

# Executive Branch Personnel Public Financial Disclosure Report

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year) 01/20/2001		Reporting Status (Check appropriate boxes) Incumbent <input checked="" type="checkbox"/>		Calendar Year Covered by Report 2001		New Entrant, Nominee, or Candidate <input type="checkbox"/>		Termination Date (If Applicable) (Month, Day, Year)	
Reporting Individual's Name Miers		Last Name and Middle Initial Miers		Department of Agency (If Applicable) White House		Telephone No. (Include Area Code) 202 455 2702		Termination Filer <input type="checkbox"/>	
Position for Which Filing Staff Secretary		Title of Position Staff Secretary		Address (Number, Street, City, State, and ZIP Code) 1600 Pennsylvania Avenue NW, Washington, DC 20503		Title of Position(s) and Date(s) Held		Do You Intend to Create a Qualified Diversified Trust? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location of Present Office (for forwarding address)		Position(s) Held with the Federal Government During the Preceding 12 Months (If Not Same as Above)		Name of Congressional Committee Considering Nomination Not Applicable		Signature of Reporting Individual <i>Samuel Miers</i>		Date (Month, Day, Year) 4/14/02	
Presidential Nominee Subject to Senate Confirmation		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.		Name of Other Reviewer		Signature of Other Reviewer <i>Manuel L. Carr</i>		Date (Month, Day, Year) 6/04/02	
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 comment in the box below)		Agency Ethics Official's Opinion Approved		Signature of Designated Agency Ethics Official/Reviewing Official <i>Alon Shek</i>		Date (Month, Day, Year) JAN 17 2003		Schedule B - Not applicable.	
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sheet)		Additional and amendments based upon information provided by filer. See 10/10/00		Signature Alon Shek		Date (Month, Day, Year) 5/21/02		Schedule C, Part I (Liabilities)-The reporting period is the preceding 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 Use Only  
 5/15/02  
 OGR Use Only  
 ORIGINAL  
 DATE: JUNE 14, 2002  
 (Check box if comments are continued on the reverse side)

# SCHEDULE A

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Reporting Individual's Name

**Miers, Harriet E**

## BLOCK A

### Assets and Income

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

- Examples
- Central Airlines Common
  - Doc Jones & Smith, Hometown, State
  - Krampton Equity Fund
  - IRA: Heartland 500 Index Fund

## BLOCK B

### Valuation of Assets at close of reporting period

Valuation of Assets at close of reporting period	Type	Amount	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
\$1,001 - \$15,000	Dividends			
\$1,001 - \$15,000	Interest			
\$1,001 - \$2,500	None (or less than \$201)			
\$5,001 - \$15,000				
\$50,001 - \$100,000				
\$250,001 - \$500,000				
\$500,001 - \$1,000,000				
Over \$1,000,000*				
Over \$500,000,000				

## BLOCK C

Type	Amount	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Dividends			
Interest			
None (or less than \$201)			
\$1,001 - \$2,500			
\$5,001 - \$15,000			
\$50,001 - \$100,000			
\$100,001 - \$500,000			
Over \$1,000,000*			
Over \$5,000,000			

\* 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.

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

Reporting Individual's Name  
**Miers, Harriet E**

**SCHEDULE B**

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**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

Identification of Assets

Example	Central Airlines Common
1	Redemption of 1000 shares of Rain Harvest Stock
2	
3	
4	
5	

Transaction Type (x)	Date (Mo., Day, Yr.)	Amount of Transaction (x)										Certificate of Divestiture	
		\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$10,000,000	\$10,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	\$50,000,001 - \$100,000,000		
Sale	7/1/99												
	Mar 2/00												

\*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	Natl Assn. of Rock 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 friend)	\$500 \$300
1			
2			
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Reporting Individual's Name

Miers, Harriet E

# SCHEDULE C

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## 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.

None

Examples	Creditors (Name and Address)	Type of Liability	Date Incurred	Interest Rate	Term if applicable	Category of Amount or Value (x)									
						\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000		
1	First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991	8%	25 yrs. on demand										
2	Northem Trust	Signature Note	2001	10%	5 yrs. on demand										
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: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of 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.

Example	Status and Terms of any Agreement or Arrangement	Parties	Date
2	Received payment pursuant to dissolution agreement	Loke Powell Row, Hartley / Forres Miers	11/01
3	Maintained position in the Johns Hopkins Health Plan, Facility Plan, Health Plan (No further payments by Johns Hopkins after 12/00)	Loke Powell & Sons / Hartley Miers	12/00
4			
5			
6			

Reporting Individual's Name  
 Miers, Harriet E

# SCHEDULE D

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## 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

Examples	Organization (Name and Address)		Type of Organization		Position Held	From (Mo., Yr.) To (Mo., Yr.)	
	Non-profit/education	Law firm	Non-profit/education	Law firm		Present	1/00
1	Natl Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, State	Law Firm	Law Firm	Law Firm	President Partner	6/92	7/83
2	Harriet Miers P.C. (Domestic)	Non-Profit	Non-Profit	Non-Profit	President/Director	01/1995	Present
3	Southeastern Legal Foundation	Non-Profit	Non-Profit	Non-Profit	Trustee	5/7/95	1/2001
4	Southern Methodist School of Law	Non-Profit	Non-Profit	Non-Profit	Executive Board Member	5/7/95	1/2001
5	Committee for a Qualified Judiciary (No report of position in 2001)	Non-Profit	Non-Profit	Non-Profit	Director	5/7/95	1/2001
6	Locke Purnell Rain Haire/Locke Liddell Sauer	Law Firm	Law Firm	Law Firm	Employee/Director/Managing Partner	5/7/95	1/2001

## 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

Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.

None

Examples	Source (Name and Address)		Brief Description of Duties
	Source (Name and Address)	Source (Name and Address)	
1	Doe Jones & Smith, Hometown, State	Legal services	Legal services in connection with university construction
2	Freu University (client of Doe Jones & Smith), Hometown, State	Legal services	Legal services in connection with university construction
3			
4			
5			
6			