

# UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2009 FINANCIAL DISCLOSURE STATEMENT

**FORM A** Page 1 of 6  
For use by Members, officers, and employees

Candice Sue Miller

202-225-2106

(Full Name)

(Daytime Telephone)

**Filer Status** ☒ Member of the U.S. House of Representatives

State: MI District: 10

☐ Officer Or Employee

Employing Office:

**Report Type** ☒ Annual (May 15)

☐ Amendment

☐ Termination

Termination Date:

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

**HAND DELIVERED**  
(Office Use Only)

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

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

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# SCHEDULE I - EARNED INCOME

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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

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BLOCK A 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.  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.  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.	BLOCK 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."	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 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.	BLOCK D 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.
SP 401k, State of Michigan:	None (see below)	None	NONE	
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 500 Index	\$15,001 - \$50,000	None	NONE	
SP Dodge & Cox Stock	\$15,001 - \$50,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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SP	American Fund EuroPacific Growth	\$15,001 - \$50,000	None	NONE	
SP	IRA, USAA (see below)	\$50,001 - \$100,000	Required Minimum Distribution	\$201 - \$1,000	S(part)
SP	AIM Charter A	\$15,001 - \$50,000	DIVIDENDS	\$201 - \$1,000	
SP	American Investment Co A	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
SP	Principal SAM Conservative Growth	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	IRA, USAA (CD)	\$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:	None (see Below)	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	
	Rainier Large Cap Growth	\$1 - \$1,000	None	NONE	
	Columbia Acom:Z	\$1 - \$1,000	None	NONE	
	RidgeWorth Funds	\$1 - \$1,000	None	NONE	

# SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	American Fund Europacific Growth	\$15,001 - \$50,000	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	
	CSM Trust (cash only)	\$15,001 - \$50,000	None	NONE	
JT	Accounts -USAA	\$50,001 - \$100,000	INTEREST	\$201 - \$1,000	
JT	Melton Inv - Custodian MetLife	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
JT	New York Life	\$15,001 - \$50,000	INTEREST	\$1 - \$200	
JT	Lakeview Cemetery Ass'n	None	DIVIDENDS	\$1 - \$200	
	Real Estate Single Family Dwelling, Harrison Township, MI 48045	\$100,001 - \$250,000	RENT	\$201 - \$1,000	P

## Page \_\_\_\_ of \_\_\_\_

Amount of Transaction

[illegible]

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**SCHEDULE IV - TRANSACTIONS**

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

SP, DC, JT	Asset	Type of Transaction	Capital Gain in Excess of \$200?	Date	Amount of Transaction
	Real Estate: Purchase single family dwelling, Harrison Township, MI 48045	P	N/A	8-18-2009	\$100,001 - \$250,000