SF278 (Rev. 03/2000) 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		and the second second		
Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status Calendar Year (Check Incumbent Covered by Report	New Entrant, Nominee,	Termination Date (If Appli- cable) (Month, Day, Year)	Any individual who is required to
of Nonmation (Month, Day, Tear)	appropriate boxes)	X or Candidate	Filer	file this report and does so more than
				30 days after the date the report is
Danastina Individualla Nama	Last Name	First Name and Middle	Initial	required to be filed, or, if an extension
Reporting Individual's Name	Sapiro	Miriam E.		is granted, more than 30 days after the last day of the filing extension period
	Title of Position	Department or Agency	(If Applicable)	shall be subject to a \$200 fee.
Position for Which Filing	Deputy United States Trade Representative	USTR		Reporting Periods
700	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)	Washington, DC 20008		(202) 362-1909	the preceding calendar year except Part 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)	None			you file. Part II of Schedule D is not applicable.
				Termination Filers: The reporting
Presidential Nominees Subject to Senate Confirmation	Name of Congressional Committee Considering Nomination	Do You Intend to Crea	te a Qualified Diversified Trust?	period begins at the end of the period
Senate Continuation	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			Date (Month, Day, Your)	Nominees, New Entrants and
made on this form and all attached schedules are true, complete and correct to the best of my knowledge.	mina E Logn	تت	4/14/09	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 agency)		*		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	Signature of Designated Agency Ethics Official/Reviewing C	Official	Date (Month, Day, Year)	Schedule BNot applicable.
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).	Paris A. apor		4/15/09	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
OSS - SC Falin	Signature //		Date (Month. Dav. Year)	within 31 days of the date of filing.
Office of Government Ethics Use Only	Mat & Count	/	4/21/09	Schedule C. Part II (Agreements or Arrangements) - Show any agreements
Comments of Reviewing Officials (If additional addition	tional space is required, use the reverse side of this sheet)			or arrangements as of the date of
	(Check be	ox if filing extension granted &	indicate number of days)	filing.
				Schedule DThe reporting period is the preceding two calendar years and
	* * * * * * * * * * * * * * * * * * * *			the current calendar year up to the date of filing.
				Agency Use Only
		(Charlet Lands	and any acceptanced an electronic state and	OGE Use Only
		(Cneck box if comm	ents are continued on the reverse side)	APR 2 0 2009

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	eporting Individual's Name	-											10.000			4															Page Number	
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Fo	or you, your spouse, and dependent children,	20		300	Г	1					100	-		П			Ту	pe	T							oun	t	_	-			
rei priva in will For an the rei in ac	port each asset held for investment or the oduction of income which had a fair market alue exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 income during the reporting period, together ith such income. Or yourself, also report the source and actual mount of earned income exceeding \$200 (other an from the U.S. Government). For your spouse, port the source but not the amount of earned come of more than \$1,000 (except report the stual acount of any honoraria over \$200 of our spouse).	. 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 *	 S5,000,001 - S25,000,000	\$25,000,001 -\$50,000,000	Over \$50,000,000	accepted investment binds	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties		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*	\$5,500,000 SS,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Dav. Yr.) Only if Honoraria
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1	Summit Strategies Int'l, LLC Consulting firm, Wash. D.C.				х																										Income \$260,000.00	
2	ING Direct Deposit Accounts (Savings)					х												x					X			200000						
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4	Schwab Cash Reserves Fund			Х									×			x					X											
5	VeriSign		X													х					X										Ξ	

* 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.

IRA: Berkshire Hathaway CL B

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5	C	F.R	Part	2634	

U.S. Office of Government Ethics Page Number Reporting Individual's Name SCHEDULE A continued 3 Miriam E. Sapiro (Use only if needed) Income: type and amount. If "None (or less than \$201)" is checked, no Valuation of Assets Assets and Income at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Type Amount Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 (Mo., Day, Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 \$1,000,001 - \$5,000,000 Yr.) (Specify \$500,0001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 Actual Only if \$15,001 - \$50,000 850,001 - \$100,000 Over \$50,000,000 None (or less than \$15,001 - \$50,000 Over \$1,000,000* Over \$1,000.000 Qualified Trust Over \$5,000,000 Excepted Trust Amount) Honoraria 55,001 - \$15,000 \$2,501 = \$5,000 Capital Gains \$1,001 - \$2,500 \$201-\$1,000 Dividends None IRA: Capital One X IRA: Schwab Cash Reserves Fund Summit 401K: Berkshire Hath, CL B 401K: Caterpillar 401K: Exxon Mobil 401K: Google 401K: Lowes X 401K: Schwab Cash Reserves Fund 9 Summit Retirement Acct. (SRA) Alcon 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.

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued Miriam E. Sapiro (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income other entry is needed in Block C for that item. at close of reporting period BLOCK B BLOCK A BLOCK C Type Amount Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 Mo., Day. Income \$5,000,001 - \$25,000,000 ST,000,001 - S 5,000,000 Yr.) \$1,000,001 - \$5,000,000 (Specify \$500,001 - \$1,000,000 \$100,001 -\$1,000,000 Type & \$250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalties 850,001 - \$100,000 Only if \$50,001 - \$100,000 Actual \$15,001 - \$50,000 None (or less than Over \$50,000,000 Over \$1,000,000* Over \$1,000.000 \$15,001 - \$50,000 \$1,001 - \$15,000 Ouglified Trust Over \$5,000,000 **Excepted Trust** \$5,001 - \$15,000 Amount) Honoraria Capital Gains \$1,001 - \$2,500 \$2,501 - \$5,000 \$201 -\$1,000 Dividends None SRA: Am. Cent. Heritage Fund X SRA: Am. Cent. Heritage Fund SRA: BP SRA: Chevron X SRA: Fannie Mae SRA: Goldman Sachs Χ SRA: Google SRA: Intel SRA: Janus Overseas Fund * 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.

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Re	porting Individual's Name									S	C	HE	DI	JL	E	Ac	on	tin	ue	d										Page	e Number 5		
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3	SRA: Wal-Mart		х				AG SO A GO							5,676,637		х		Acronagas		х		100		8 T. A. C.		ACTIVISTIC OF						
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Reporting Individual's Name									,			NT.				0127											Page Number	
Miriam E. Sapiro		_								SCI	HEI	וטט	LE	A					_								7	1000
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For you, your spouse, and dependent children,					28.8	100	Cook						T	ype							Am	oun	t					
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 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 your spouse).	than \$1,001)	\$1,001 - \$15,000	\$15,001 -\$50,000	\$50,001 - \$100,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000.000 *	 \$5,000,001 - \$25,000,000	Over \$50,000,000	Excepted investment Fund	Excepted Trust	Qualified Trust 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)	Date (Mo., Day, Yr.) Only if Honoraria
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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.

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 8 Miriam E. Sapiro (Use only if needed) Assets and Income Valuation of Assets 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 A BLOCK B BLOCK C Amount Type Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 Income (Mo., Day, 55,000,001 - \$25,000,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 Yr.) (Specify \$500,001 - \$1,000,000 \$100,001 - \$1,000,000 Type & \$250,001 - \$500,000 \$100,001 - \$250,000 \$15,001-\$50,000 Rent and Royalties 550,001 - \$100,000 Actual Only if None (or less than \$50,001 - \$100,000 Over \$50,000,000 Over \$1,000.000 \$15,001~\$50,000 Over \$1,000,000* \$1,001 - \$15,000 Qualified Trust Over \$5,000,000 Amount) Honoraria Excepted Trust \$5,001 - \$15,000 Capital Gains \$2,501-\$5,000 \$1,001 - \$2,500 \$201-\$1,000 Dividends None D - Ameriprise Financial D - Amgen D - Berkshire Hathaway CL B D - Chevron D - Citigroup D - Colgate-Palmolive D - Duke Energy D - Ericsson X D-GE 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.

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Reporting Individual's Name Miriam E. Sapiro									SC			ULF only					ed										Page Number 9	
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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A 12 Miriam E. Sapiro Assets and Income Valuation of Assets 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 A BLOCK B 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 Other Date Excepted Investment Fund in income during the reporting period, together \$25,000,001 - \$50,000,000 Income (Mo., Day, \$5,000,001 - \$25,000,000 \$201) \$1,000,001 - S 5,000,000; F with such income. (Specify $Y_{r,j}$ S1,000,001 - S5,000,000 \$500,000 - \$1,000,000 \$100,001 - \$1,000,000 Type & \$250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalties For yourself, also report the source and actual \$50,001 - \$100,000 Actual Only if \$15,001 - \$50,000 None (or less than 850,001 - \$100,008 Over \$50,000,000 Over \$1,000.000 \$15,001 - \$50,000 Over \$1,000,000* amount of earned income exceeding \$200 (other \$1,001 - \$15,000 Ouslifted Trust Over \$5,000,000 Excepted Trust \$5,001 - \$15,000 Amount) Honoraria \$2,501 - \$5,000 Capital Gains \$1,001 - \$2,500 than from the U.S. Government). For your spouse, 5201-\$1,000 report the source but not the amount of earned Dividends income of more than \$1,000 (except report the Interest actual acount of any honoraria over \$200 of your spouse). None Central Airlines Common Y Examples Doe Jones & Smith, Hometown, State X Law Partnership Income \$130,000 Kempstone Equity Fund IRA: Heartland 500 Index Fund S - Bank of America S - Barnes & Noble S - Berkshire Hathaway CL B S-BP X S - Bristol Myers Squibb 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.

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SCHEDULE A continued

Page Number

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Miriam E. Sapiro

(Use only if needed)

	Assets and Income					a repo	tion t clo	se o g pe	of crioc							In	her	me: entr	type y is	anee	d an	noun in B	t. I	f"N : C i	for th	(or nat i	less tem.	tha	n \$2	01)	" is	checked, no	
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5 C.F.R Part 2634 U.S. Office of Government Ethics		-						-	-	_				_	A						-								_	_	IDan	a Number	
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Prior Editions Cannot be Used.

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U.S. Office of Government Ethics Reporting Individual's Name Miriam E. Sapiro		00							S	CE	(E)	DU	JLE	A	con	tin	ue	d											Page Number	15
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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 16 Miriam E. Sapiro (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no Assets and Income at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C Amount Type Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 Mo., Day, Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 None (or less than \$201) \$1,000,001 - \$5,000,000 (Specify Yr.) \$500,001 -\$1,000,000 \$100,000 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties \$50,001 - \$100,000 Over \$1,000.000 * Actual Only if 850,001 - \$100,000 \$15,001 \$50,000 Over \$50,000,000 Excepted Trust
Ouslified Trust Over \$1,000,000* \$15,001 - \$50,000 \$1,001 - \$15,000 Over \$5,000,000 85,001 - \$15,000 Amount) Honoraria \$2,501 - \$5,000 Capital Gains \$1,001 - \$2,500 \$201 - ST,000 Dividends None S - NY Times Options 1500 @ \$46.015 exp. 12/12 800 @ \$46.34 exp. 12/13 800 @ \$39.595 exp. 12/14 3 S - Oracle X S - Pfizer S - Plum Creek Timber S - Proctor & Gamble S - Schwab (stock) S - Teva S - Tiffany S - US Bancorp 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.

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5 C.F.R Part 2634 U.S. Office of Government Ethics

Miriam E. Sapiro		_										S	CI	HED	UI	E	A		٠										1	7
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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 acount of any honoraria over \$200 of your spouse).	None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 \$56,000	\$50,001 - \$100,000	0		\$500,001 - \$1,000,000	gr St	\$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 Outsiffed Trust	Dividends	Royalties	Interest	Capinal Gains	None (or less than \$201)	SZ01 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	 S50,001 - S100,000	S100,001 - S1,000,000	Over \$1,000,000*	\$1,090,001 - \$5,090,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A continued 18 Miriam E. Sapiro (Use only if needed) 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 Type Amount Other Date 525,000,001 - \$50,000,000 Income (Mo., Day, \$5,000,001 - \$25,000,000 \$1,000,001 - \$5,000,000 None (or less than \$201) \$1,000,001 - \$5,000,000 Yr.)(Specify \$500,001 -\$1,000,000 \$100,001 -\$1,000,000 Type & \$250,001 - \$500,000 \$100,001 - \$250,000 Rent and Royalfies \$50,001 - \$100,000 Over \$1,000.000 * Actual Only if Over \$50,000,000 \$50,001 - \$100,000 \$15,001 - \$50,000 Over \$1,000,000* \$15,001 - \$50,000 \$1,001 - \$15,000 Over \$5,000,000 Excepted Trust Qualified Trust Нопогагіа 85,001 - \$15,000 Amount) \$2,501 - \$5,000 Capital Gains \$1,001 - \$2,500 \$201-\$1,000 Dividends None S - Wachovia S - Ameriprise S - New York Times Salary S - ING Direct Acct. Deposit (savings) X S - Dodge & Cox Income Fund Χ S - Lord Abbett Sm. Cap Value Fund S - Russell Equity Fund X S - Templeton Instl Emerging Markets Fund X 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.

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	riam E. Sapiro										SC				LI					ue	ed											Page	Number	19		
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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.

Miriam E. Sapiro	_
CONTRACTOR SELECTION	
Reporting Individual's Name	
U.S. Office of Government Ethics	
5 C.F.R Part 2634	
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None

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S - Duke Univ Futrell Award

BLOCK A

Page Number SCHEDULE A continued 20 (Use only if needed) Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. reporting period BLOCK C Type Amount Other Date Excepted Investment Fund \$25,000,001 - \$50,000,000 (Mo., Dav. Income \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 None (or less than \$201) \$1,000,001-\$5,000,000 (Specify Yr.) \$100,001 - \$1,600,000 Type & Rent and Royalties Only if \$50,001 - \$100,000 Actual Over \$50,000,000 Over \$1,000,000* \$15,001 - \$50,000 Over \$5,000,000 Qualified Trust Amount) Honoraria **Excepted Trust** \$5,001 - \$15,000 \$2,501 - \$5,000 Capital Gains \$1,001 - \$2,500 \$201-\$1,000 Dividends \$1,000 3/17/08 Honoraria Durham, NC

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.

at close of

BLOCK B

\$500,001 -\$1,000,000

Over \$1,000.000 *

\$250,001 - \$500,000

\$50,001 - \$100,000

\$15,001 - \$50,000

\$1,001 - \$15,000

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U.S. Office of Governmen
Reporting Individual's

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	T			-	_					_			Page N	lumber	_			_
Miriam E. Sapiro		SCHEDULE	3										AS.		2	21		
Part I: Transactions	dana manana		diamental control				None	2					31			A SA		
Report any purchase, sale, or exchan or dependent children during the rep		report a transaction involving property used solely as your personal residence, or a transaction solely between you,		ansacti 'ype (x						A	mount	of Trans	saction	(x)				
property, stocks, bonds, commodity securities when the amount of the tra \$1,000. Include transactions that resu	futures, and other ansaction exceeded	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.)	- 10	\$15,001 -	\$50,001 -	\$100,001 -	\$250,001 -	\$500,001 -	Over \$1,000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 -	Over \$50,000,000	Certificate of
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5																		
Part II: Gifts, Reimbur For you, your spouse and depend tion, and the value of: (1) gifts (s food, or entertainment) received if (2) travel-related cash reimburser than \$260. For conflicts analysis, as personal friend, agency approvauthority, etc. For travel-related dates, and the nature of expenses	ent children, report the uch as tangible items, to from one source totaling ments received from one it is helpful to indicate val under 5 U.S.C. § 411 gifts and reimbursement	source, a brief descrip- ransportation, lodging, a more than \$260; and e source totaling more a basis for receipt, such 11 or other statutory s. include travel itinerary.	rece inde the c total	ved fi pende lonor' value	nt of s res	rnment; gir relatives; i f their relatidence. Al m one sour usions.	receive tionsh so, for	ip to	your s	pouse r prov	e or de	epende as per	ent ch sonal ts to c	ild tot hospit eterm	ally tality ine th tructi	at		c E
Source (Name an		Think given to you by	Br	ief Des	crintic	On	-		_				_	-	_		Value	-
Examples: Nat'l Assn. of Rock Colle Frank Jones, San Francis	ectors, NY, NY	Airline ticket, hotel room & meals incident to national conference 6/1 Leather briefcase (personal friend)	-				o duty)								7,7		\$500 \$300	
1																		
2																		
3									2.11		7.00							
4												-						
5	A								-				-					-
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Reporting Miriam E	Individual's Name				lumber	nber 22											
IVIIII L	Sapiro		SCHEDUI														
Report lia	Liabilities abilities over \$10,000 owed to during the reporting period by		personal residence unless it is rented out; loans secured by automobiles, household furniture or appliances; and		No	ne x	Г			Catego	ory of A	Amount	or Val	ue (x)			
or depend	dent children. Check the higher e reporting period. Exclude a	st amount owed	liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.	Date Incurred	Interest Rate	Term if applicable	\$10,001 -	\$15,001 -	\$50,001 -	\$100,001 -	\$250,001 -	\$500,001 -	er 000,000*	\$1,000,001 -	\$5,000,001 -	\$25,000,001 - \$50,000,000	Over \$50,000,000
	Creditors (Name and		Type of Liability				15 15	\$50	\$ 55	\$2	\$25	\$ 5	Over \$1,00	\$ 52	\$5,	\$50	\$ 6
Examples 1	First District Bank, Washingto John Jones, 123 J St., Washing		Mortgage on rental property, Delaware Promissory note	1991	8% 10 %	on demand			×		- x						
2	- CARLOTTINO COLOR					<u> </u>	+					_					
3				1													
4							T										
5																	
	tegory applies only if the liabil spouse or dependent children,		ler's spouse or dependent children. If the liability is that of the	e filer or a	joint liabil	lity of the fi	ler							-			
Report y	II: Agreements or arrangements or arrangements or arrangements or arrangements be benefit plan (e.g. 401k, de. by a former employer (incl	nents for: continuing peferred compensation;	(2) continuation			4) future er or any of th							ing th	ne rep	orting	200	
		Status and Terms of any	Agreement or Arrangement							Partie	S					Da	ite
Example	calculated on service perform	ned through 1/00.	m payment of capital account & partnership share				e Jones										85
Sum	mit Stratagies will continue	to contribute to the ac		W194 GJJ X 727 Y 127 Y 1			mmit S						I I I I I I I I I I I I I I I I I I I			12/	
2 Ther	e could be outstanding invo	ices due Summit, or o	ompensation due to me, for work completed prior to th	e start of g	overnme	nt servi Su	ımmit 5	Strateg	gies li	nt'l, W	ashin	gton,	DC			3/0)9
3 I will maintain Summit Strategies as an inactive LLC during my government service. I will perform no servicies during that time, and will have no clients.									gies II	nt'l, W	/ashin	gton,	DC			3/	09
4 I will	continue to maintain my 40	1K Plan with Verisign.	Neither I nor Verisign will make any further contribution	ns to the a	ccount.	Ve	risign									11/	/00
5														1			
6	773 1 302 11 3037		1000 Str. 1000 S														
Deige Deliti	ons Cannot Be Used		· Sidemonia - Sidemonia		_			_	-							-	

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Teaching

Teaching

Assistance with preparation of annual conference

Washington, DC
Prior Editions Cannot Be Used.

Paris, France

New York, NY

4 Global Forum (client of Summit)

5 New York University School of Law

6 Georgetown University Law Center