			כד לבידים בידים		PRESIMINARY INFORMATION ANSWERS FACURE TUESE OF THESE OF THE OF THESE OF THESE OF THESE OF THE O	
	late.		☐ Termination	✓ Amendment	☐ Annual (May 15)	Type
	more than 30 days	Termination Date:	:			Report
	be assessed against anyone who files	že	Employee	ves District: 13	House of Representatives	Status
ab	A \$200 penalty shall	Or Employing Office:	Officer Or	State: NC	✓ Member of the U.S.	Filer
	. {Office Use Only)	(Daytime Telephone)		(Full Name)	(Full	
Ģ	2010 JAN 26 PH 3: 40	(202) 225-3032		Ralph Bradley Miller	Ralph Bra	
7					The state of the s	
-		For use by Members, officers, and employees		SCLOSURE STATEM	CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT	CALENDA
		FORM A Page 1 of 5	ATIVES	REPRESENT,	UNITED STATES HOUSE OF REPRESENTATIVES	DETINU

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

	ח	NOITSHIO BEACH OF THESE OHESTION	N	DICT INFOR	EXCLUSION OF SECURE DEPENDENT OF TRUST INFORMATION - ANSWER FACH OF THESE OFFICENS	π
		schedule attached for each "Yes" response.			If yes, complete and attach Schedule V.	
priate	appro	Each question in this part must be answered and the appropriate		Yes 🗌 No 🗸	Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	<u>.</u>
		If yes, complete and attach Schedule IX.			If yes, complete and attach Schedule IV.	
Yes 🗌 No 🗸	Yes	Did you have any reportable agreement or arrangement with an outside IX. entity?		Yes 🗌 No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?	₹.
		If yes, complete and attach Schedule VIII.			If yes, complete and attach Schedule III.	
Yes No V	Yes	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	_	Yes 🗸 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of 1. more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?	
		If yes, complete and attach Schedule VII.			If yes, complete and attach Schedule II.	
No C	Yes [Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$335 from one source)?		Yes 🗌 No 🗸	Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?	F
		If yes, complete and attach Schedule VI.			If yes, complete and attach Schedule I.	
Z V	Yes [Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?	≤.	Yes 🗸 No 🗌	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?	-

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

 Exemptions	Trusts
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 Standards of Official Conduct.	Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct 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 🗌	Yes 🗌 No 🖸

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SCHEDULE I - EARNED INCOME

Metlife Insurance Co. of Connecticut

Name Ralph Bradley Miller

Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$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. Source **Amount**

Attorney Fee from structured settlement

\$1,650

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Name Ralph Bradley Miller

Page 3 of 5

5. General Electric Co.	4. Cisco Systems	3. Bank of America Corp	2. Seaspan Corp-USD	1. Dreyfus Liquid Assets Inc. Class 2	Smith Barney Citigroup Simplified Employee Pension Plan	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.	Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent or sibling; any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet.
\$1,001 - \$15,000	\$1 - \$1,000	\$1 - \$1,000	\$1 - \$1,000	\$1,001 - \$15,000				PEOCK B Year-End Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None."
00 None	None	None	None	00 DIVIDENDS				BLOCK C Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all lRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" it asset did not generate any income during the calendar year.
NONE	NONE	NONE	NONE	\$1 - \$200				Amount of Income Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated.
								BLOCK E Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III -
III - ASSETS AND "UNEARNED" INCOME

SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	Name	Ralph Bradley Miller		Page 4 of 5
	6. GlaxoSmithKline	\$1,001 - \$15,000	None	NONE	
	7. Intel Corp	\$1,001 - \$15,000	None	NONE	
	8. Pepsico	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	9. Royal Dutch Shell	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	10. Williams Cos. Inc.	\$1,001 - \$15,000	None	NONE	
	11. Lincoln National Corp	\$1 - \$1,000	None	NONE	
	12. Merrill Lynch & Co.	\$1 - \$1,000	None	NONE	
	13. Medtronic	\$1,001 - \$15,000	None	NONE	
	14. Northrop Grumman Corp	\$1,001 - \$15,000	None	NONE	
	15. Microsoft	\$1,001 - \$15,000	None	NONE	
	16. Walt Disney Co.	\$1,001 - \$15,000	None	NONE	
	17. Ishares TR Dow Jones Select Dividend Index Fund	\$1,001 - \$15,000	None	NONE	
	18. Ishares TR MSCI EAFE Index Fund	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	
	19. Standard & Poors Midcap 400	\$1,001 - \$15,000	DIVIDENDS	\$201 - \$1,000	

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SCHEDULE III - ASSETS AND "UNEARNED" INCOME	"INCOME Name Ralph Bradley Miller	3
Legislative Retirement System	\$1,001 - \$15,000 None	None

Page 5 of 5