



Filing ID #10067030

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B81 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Hon. Mary Miller
Status: Member
State/District: IL15

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2024
Filing Date: 08/12/2025

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income	Tx. > \$1,000?
Farm Equipment [OT]	JT	\$250,001 - \$500,000	None		<input type="checkbox"/>
DESCRIPTION: Farm Equipment					
Livestock [OT]	JT	\$250,001 - \$500,000	Capital Gains	\$15,001 - \$50,000	<input type="checkbox"/>
DESCRIPTION: Breeding Livestock					
Longview Checking [BA]	JT	\$1,001 - \$15,000	None		<input type="checkbox"/>
Longview Savings [BA]	JT	\$15,001 - \$50,000	Interest	\$201 - \$1,000	<input type="checkbox"/>
Miller Brothers Farm [FA]	JT	\$5,000,001 - \$25,000,000	Rent	\$15,001 - \$50,000	<input type="checkbox"/>
LOCATION: Coles/Douglas, IL, US					
DESCRIPTION: Rent					

* For the complete list of asset type abbreviations, please visit <https://fd.house.gov/reference/asset-type-codes.aspx>.

SCHEDULE B: TRANSACTIONS

None disclosed.

SCHEDULE C: EARNED INCOME

Source	Type	Amount
State of Illinois - General Assembly	Spouse Salary	N/A
Miller Brothers Farm	Farm Income	N/A

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
JT	Farm Credit Illinois	01/01/2023	Farm Operating Loan	\$100,001 - \$250,000
JT	Farm Credit Illinois	05/01/2022	Farm Equipment Loan	\$15,001 - \$50,000
JT	Longview Bank	08/01/2023	Combine Loan	\$50,001 - \$100,000
JT	Longview Bank	2021	HELOC	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

None disclosed.

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

Trip Details					Inclusions		
Source	Start Date	End Date	Itinerary	Days at Own Exp.	Lodging?	Food?	Family?
State Freedom Caucus Foundation	09/05/2024	09/08/2024	Champaign, IL - Dallas, TX - Champaign, IL	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

Trusts: Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?

☐ Yes ☒ No

Exemption: Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

☐ Yes ☒ No

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Hon. Mary Miller , 08/12/2025