	WAY 10 00 Constant of the Cons
FORM B FINANCIAL DISCLOSURE STATEMENT FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees	MA CONTRACTOR
Name: ROBERT L. MILLER Daytime Telephort 2015-145-19	18
New Member of or Candidate for State: C# U.S. House of Representatives District: /2 Candidates, - Date of Election: 7 J 0 V 6 / 6 FILER New Member of or Candidate for State: C# Check if Check if Amendment	(Office Use Only)
New Officer or Employee Employing Office: To	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period?	ing the reporting period Yes No No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Do you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	in the current calendar Yes No
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? No I J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a single Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	S"
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THE	OTH 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 that benefits you, your spouse, or dependent child?	Have you excluded from Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, 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.	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page_

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BENEFIT	NATIONFLEC	WORK, PEGION	SAN FRANGLET,	IBEW PENSIONES	ABC Hedge Fund X	Examples: Simon & Schuster	Mega Corp Stock		r a detailed discussion of Schedule A quirements, please refer to the instruction booklet.	you so choose, you may indicate that an asset or come source is that of your spouse (SP) or opendent child (DC), or jointly held with anyone (JT), the optional column on the far left.	you have a privately-traded fund that is an Excepted restment Fund, please check the "EIF" box.	citude: Your personal (estudency including second intest and vacation homes (unfest there was entail come during the reporting period); and any financial terest in, or income derived from, a federal trement program, including the Thrift Savings Plan.	r an ownership interest in a privately-held business it is not publicly traded, state the name of the siness, the nature of its activities, and its ographic location in Block A.	r rental and other real property held for investment, ovide a complete address or description, e.g., and a fity and state.	neirest-bearing accounts. If the folial is over morest-bearing accounts. If the folial is over folial, list every financial institution where there is a man \$1,000 in interest-bearing accounts.	1(k) plans) provide the value for each asset held in a account that exceeds the eporting thresholds			set or source of than \$200 in		Assets and/or income Sources	BLOCK A	
						Ţ.,			None							>	child in which you have no interest.	should be "None." "Column M is for assets held by your shoulde or dependent	please specify me method used. If an asset was sold during the reporting period and is included only because it generated income, the value	Indicate value of asset at close of the reporting period. If you use a valuation method other than har market value,			
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					Partnership Income	Royalties			Other Typ	<u>., </u>	pecify: e.	g., Partnership In	come or Farm Inc	come)		1	generated no income during the reporting period.	even if reinvested, must be disclosed as income for assets held in taxable	401(k), IKA or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains,	Check all columns that apply. For accounts that generate tax-deferred income (such as	•		
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Use additional sheets if more space is required.

SCHEDULE A - AS

BLOCK B	SSETS & "UNEARNED INCOME"
BLOCK C	Name 20859 T
BLOCK D	Nama: BOBGT LOUIS MILLER
	Page 1_ of _

BLOCK A Assets and/or Income Sources	PLOCKS Value of Asset	BLOCK C Type of Income	Amount of l
	None >	NONE DIVIDENDS SRENT NITEREST CAPITAL GAMES EXCEPTED/BLIND TRUST TAX-DEFERSED Other Type of Income (Specify e.g., Partneceibly income or Farm Income)	None
SP, ABSET NAME EFF JT.			
SAN FOR NICISCO	X	*	
ELECTUC WORKER			
FROELITY FROITY	*	*	*
77		X	×
	*	×	***************************************
NORTH CALIFORNIA	×	*	
FIECTICAL WOLLERS			
NATIONAL ELECTRIC	×	×	*
BENEFIT FUND			
L:	*	*	
PENSION PLAN			
STAL SECOUTY	*		メ
RANK OF AMERICA	X	. ×	×
RENTAL HOUSE	*	*	×
	100		

SCHEDULE C - EARNED INCOME

Name: POBERT MILLER PAGE 12 of ...

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 reporting period. For both the filer and filer's 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), federal retirement programs, and benefits received under the Social Security Act

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. The 2016 limit is \$27,495. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for honoraria)	Type	Current Year to Filing つりん	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
Examples: Order of Refundable (Oct. 2) Ontario County Roard of Education	Spouse Speech	\$0 \$0	\$/5,000 \$1,000
1 BEW PENSION BENEFIT FUND		1287.	/287
FIDELITY	A PROPERTY OF THE PROPERTY OF	13,485,-	12,690
PRINCIPAL LIFE INSURANCE		1863,	3265
PRUDENTIAN INSURANCE		364, -	347
NORTHERN CAL ELECTRICAL WORKERS		194487	88164
NATIONAL ELECTRICAL BENEFIT FOND		13,440-	13440
		,	
		,	

SCHEDULE D - LIABILITIES

Name: BOBERT MILLER

Page 4 of 5

exceeded \$10,000. period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); 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 you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting *Column K is for liabilities held solely by your spouse or dependent child.

202					sp. Dc, л		
				Example			
SCHEDULE E - POSITIONS	(1	6)	First Bank of Wilmington, DE	Creditor		
		-		5/98	Date Liability Incurred MO/YR		
		++		Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	8	
					\$50,001- \$100,000	ი	
				×	\$100,001- \$250,000	0	
					\$250,001- \$500,000	m	moun
					\$500,001- \$1,000,000	П	Amount of Liability
					\$1,000,001- \$5,000,000	G	ability
					\$5,000,001- \$25,000,000	Ξ	
					\$25,000,001- \$50,000,000	_	
					Over \$50,000,000	٢	
					Over \$1,000,000* (Spouse/DC Liability)	7	

SCHEDULE E - POSITIONS

entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

		Position
		Name of Organization

SCHEDULE F - AGREEMENTS

Name: ROBERT MILLER Page 5

Identify the date, parties to, and general terms of any agreement or arrangement that you have 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.

Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise 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 C.

government and any information considered confidential as a result of a	government and any information considered comidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services

MAY 12 2016

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk

Indicate Your Status: (Select One)

Over \$5,000 Threshold Not Exceeded

Withdrawal of Candidacy

[Note: If your Financial Disclosure Statement was due before the date on which you withdrew

LOVIS

District:

from the race, you still must file a Financial Disclosure Statement with the House.]

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

Name (Please Print or Type): KOBERT

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601