

## **UNITED STATES HOUSE OF REPRESENTATIVES** **CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT**

**FORM A**  
 For use by Members, officers, and employees

2011 MAY 12 PM 1:45

Candice Sue Miller

(Full Name)

202-225-2106

(Daytime Telephone)

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

<b>Filer Status</b>	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives State: MI District: 10	<input type="checkbox"/> Officer Or Employee Employing Office:	<p><b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b></p>
<b>Report Type</b>	<input checked="" type="checkbox"/> Annual (May 15)	<input type="checkbox"/> Amendment <input type="checkbox"/> Termination Termination Date:	

### **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? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. 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)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. 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? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a 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 IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>	

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

<b>Trusts-</b> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Exemptions--</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.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

*ME*

**SCHEDULE I - EARNED INCOME**

Name Candice Sue Miller

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	Type	Amount
State of Michigan	Spouse Salary	N/A
State of Michigan	Spouse Pension	N/A
County of Macomb	Spouse Salary	N/A

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name Candice Sue Miller

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BLOCK A		BLOCK B	BLOCK C	BLOCK D	BLOCK E
Asset and/or Income Source		Year-End Value of Asset	Type of Income	Amount of Income	Transaction
<p>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 reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.</p> <p>Provide complete names of stocks and mutual funds (do not use ticker symbols.)</p> <p>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 for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.</p> <p>For rental or other real property held for investment, provide a complete address.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting</p>		<p>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."</p>	<p>Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.</p>	<p>For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.</p>	<p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
SP	401k, State of MI: (see below)				
SP	SSGA Yield Enhanced STIF	\$50,001 - \$100,000	None	NONE	
SP	SSGA Bond Market Index	\$50,001 - \$100,000	None	NONE	
SP	SSGA Stable Value	\$100,001 - \$250,000	None	NONE	
SP	SSGA S&P Index	\$15,001 - \$50,000	None	NONE	
SP	Dodge & Cox Stock	\$15,001 - \$50,000	None	NONE	

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SP	American Fund Europacific Growth	\$15,001 - \$50,000	None	NONE	
SP	IRA, USAA: (See Below)	None	Other: RMD	\$1,001 - \$2,500	
SP	Aim Charter A	\$15,001 - \$50,000	None	NONE	
SP	American Investment Co A	\$15,001 - \$50,000	None	NONE	
	457 County of Macomb; Legg Mason Large Growth A	\$1,001 - \$15,000	None	NONE	
	401k State of Michigan; (see Below)	None	None	NONE	
	SSgA Stable Value	\$15,001 - \$50,000	None	NONE	
	SSgA S&P 500 Index	\$15,001 - \$50,000	None	NONE	
	SSgA S&P Midcap Index	\$15,001 - \$50,000	None	NONE	
	Ranier Large Cap Growth	\$1 - \$1,000	None	NONE	
	Am Fund Euro Growth	\$15,001 - \$50,000	None	NONE	
	RidgeWorth Funds	\$1 - \$1,000	None	NONE	
JT	Huntington Bank Accounts	\$100,001 - \$250,000	INTEREST	\$201 - \$1,000	
SP	DGM Trust (Cash Only)	\$15,001 - \$50,000	None	NONE	

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	CSM Trust (Cash Only)	\$15,001 - \$50,000	None	NONE	
JT	USAA Accounts	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
	Mellon Inv - Custodian MetLife	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	New York Life	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
	Lakeview Cemetery Ass'n	None	DIVIDENDS	\$1 - \$200	
	Real Estate Single Family Dwelling, Harrison Twp, MI 48045	\$100,001 - \$250,000	None	NONE	