

	LEGISLATIVE RESOURCE CENTER	DURCE CENTER
UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, ネッパーンでに、シャーフェン・For use by candidates and new employees	2014 JAN 30 ATT 1956	RESENTATIVES
Name: Bent Miller Daytime Telephone:	>	
	(Office Use Only)	
Filer Candidate for the State: 2 Date of 3/8/2014 Check if Election: 3/8/2014 Amendment		assessed
Employing Office:	more than 30 days late.	Wno flies
In all sections, please type or print clearly in blue or black ink.		
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS		
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes No IV. Did you hold any reportable positions on or before the date of filling in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	the date og years? Yes	Š
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes No With an outside entity?  If yes, complete and attach Schedule II.	ement Yes	N <sub>o</sub>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  Yes No VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule III.	00 from	» ⊠
Each question in this part must be answered and the appropriate schedule attached for ea	attached for each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF	ER EACH OF THESE QUESTIONS	NS.
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 a dependent child?	e Yes	N <sub>o</sub>
<b>EXEMPTION</b> —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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ndent child Yes	No X

## SCHEDULE I -- EARNED INCOME (INCLUDING HONORARIA)

Name Bert Miller

Page 22 or 223

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), fectoral retirement programs, and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	ceived under the Social Sec	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
Evannalise: First Bank & Truet, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	¥
Phoenix Closuses, Naperville II	5a ary	124 475 A	9 308 960
Phoenix Closures, Naperyille II	Director's fee	\$ 36,600	\$ 30,600
Wells Mnfa. Co. Woodstock, Il	Director's fee	0	\$ 10,500
Precision Plastics INC. Columbia City IN Director's Fee	Director's Fee		3 5,000

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-		0				Ŀ	DC Examples:	-6	homes and vacetion homes (unless there was noted income during the reporting period); any deposits totaling a 50,000 or less in personal chacking or servings accounts; and any financial interest in, or income derived from, a federal reference program, including the Thrift Servings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent orbits (DC) or is jointly hald with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booldet.	Exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly tracked, exists the name of the business, the nature of its activities, and its geographic boardon in Block A.	For rental or other real property held for investment, provide a complete activese or a description, e.p., "rental property," and the city and state.	For all (IIAs and other retrement plane (such as 401(x) plane) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use ticker symbols).	identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the and of the reporting period, and (b) any other reportable exect or sources of income which generated more than \$200 in "unearmed" income during the year.	_	ļ
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Continuation Sheet (if needed)

Asset and/or income   Source   Asset   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pre-code   Pr							<del>,</del>	1						,				· · · · · · · · · · · · · · · · · · ·
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Continuation Sheet (if needed)

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Continuation Sheet (If needed)

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Continuation Sheet (If needed)

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#### SCHEDULE III — LIABILITIES

Name Bert Miller Page 21 or 23

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

DC, Example:   FIFST 11	G G		
Creditor  Example:   First Bank of Wilmington, DE  FIRST Mid W15 TBank  Ttays ca, T1			
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Mortgage on 123 Main Street, Dover, DE Business Isan to DD MM (jaint and several hability)			
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\$25,000,001— \$50,000,000	_		
Over \$50,000,000 Spouse/DC	ے		
Liebility over \$1,000,000	~		

#### **SCHEDULE IV -- POSITIONS**

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an off-

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
Partner	Cuatro, LLC
Partner	Newport Ten ULC
President	Propries Closures Inc
Director	Illinois Manufacturers Association
Director	National Association of Manufactualls

Use additional sheets if more space is required.

#### SCHEDULE III - LIABILITIES

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Page 22 or 23

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

SP		Date		>	B	<u> </u>	<u> </u>	Amount of Liability	<u></u>		<b>∓</b>  ₹	4	۲.	
<b>ኳ</b> ጸ:	Creditor	Incurred mo/year	Type of Liability	\$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 \$1,000,001	\$5,000,000 \$5,000,001	\$25,000,000 \$25,000,001	\$50,000,000 Over	\$50,000,000	Spouse/DC
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×	-	1	L	L	-		
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#### SCHEDULE IV - POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States. cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an off-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization):

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Position	Name of Organization
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#### SCHEDULE V - AGREEMENTS

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identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
the period of government employee wettare or ben-

Money	Date	Parties To	Terms of Agreement
None			
		None	

# SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Dutles
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
3 M O N	

GPO: 2013

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