




U.S. Office of Government Ethics

# Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved  
OMB No. 3209-0001

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)		Reporting Status (Check appropriate boxes) <input type="checkbox"/> Incumbent <input type="checkbox"/> New Entrant, Nominee, or Candidate <input checked="" type="checkbox"/> First Name and Middle Initial Demetrios J.		Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name		Last Name Marantis		First Name and Middle Initial Demetrios J.	
Position for Which Filing		Title of Position Deputy U.S. Trade Representative		Department or Agency (If Applicable) Office of the United States Trade Representative	
Location of Present Office (or forwarding address)		Address (Number, Street, City, State, and ZIP Code) 219 Dirksen Senate Office Building, Washington, DC 20510		Telephone No. (Include Area Code) 202 224 7909	
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 Chief International Trade Counsel, Senate Finance Committee			
Presidential Nominees Subject to Senate Confirmation		Name of Congressional Committee Considering Nomination Senate Finance Committee		Do You Intend to Create a Qualified Diversified Trust? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Certification 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.		Signature of Reporting Individual 		Date (Month, Day, Year) 3-18-09	
Other Review (If desired by agency)		Signature of Chief Reviewer		Date (Month, Day, Year)	
Agency Ethics Official's Opinion 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).		Signature of Designated Agency Ethics Official/Reviewing Official 		Date (Month, Day, Year) 3/18/09	
Office of Government Ethics Use Only		Signature 		Date (Month, Day, Year) 3/19/09	
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 _____) <input type="checkbox"/>					
(Check box if comments are continued on the reverse side) <input type="checkbox"/>					

**Fee for Late Filing**  
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.

**Reporting Periods**  
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 (Initiatives):**  
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 (Arrangements 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.**

**Agency Use Only**

OGE Use Only  
MAR 18 2009

Reporting Individual's Name  
Domenico Marantis

**SCHEDULE A**

Page Number

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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**

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).

None ☐

**BLOCK B**

**Type**

**Amount**

Date  
(Mo., Day,  
Yr.)  
Only if  
Honoraria

Examples	Central Airlines Common																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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\* 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.

Prior Editions Cannot be Used.

**SCHEDULE A continued**

(Use only if needed)

Page Number

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																					
												Type		Amount								Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria										
None <input type="checkbox"/>		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										X																					
		Capital Gains																															
		None (or less than \$201)										X																					
		\$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	UBS Bank USA Deposit Account																																
2	Davis New York Venture Fund			X																	X												
3	AIG Sun America Focused Gr A Fund Growth Fund			X																	X												
4	Alliance Bernstein Global Thematic Growth Fund				X																	X											
5	UBS Bank USA Deposit Account					X																X											
6	Vanguard Total Bond Market Index						X																X										
7	Vanguard Wellington Fund							X																X									
8	Vanguard European Stock Index Fund								X																X								
9	Vanguard Explorer Fund									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.

**Prior Editions Cannot be Used.**



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

Page Number

Reporting Individual's Name

Demetrios Marantis

SCHEDULE B

4

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

☐

Amount of Transaction (x)

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)											
		\$1,001 - \$15,000	\$16,001 - \$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

Purchase

Sale

Exchange

2/1/99

x

x

Identification of Assets															
1	Example: Central Airlines Common	x													
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 Book Collectors, NY, NY	Frank Jones, San Francisco, CA	Airline ticket, hotel room, & meals incident to national conference 6/15/99 (personal activity unrelated to duty)	Leather briefcase (personal item)	\$500	\$300
1					
2					
3					
4					
5					

Demetrios Marantis

## SCHEDULE C

## 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.

	Creditors (Name and Address)	Type of Liability	None <input checked="" type="checkbox"/> X		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	Over \$50,000,000
1	First District Bank, Washington, DC John Jones, 123 I St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	3% 10%	25 yrs. on demand			X					X			
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: continuing participation in an employee benefit plan (e.g., 401k, deferred compensation); (2) continuation 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	Continuing participation in a 403(b)(7) employee retirement plan. Former employer is not making, and will not make, continued contributions to this plan.	Former employer is U.S.-Vietnam Trade Council	9/02
2			
3			
4			
5			
6			

U.S. Office of Government Ethics

Reporting Individual's Name

Demetrios Marantis

Page Number

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## 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 Rec'd. Collectors, NY, NY Doe Jones & Smith, Hometown, State	Non-profit education Law firm	President Partner	6/92 7/85	Present 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					
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	Legal services Legal services in connection with university construction
1		
2		
3		
4		
5		
6		