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	Incumbent	Calendar Year Covered by Report	New Er	ntrant,	Termination Filer	Termination Date (If Appl cable) (Month, Day, Year)	ree for Late riling
	(Check Appropriate Boxes)			Candid	nee, or A	1		Any individual who is required to file this report and does so more than 30 days
Reporting	Last Name			Fi	irst Name and	Middle Initial		after the date the report is required to be filed, or, if an extension is granted, more
Individual's Name	MILLER .			Ar	nthony		W.	than 30 days after the last day of the filing extension period, shall be subject
	Title of Position			D	epartment or	Agency (If Ap	plicable)	to a \$200 fee.
Position for Which Filing	Deputy Secretary	Y		U.	.S. Departmen	nt of Education		Reporting Periods Incumbents: The reporting period is
Location of	Address (Number,	Street, City, Si	tate , and ZIP Code)			Telephone	No. (Include Area Code)	the preceding colondar year except Dart
Present Office (or forwarding address)	400 Maryland Aven	ue, SW, Wash	ington, D.C.			(202)205-3	530	where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		nior Advisor to	the Secretary of Educ					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
Presidential Nominees Subject to Senate Confirmation	Committee on Health,	Carlo Carlo Sala	2014 TV 12 TV 1	nation D	Yes		lified Diversified Trust? No	Schedule D is not applicable.
to bonate donariametron	Committee on Health,	Education, Labo	of and Pensions		Lies	<u> </u>	∆ №	Nominees, New Entrants and Candidates for President and
Certification	Signature of Repor	ting Individua	1		\ <u>\</u>	Date (Mo	nth, Day, Year)	Vice President;
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.	ani	27	Jet in			5/	15/2009	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
Other Review (If desired by agency)	Signature of Other	Reviewer				Date (Mo	nth, Day, Year)	as of any date you choose that is within 31 days of the date of filing. Schedule B-Not applicable.
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Agency Ethics Official's Opinion	Signature of Design	nated Agency	Ethics Official/Review	wing Offic	cial	Date (Mo	nth, Day, Year)	Schedule C, Part I (Liabilities)—The reporting period is the preceding calenda
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).		M				5/	19/09	year and the current calendar year up to any date you choose that is within 31 day of the date of filing.
Office of Government Ethics	Signature	11	//			Date (Mo	nth, Day, Year)	Schedule C, Part II (Agreements or Arrangements)—Show any agreements or
Use Only	1 feet	Total	well			5/	20/09	arrangements as of the date of filing.
Comments of Reviewing Officials (If additional space i	s required, use	the reverse side of t	this sheet	t)			Schedule D—The reporting period is the preceding two calendar years and the current calendar year up to the date
			(Check box if filin	ng extensio	on granted & i	ndicate number	of days)	of filing.
					6			Agency Use Only
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			(Check box	x if comments	are continued o	n the reverse side)	OGE Use Only
1								MAY 19 2009

	ng Individual's Name Anthony W.			10.75								S	ĊI	IE	D	UI	E	A													Pa	age Number 2 of	9
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	BLOCK A	L	_			В	LOC	KB							_									BL	OCK	С							
production value excipated in period in income with such For your amount of than from report the income of the such as the suc	your spouse, and dependent children, ach asset held for investment or the on of income which had a fair market eeding \$1,000 at the close of the reported, or which generated more than \$200 e during the reporting period, together a income. self, also report the source and actual of earned income exceeding \$200 (other the U.S. Government). For your spouse, the source but not the amount of earned of more than \$1,000 (except report the nount of any honoraria over \$200 of use).	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 A	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		\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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1	Silver Lake 401(k) Assets: (underlying assets listed below:)							The same of the sa		and standing		and and a				and a sentence				W. P. C.						Secure Selected		the state of the state of		STATE OF PERSON		ž.	
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SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

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.	SCHEI	DULI	E	3					00=		Page	Num	ber 7 o	f 9		
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent	Do not report a transaction involving property used solely as your personal	None		i i												
children during the reporting period of	any residence, or a transaction solely between	Tra	nsact	ion		Т		- 1	moun	t of T	ransa	ction	(x)			
real property, stocks, bonds, commodit futures, and other securities when the amount of the transaction exceeded \$1 Include transactions that resulted in a l	Check the "Certificate of divestiture" block ,000. to indicate sales made pursuant to a	Purchase		Exchange	Date (Mo., Day, Yr.)	,001- 5,000	\$15,001 -	00,000	50,000	00,001 -	er 000,000	,000,000	5,000,000	\$25,000,001 -	0,000,000	Certificate of divestiture
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Part II: Gifts, Reimbur For you, your spouse and dependent ch tion, and the value of: (1) gifts (such as food, or entertainment) received from (2) travel-related cash reimbursements than \$260. For conflicts analysis, it is as personal friend, agency approval un- authority, etc. For travel-related gifts an	tangible items, transportation, lodging, one source totaling more than \$260, and received from one source totaling more elpful to indicate a basis for receipt, such total	es s. Gove yed from endent onor's r value fr her exc	ernn n re of t esid om lusie	nent; lative their lence one s	given to yo es; received relationshi . Also, for source, exc	our ag	our s ou; o	pouse r pro of agg	or devided	as p	dent ersor ifts to	chilo nal h o det	d tota ospit termi instr	ally tality ine th ructio	at	
Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to natio					1 activi	tu unr	lated t	o dura	1					000	
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SF 278 (Rev. 03/2000) S C.F.R. Part 2634 U.S. Office of Government Ethics

	Individual's Name Anthony W.	S	CHED	ULE C		4						Page	Numb	er 8 of	9	
Report	I: Liabilities iabilities over \$10,000 owed one creditor at any time	a mortgage on your personal residence unless it is rented out; loans secured by automobiles, household furniture	None >	3				(Catego	ry of A	moun	or ya				
during your sp Check t	the reporting period by you, ouse, or dependent children. the highest amount owed the reporting period. Exclude	or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date	Interest	Term if	\$10,001-	\$15,001 -	\$50,001 -	\$100,001-	\$250,001-	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001-	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000
	Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$1 \$1	\$1.	\$51	\$22	\$2	\$5,	\$10	\$1,	\$5,	\$2:	\$50
Examples	First District Bank, Washington, DC John Jones, 123 JSt., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	10%	25 yrs. on demand	を は 対象 が は な の に に に に に に に に に に に に に				×				級 開 施		
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2																
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5			-		-	-			-			<u> </u>			_	148
*This c	ategory applies only if the liability is	solely that of the filer's spouse or dependent child	ren. If the li	ability is t	hat of the fil	er or	ioint	liabili	tv of 1	he file	er	í .		9		-
with th	ie spouse or dependent children, ma	solely that of the filer's spouse or dependent child rk the other higher categories, as appropriate.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,							
Report	ee benefit plan (e.g. pension, 40	r Arrangements ats for: (1) continuing participation in an analk, deferred compensation); (2) continua- (including severance payments); (3) leaves	of absering of n	nce; and (egotiation	(4) future ons for any	emplo of the	ymer ese ar	nt. See	e inst	ructions s or l	ons re benefi	gardi its.	ng th	е гер	ort- None	
	Status and T	Cerms of any Agreement or Arrangement	(Charles of the Control of the Contr		T				Partie	es					1	ate
Example	Pursuant to partnership agreement calculated on service performed th	t, will receive lump sum payment of capital account & parough 1/00.	artnership sh	are	Doe Jones	& Smit	h, Hon	netown	, State						7.	/85
1 Gene	eral Motors 401K Plan. No further con	tributions made to this plan since I left employment w	ith GM.		General M	lotors								2	06	/84
2 LRN	Defined Contribution Plan. No further	contributions made to this plan since I left employment	nt with LRN.		LRN									777	1/0	03
3 Silver	Lake 401K Plan. No further contribut	ions made to this plan since I left employment with S	lver Lake.		Silver Lak	e									10	/07
4 McKir	sey & Co. Defined Contribution Plan.	No further contributions made to this plan since I left	this employ	yment.	McKinsey	& Co.									11	/92
5			0													
6						2 Volle-7-2					-				+	
						_				_		-		-	_	-

Reporting Individual's Nam	e			,	Page Number	
MILLER, Anthony W.			SCHEDULE D		9 of	f 9
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Report any positions h sated or not. Positions trustee, general partne	eld during the ap include but are r r, proprietor, rep	Outside U.S. Gover oplicable reporting period, whether not limited to those of an officer, of presentative, employee, or consult other business enterprise or any n	er compen- director, social, fraternal, or pant of nature.	cational institution. Exclude positio political entities and those solely of a	n honorary	ione
	Organization (Name		Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Diameter — — — —	Collectors, NY, NY n, Hometown, State		Non-profit education Law firm	President Partner	7/85	Present 1/00
Silver Lake, Menlo Par	k, CA		Private Equity Firm	Partner	04/2007	02/2009
United Friends of the C	hildren, Los Angele	s, CA	Non-profit foster care	Board member	10/2002	02/2009
ConnectQuest, Los An	geles, CA		For Profit Company	CEO	11/2006	3/2007
4						
5			2			
6						
Report sources of mor business affiliation for the reporting period.	e than \$5,000 co services provide This includes the	mpensation received by you or you directly by you during any one names of clients and customers or business enterprise, or any other	year of you directly provide f any services generating a	tion when Presidential or Pres	ation Filer, o sidential Can 0. You	r Vice
	Source (Name an	d Address)		Brief Description of Duties		
Examples Doe Jones & Smith Metro University (mith), Moneytown, State	Legal services Legal services in connection with univer-	rsity construction		
Silver Lake, Menlo Parl	c, CA		Portfolio Company Management and Ir	nvestment Advisory Services		
2						
3						
4					COMMUNICATION OF THE PARTY OF T	
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