SF278 (Rev. 05/2000) 5 C.F.R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

rom	Approved:
MR NA	3209-0001

U.S. Office of Government Ethics			
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status (Check Incombent Covered by Report  sopropriate boxes)	New Entrant, Nominee, Termination Date (I caple) (Month, Lie)  or Candidate Filer	(Appli- Any individual who is required to file this report and does so more than
	LA		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	chall be subject to a \$200 fee.	
Position for Which Filing	Deputy U.S. Trade Representative	Office of the United States Trade Representative	Reporting Periods
	Address (Number Street, City, State, and ZIP Code)	Telephone No. (Include Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	219 Dirksen Senate Office Building, Washington, DC	20510 202 224 7909	the preceding calendar year except Fart II of Schedule C and Part I of Schedule D where you must also
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held		include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)	Chief International Trade Counsel, Senate Finance Co	ommittee	you file. Part II of Schedule D is not applicable.
Presidential Nominees Subject to	Name of Congressional Committee Considering Nomination	Do You Intend to Create a Qualified Diversified Trust?	Termination Filers: The reporting period begins at the end of the period
Senate Confirmation	Senate Finance Committee	Yes X No	covered by your previous filing and ends at the date of termination. Part II
Certification	Signature of Reporting Individual	Date (Month, Day, Year)	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.	Dental Signature of Other Reviewer	3-18-09  Date (Month, Day, Year)	Nominees, New Entrants and Candidates for President and Vice President:  Schedule A. The recording second for Income (BLOCK C) is the preceding
Other Review (If desired by agency)	· ·	SPAIC I MONIN. I DAV. TEAT S	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.
Agency Ethics Official's Opinion On the basis of information contained	Signature of Designated Agency Ethics Official/Reviewing Officia	Date (Month, Day, Year)	Schedule B-Not anotheride
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).	Jain of apol	3/18/09	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
Office of Government Ethics Use Only	Signature Mut D Consish	3/19/09	within 31 days of the date of filing.  Schedule C Port II (Agreements or Astrangements)—Show any agreements
Comments of Reviewing Officials Af add	litional soace is required, use the reverse side of this sheet)		or arrangements as of the date of
	(Check box if j	filing extension granted & indicate number of days}	Schedule D-1'ne reporting period is
			the preceding two calendar years and the current calendar year up to the date of filing.
ŀ			Agency Use Uniy
1	•		
			OGE Use Only
		(Check box if comments are continued on the reverse side)	MAR 1 8 2009

U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A 2 Demetrios Marantis Valuation of Assets Assets and Income Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK B BLOCK A BLOCK C For you, your spouse, and dependent children, Type Amount 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 Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 Income Mo., Day. \$1,000,000 × \$ 5,000,000 \$5,000,001 - \$25,000,000 with such income. (Specify Yr.) \$100,001 St,000,000 Rent and Royallies Type & \$500,001 - \$1,00,00 \$250,001 - S500,000 For yourself, also report the source and actual 850,001 - \$100,000 Over \$1,000,000 \* Only if Actual Over \$50,000,000 None (or less than S50,001 - S100,000 Onstitted Trust amount of earned income exceeding \$200 (other \$1,001 - \$15,000 Over \$1,000,000\* Over \$5,000,000 Honoraria Amount) Excepted Trust Copial Gains 000 \$5 108 75 \$5,001 - \$15,000 \$1,001 - \$2,500 than from the U.S. Government). For your spouse, \$201 - \$1,000 report the source but not the amount of earned Dividends income of more than \$1,000 (except report the actual acount of any honoraria over \$200 of your spouse). None Central Airlines Common Examples Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund x Citi Money Market Account X X Vanguard 500 Index Fund X 3 Sun America Growth Opportunities Fund AIG Sun America Focused Gr A Fund X Hartford Capital Appreciation Fund X Columbia Marisco 21st Century Fund х 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.

	S. Office of Government Ethics  poorting Individual's Manie  Page Number																														
	orting Individual's Name	SCHEDULE A continued										Page	Number																		
De	metrios Marantis									(	(Us	e oi	ıly i	fne	æde	ed)													`		
	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.									01)"	is cl	hecked, no							
_	BLOCK A	BLOCK B BLOCK																													
		(Ban \$1,001)	1,000	-\$100,000	50,000	500,000	* 000	\$ 5,000,000	\$25,000,000	\$25,000,001, \$550,000,000	Over 550,000,000	and the little and th	181		Ty		9	than \$201)		0	000		000°0		<b>300</b> *	5,000,000	000		Other Income (Specify Type & Actual Amount)		Date Mo Day. Yr.) Only if Honoraria
	None	Node (or less th	9,00	550,001 - 510	\$100,001, \$250,000	\$250,001 - \$500,000	Over \$1,000,000 *	\$1,000,001 \$ \$,000,000	85,000,001 - \$25,000,000	\$25,000,000	Over 550,000,000	Executed Tracet	Qualified Trust	Dividends	Rentand Resalt	Interest	Capital Cains	None (or less than \$201)	2018 52 500	51,001 - 32,500	\$5,001 - \$15,000	\$15,001 \$50,000	350,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	0.000,000.58.000,000.12	Over \$5,000,000				
1	UBS Bank USA Deposit Account															×			×												
2	Davis New York Venture Fund	,																x													
3	AIG Sun America Focused Gr A Fund Growth Fund	,																×											-		•
4	Alliance Bernstein Global Thematic Growth Fund	,	4															×													
5	UBS Bank USA Deposit Account															×		x													
6	Vanguard Total Bond Market Index	,	4																												
7	Vanguard Wellington Fund	,	4																												
8	Vanguard European Stock Index Fund	,	<																×												
9	Vanguard Explorer Fund	,	c															×												T	
	This category applies only if the asset/income in the other higher categories of value, as appro-		hat	of the	file	's spo	ise or	depo	nden	chil	dren	. If	he as	set/ii	COII	ie is	citho	r tha	t of t	he fi	er or	joint	ly hel	d by	the	filer	with	the	spouse or dep	ende	nt children,

SF 278 (Rev. 03/2000)
5 C.F.R. Part 2634

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									-				Pant l	Humber				
Demetrios Marantis		SCHEDULE	В										-			4		
Part I: Transactions		and the second s					None	0		1								-
	ry purchase, sale, or exchange by you, your spouse, report a transaction involving property used solely as your Transaction Transaction (x)  Lent children during the reporting period of any real personal residence, or a transaction solely between you, Type (x)											******						
property, stocks, bonds, commodity futures, and securities when the amount of the transaction exc \$1,000. Include transactions that resulted in a los	other ceeded	your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo. Day, Yr.)		-100	\$50,000 -	\$100,001 -	\$250,001 -	\$500,001.	00,000	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of
1	Identifi	ication of Assets	Par	Sale	Ě		\$10	\$16,	\$50	\$25	\$250	\$500	\$1,0	\$5,0	\$5,0	\$25,	Over \$50,0	Centi
Example:  Central Airlines Common		х			2/1/99			х										
1																		
2		A CONTRACTOR OF THE CONTRACTOR				İ					-							
3	-							1			-				-			
4			-				-	-	-	-	1-	-	-	-				_
5																		
* This car-constantiat only if the underlying as	cat is calaboth	at of the filer's spouse or dependent children. If the underlying a	cot ic oi	her h	14		1	1		1		1		!	_	-		
		dent children, use the other higher categories of value, as approp																
Part II: Gifts, Reimbursement For you, your spouse and dependent childrention, and the value of: (1) gifts (such as tan food, or entertainment) received from one of (2) travel-related cash reimbursements received than \$260. For conflicts analysis, it is helpful as personal friend, agency approval under authority, etc. For travel-related gifts and redates, and the nature of expenses provided.	en, report the agible items, to source totaling eived from or ful to indicate 5 U.S.C. § 41 eimbursement	source, a brief descrip- transportation, lodging.  In more than \$260; and  It is source totaling more  It is a a basis for receipt, such  It is or other stantory  It is include travel itinerary.	receinde inde the c total	ved f pende lonor value	rom ent of s res	rnment: gi relatives: f their rela idence. A m one sou usions.	receiv tionsh lso, fo	ed by	your o	r prov	e or d vided regat	as per	lent consolidate	hild to hospi deterr	tally itality nine t struct	at		1
Source (Name and Address)	, Exemple an	ivining given to voli by	Br	ef Des	crinti	on									-	1	Value	
Examples: Narl Assn. of Rock Collectors, NY, 1	NY	Airline ticket, botel room & meals incident to national conference 6					to dut	)								1_	\$500	
Frank Jones, San Francisco, CA		Leather briefcase (personal friend)									-	-, -	-				\$300	
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SF 278 (Rev. 03/2000) 5 C.F.R Part 2634 U.S. Office of Government Ethics

Reporting Individual's Name  Demetrios Marantis		SCHEDUI	LE C									Page No	imber	5		
Part I: Liabilities Report liabilities over \$10,000 owed to any time during the reporting period b	1 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	one x				Catego	ory of A	mount	or Valt	ıe (x)			
or dependent children. Check the high during the reporting period. Exclude a	est amount owed a mortgage on your	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if appli-	\$10,001 -	\$15,031 -	-100,00	. 100,00	\$250,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 -	Over \$50,000,000
Creditors (Name at Examples: First District Bank, Washing John Jones, 123 J St., Washi	ton, DC	Type of Liability  Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10 %	25 yrs.		47 44	× ×	# 55 	× 5	\$ 2	0 %	25 23	\$ \$	\$5	9.8
1 2																
3						-	-									_
4											1					
* This category applies only if the liab	ility is solely that of the	filer's spouse or dependent children. If the liability is that of th	e filer or a j	oint liabil	ity of the fil	er										
with the spouse or dependent children Part II: Agreements or Report your agreements or arrange employee benefit plan (e.g. 401k, payment by a former employer (in	Arrangements ements for continuin deferred compensation	S g participation in an on; (2) continuation			(4) future e						:	ding the	ne rep	ortin	g	
Example: Pursuant to partnership ag		any Agreement of Arrangement sum payment of capital account & partnership share			Dx	e Jones	& Smit	b. Hon	Partie	-						ate /85
calculated on service performance of the contributions to this plan.		irement plan. Former employer is not making, and will no	t make, co	ntinued	Fo	omer e	employ	yer is	U.S	Vietna	am Tra	de Co	ouncil		9/	/02
3										-						
6			W-FIN									,,,,,,,,,		A-1		M-1-1-1-1-1
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SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Bibles

Reporting	Individual's Name				Page Number	
	os Marantís		SCHEDULE D		6	
Report an	y positions held during the	tside U.S. Government applicable reporting period, whether de but are not limited to those of an officer, apprietor, representative, employee, or		partnership, or other business enterprise or an all institution. Exclude restitions with religious and those solely of an honorary nature.		
	Oro	anization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
	Watt Asen of Port Collecte		Non-profit education	President	6/9/2	Present
Examples	Doe Jones & Smith, Hometo	own, State	Law furm	Partner	7/85	1/00
1 Was	hington International Tra	de Association (WITA)	Non-profit trade network	Board Member	6/06	Present
2 Trust	t for Sister's children		Trust	Trustee	7/98	Present
3						
4						
5						
6				,		
Report so	ources of more than \$5,000 affiliation for services proving period. This includes	Excess Of \$5,000 Paid by One S compensation received by you or your rided directly by you during any one year of the names of clients and customers of any	corporation, firm, partnership, or other organization when you directly prov	ner business enterprise, or any other non-profit fided the services generating a fee or payment report the U.S. Government as a source.	if you are an Termination Vice Preside	Filer, or
	Source (Name and Address		Legal services	Brief Description of Danies		
Examples:	Doe Jones & Smith, Homet Metro University (client of	Doe Jones & Smith), Moneytown, State	Legal services in connection with univ	versity construction		
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2		The state of the s				
3						
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