificate of divestiture
Example: Central Airlines Common				x			2/1/99	07 07		x			100	1	07 07	0/ 0/	<u> </u>	0.0
1														1	1			
					1													
2							1			-				1				
3	**************************************						1	1					1	1				
4							1	1	•						1			
											1							
5					-		1	1			-		-	1	1			
•												1						
* This category applies only if the under	riving asset is solely that	of the filer's spou	ise or dependent children. If the underlying	g asset is e	ther h	eld		r						1	-	di manana di		
			he other higher categories of value, as appr															
with an and a second se																		
Part II: Gifts, Reimburs		~				_												
For you, your spouse and dependent				the	U.S. (Gove	mment: gi	ven to	your a	gency	in con	nection	1 with	officia	l trave	1:		
tion, and the value of: (1) gifts (such food, or entertainment) received fro	h as tangible items. In	ansportation, lo	dging. Of and				relatives:											
(2) travel-related cash reimburseme	nts received from one	source totaling	more	the	lonor	20 400	sidence Al	so for	DIOY	sees of	adate	rating	riffs to	deten	nine f	al be		
than \$260. For conflicts analysis, it	is helpful to indicate	a basis for recei	ipt. such	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 work \$100 or less.										ions				
as personal friend, agency approval	under 5 U.S.C. § 411	1 or other statu	tory				usions.											
authority, etc. For travel-related gift															1	None]
· dates, and the nature of expenses pr	rovided. Exclude any	thing given to v	vou hv															
Source (Name and A	Address)	1		B	ief De	scripti	ion									1	Value	;
Examples: Narl Assn. of Rock Collector	ors, NY, NY			ference 6/15/99 (personal activity unrelated to duty)										1	\$500			
Frank Jones, San Francisco,	, CA	Leather briefcase	(personal friend)													1	\$300	
1																1		
2	2						—											
3																1		
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Page Number																
Demetrios Marantis SCHEDULE C																
Part I: Liabilities																
Report liabilities over \$10,000 owed to an any time during the reporting period by y		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne x		Category of Amount									
or dependent children. Check the highest during the reporting period. Exclude a m	t amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term is appli- cable	\$10,001 -	\$15,001 - \$15,001 -	\$50,001 - \$100,000	0000	\$260,001 - \$600,000	\$500,091 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	- 100,000;	\$25,000,001 - \$50,000,000	r 000.000
Creditors (Name and	Address)	Type of Liability	1			\$10	\$16 \$16	\$50	\$10	\$26	\$50	Over \$1,00	\$5,	\$5, \$26	\$50 \$50	Over \$50,0
Examples: First District Bank, Washington John Jones, 123 J St., Washington		Mortgage on rental property, Delaware Promissory note		<u>8%</u> 10 %	25 yrs. on demai	nd —		<u>- x</u>		+						
1																
2																
3			1						1.4							
4	-				1			-			-	1			1	
5	a anna a statagar a da aga		1					1	1					-		
* This category applies only if the liability with the spouse or dependent children, n		er's spouse or dependent children. If the liability is that of the	filer or a j	oint liabili	ity of the f	ller				1		1	1			
Part II: Agreements or A																
Report your agreements or arrangem employee benefit plan (e.g. 401k, de payment by a former employer (inclu-	ferred compensation;	(2) continuation			4) future or any of							ding t	he rep	ortin	g	
											1	Vone				
	Status and Terms of any	Agreement or Arrangement							Parti	s			`			ate
calculated on service perform	ed through 1/00.	m payment of capital account & partnership share						ith, Hor								/85
 Continuing participation in a 403 contributions to this plan. 	Continuing participation in a 403(b)(7) employee retirement plan. Former employer is not making, and will not make, continued Former employer is U.SVietnam Trade Council 9/02 contributions to this plan.									02						
2																
3																
4		·														
5	5															
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										-				Statements in the second	1	and the later

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U.S. Office of Government Ethics Reporting Individual's Name

Demetrios Marantis

SCHEDULE D

6

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.

	rector, auster, general parties, proprietor, representative, emproyee, or	social internation pontion endies		None		
Г	Organization (Name and Address)	Type of Organization	Position Held	From (Mo:, Yr.)	To (Mo., Yr.)	
12.	xamples: Nat'l Assn. of Rock Collectors, NY, NY	Non-profit education	President	6/92	Present	
L	Doe Jones & Smith, Hometown, State	Law firm	Partner	7/85	1/00	
1	Washington International Trade Association (WITA)	Non-profit trade network	Board Member	6/06	Present	
2	Trust for Sister's children	Trust	Trustee	7/98	Present	
3						
4						
5	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 X							
Source (Name and Address)	Brief Description of Duries							
Doe Jones & Smith, Hometown, State	Legal services							
Examples: Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	Legal services in connection with university construction							
1								
2 .								
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