

UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

FORM A
For use by Members, officers, and employees

Page 1 of 6

George Miller
(Full Name)

(202) 225-2095
(Daytime Telephone)

2010 MAY 17 PM 3: 56
OFFICE Use Only

HAND DELIVERED
ACTIVE RESOURCE UNIT

ME

Filer Status

Member of the U.S. House of Representatives

State: CA District: 07

Officer Or Employee

A \$200 penalty shall be assessed against anyone who files more than 30 days late.

Report Type

☒ Annual (May 15)

☐ Amendment

☐ 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?	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)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule I.		If yes, complete and attach Schedule VI.	
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?	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)?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, complete and attach Schedule II.		If yes, complete and attach Schedule VII.	
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?	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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule III.		If yes, complete and attach Schedule VIII.	
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, complete and attach Schedule IV.		If yes, complete and attach Schedule IX.	
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?	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.	
If yes, complete and attach Schedule V.			

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

Trusts-- 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 <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 Standards of Official Conduct.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George Miller

Page 2 of 6

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 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.</p> <p>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.</p> <p>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.</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 plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year.</p>	<p>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.</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.	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
SP	Citicorp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Congressional Federal Credit Union, Savings Acct., DC	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
SP	EMC Corp.	\$1,001 - \$15,000	NONE	NONE	
	GE Interest Plus Savings Acct.	\$1,001 - \$15,000	INTEREST	\$1 - \$200	
	IRA Account - W.R. Hambrecht Company	\$15,001 - \$50,000	DIVIDENDS/CAP ITAL GAINS/\$	\$1,001 - \$2,500	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George Miller

Page 3 of 6

SP					
	IRA Account - W.R. Hambrecht Company	\$1,001 - \$15,000	DIVIDENDES/CA PITAL GAINS	\$1,001 - \$2,500	
	Pacificnet.com	\$1 - \$1,000		NONE	
	Sangamo Bioscience	\$1 - \$1,000		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

Name George Miller

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	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

Name George Miller

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

0001842947

Ship To:

Customer's P.O. Number

DEBORAH REILLY

Date
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
1	1	8087 01	WHIRLPOOL VASE *PLEASE ENGRAVE (1) 8087 AS FOLLOWS: * *THE HONORABLE GEORGE MILLER ** *THE NAICU AWARD FOR ADVOCACY *OF *INDEPENDANT HIGHER EDUCATION ** *FEBRUARY 2010 *(SEE P0145793) GLASS ENGRAVING *90 CHARACTERS	1,350.00	1,350.00
1	1	4001	GLASS ENGRAVING	729.00	729.00
1	1	012510D	01/25/10 PROMISE SHIP DATE		00

Sheet #
511-01

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

Name George Miller

Page 6 of 6

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: climate change)	April 3-10	DC - Valencia, Spain - San Francisco	Y	Y	Y	1 day - 4/3
Aspen Institute Congressional Program (Conf. Re: new administration policy)	May 26 - June 1	San Francisco - Dubrovnik, Croatia - DC; Mrs. Miller returned to SF	Y	Y	Y	None
Aspen Institute Congressional Program (Conf. Re: education standards)	August 17 - 22	San Francisco - Calgary; Mrs. Miller returned to SF	Y	Y	Y	None