

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

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HAND DELIVERED

George Miller
(Full Name)

(202) 225-2095
(Daytime Telephone)

2011 JUN 13 PM 5:32
(Office Use Only)

Filer ☒ Member of the U.S. House of Representatives
State: CA District: 07

Officer Or Employee
Employing Office:

Termination Date:

Report Type ☒ Annual (May 15) ☐ Amendment ☐ Termination

U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against anyone who files more than 30 days late.

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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$1,000 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 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 checked="" type="checkbox"/> No <input type="checkbox"/> | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | |

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

| | |
|---|---|
| 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Exemptions-- 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"/> |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George 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 period); any derivative financial instrument; or any other asset or source of income that is not reportable.</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> |
| 127 D St., SE, Washington D.C. 20003 | | \$500,001 - \$1,000,000 | RENT | \$15,001 - \$50,000 | |
| SP | Citicorp | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| | Congrressional Federal Credit Union, Savings Acct., D.C. | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| SP | EMC Corp. | \$1,001 - \$15,000 | None | NONE | |
| | GE Interst Plus Savings Account | \$1,001 - \$15,000 | INTEREST | \$1 - \$200 | |
| | IRA Account - W.R. Hambrecht Company | \$15,001 - \$50,000 | DIVIDENDS/CAPITAL GAINS | \$1,001 - \$2,500 | |

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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| SP | IRA Account - W.R. Hambrecht Company | \$1,001 - \$15,000 | DIVIDENDS/CAPITAL GAINS | \$1,001 - \$2,500 | |
|----|---|--------------------|-------------------------|-------------------|--|
| | Pacificnet.com | \$1 - \$1,000 | None | NONE | |
| | Sangamo Bioscience | \$1 - \$1,000 | None | NONE | |
| | T. Rowe Price Media & Telefund | \$1,001 - \$15,000 | CAPITAL GAINS | \$1 - \$200 | |
| | T. Rowe Price New Era | \$1,001 - \$15,000 | CAPITAL GAINS | \$1 - \$200 | |
| | Vodafone | \$1,001 - \$15,000 | DIVIDENDS | \$1 - \$200 | |
| | Wells Fargo S.I.F.E, Walnut Creek (IRA) | \$1,001 - \$15,000 | DIVIDENDS | \$1,001 - \$2,500 | |

SCHEDULE V - LIABILITIES

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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 owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| SP, DC, JT | Creditor | Date Liability Incurred | Type of Liability | Amount of Liability |
|------------------|---|-------------------------------|--|-----------------------|
| JT | Congressional Federal Credit Union - Home Equity | | Home Equity on 127 D St., SE, Washington D.C. | \$10,001 - \$15,000 |
| JT | Citicorp | | Mortgage on 127 D St., SE, Washington D.C. | \$100,001 - \$250,000 |

SCHEDULE VI - GIFTS

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Report the source, a brief description, and the value of all gifts totaling more than \$335 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| Source | Description | Value |
|---|---|---------|
| National Association of Independent Colleges and Universities (NAICU) | Crystal Whirlpool Vase w/ engraving (award for higher education advocacy) | \$2,117 |

SteubenGlass LLC

One Steuben Way, Corning, New York 14830
Tel: 800 424-4240

RECEIVED

JAN 25 2010

Invoice

Make checks payable to: Steuben Glass LLC

Remit To:
The CIT Group/Commercial Services
P.O. Box 1036
Charlotte, North Carolina 28201-1036

Customer's
Account Number

Ship To:

Customer's P.O. Number

DEBORAH REILLY

01/12/10

Purchased By: DEBORAH SYKES REILLY
NAICU
SUITE 700
1025 CONNECTICUT AVE NW
WASHINGTON, DC 20036

Invoice/Order Number Invoice Date Shipped Via Date Shipped Payment Due by 02/19/10

P01545000001 01/20/10 FEDEX EXPRESS 01/20/10

| Ordered | Shipped | Item Number | Description | Unit Price | Extended Price |
|---------|---------|-------------|---|------------|----------------|
| | | 8087-01 | INTER. POOL VASE *PLEASE ENGRAVE (1) 8087 AS FOLLOWS *THE HONORABLE GEORGE MILLER *THE NAICU AWARD FOR ADVOCACY *INDEPENDANT HIGHER EDUCATION FEBRUARY 2010 (SEE P0145798) GLASS ENGRAVING *90 CHARACTERS 01/25/10 PROMISE SHIP DATE | 1,350.00 | 1,350.00 |
| | | 4000 | | 725.00 | 725.00 |
| | | 0125100 | | | |

This merchandise is sold only upon condition that title and possession pass to the buyer upon delivery to carrier at point shipment. Our (seller's) responsibility then ceases. All shipments F.O.B. factory, no allowances for loss or breakage in transit.

Sales Tax FOB Shipping & Handling Total Due
CORNING 38.00 \$ 2,117.00

Please return bottom portion with payment. If you have already paid this invoice, please disregard.

Purchased By: DEBORAH SYKES REILLY
NAICU
SUITE 700
1025 CONNECTICUT AVE NW
WASHINGTON, DC 20036

Customer's Account Number Ship To:

0001842947

Invoice/Order Number Invoice Date Shipped Via Date Shipped Payment Due by 02/19/10

P01545000001 01/20/10 FEDEX EXPRESS 01/20/10

Make checks payable to: Steuben Glass LLC



Sales Tax FOB Shipping & Handling Total Due
CORNING 38.00 \$ 2,117.00

We hereby certify that in the production of goods and/or the performance of the services covered by this invoice we have complied with all applicable requirements of sections 6, 7, 12 of the Fair Labor Standards Act, as amended, and regulations and orders of the United States Department of Labor issued under section 14 thereof.

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

| Source | Date(s) | Point of Departure-- Destination--Point of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Member Included? (Y/N) | Days not at sponsor's expense |
|--|----------------------|--|-------------------|----------------|---|-------------------------------------|
| Aspen Institute Congressional Program (Conf. Re: energy & climate change) | April 4 - 11 | San Francisco - Lisbon, Portugal - San Francisco | Y | Y | Y | 2 Days |
| Aspen Institute Congressional Program (Conf. Re: political Islam) | May 29 - June 6 | D.C. - Tunis, Tunisia - D.C. | Y | Y | Y | 2 Days |
| Aspen Institute Congressional Program (Conf. Re: U.S./Russia) | February 12 - 21 | D.C. - Madrid, Spain - D.C.; Mrs. Miller returned to San Francisco | Y | Y | Y | 3 Days |
| Aspen Institute Congressional Program (Conf. Re: education & technology) | August 16 - 21 | San Francisco - Whistler, Canada - San Francisco | Y | Y | Y | None |
| NBC News - Education Nation Summit | September 27 - 28 | San Francisco - New York - D.C. | Y | Y | N | None |