₹	Yes	child because	sactions, or liabilities of a spouse or dependent	" income, trans	EXEMPTION —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?
S M	Yes	trusts" need not	of Official Conduct and certain other "excepted trusts" need not pouse, or dependent child?	on standards	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and ce be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
S	UESTIONS	OF THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	wered and "Yes" respo	must be ans ed for each '	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	№	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	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	S S	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.
ĕ ⊠	Yes	or before the date	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.	N _S	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	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	∑ No	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.
₹ <u>X</u>	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No U	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 Yes
			E QUESTIONS	OF THESI	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTION
assessed nore than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penal against anyor 30 days late.	Termination Date:	Employee	Status House of Representatives District: (b Report Name (May 15) Amendment
2: 18	COURT IN THE PH 2: 18	MC 2002 1	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	بر 0	Candre Sue
R T	HAND DELIVERED		Form A For use by Members, officers, and employees		UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period

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Miller	

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$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. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefit	benefits received under the Social Security Act.	urity Act.
Source	Туре	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
ion	Spouse Salary	NA
State of Michigan	Spirise Salary	てヘア
(cumply of Macando	Spirise Scham	ν / _Α
State of Midnig	Spouse Tensian	7

SP 401K Stable Value SSGA Stab	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 you or your spouse's child, parent, or sibling; any deposits totalling \$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. SP Mega Corp. Stock DC. Examples: Simon & Schuster 1st Bark of Paducah, KY Accounts	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 asset 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 IFAs 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
x x x x x x x x x x x x x x x x x x x	None	BLOCK B Value of Asset Indicate 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 during the reporting year and is included only because it generated income, the value should be "None."
	NONE NONE NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income)	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 IfIAs, 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 calendar year.
* * * * * *	None - \$1 - \$200 = \$201 - \$1,000 ≡ × \$1,001 - \$2,500 <	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 received.
	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

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Con	Continuation Sheet (if needed)		(CE	my Correct of the Control of the Con
	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income Transaction
SP,			T	
DC,		00 00 00 0,000 00,000		
J		60,000 00,000 5250,00 5500,00 1,000, \$5,00 \$25,0 - \$50,	BLIND f Incon	00 00 000 0,000 0,000 0,000,00
		\$1,000 01 - \$1 001 - \$ 001 - \$ 0,001 - \$ 0,001 - \$ 0,001 - \$ 00,001 - \$ 000,001 - \$ 000,001 - \$	DENDS	\$200 - \$1,000 01 - \$2,5 01 - \$5,0 01 - \$15 001 - \$15 001 - \$1 0,001 - \$ 00,001 - \$ \$5,000,0
_		\$1,00 \$15,0 \$50,0 \$100 \$250 \$1,00 \$5,00 \$25,0	REN INTE CAP EXC	\$201 \$1,00 \$2,50 \$5,00 \$15,0 \$100 \$1,00
49	120			
Sp	Americas rivest Co. of Am. B	×		
	16	×	×	×
		X	X	X
	401-KMacomb County	*	X	X
	401(K) State of MI			
	SSgA Stable Vidue	×	X	
	SSIA SIP 500 Index	×	X	X
	SSIA ST. Midlap Index	×	X	×
	Mason		×	
	No Ac		X	
	11.	×	\(\text{\tin}\text{\tetx{\text{\tetx{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\ti}\text{\text{\text{\text{\texi}\text{\ti}\tint{\text{\texi}\tex{\texi}\text{\texi}\text{\texit{\texi}\text{\texi}\text{\texi}\t	×
_	1 5 P. C.	×		X
4	Huntin Am Bend	×		X
38	ç .	×	×	×
	CSM Trust	×	X	X
	118A Remond James			
	Alm Charley Class Frod	X	X	X
Γ				

SCHEDULE IV— TRANSACTIONS

Name Candice S Miller Page Bot

								Eastern Vence Mich Mutual Muni	JT 1st of Michigan	Princ In SanConsen Growth. OA	Principle Sam Conservacion		lowert Co of Almerica CIB	Principal Ins Sam Concess	IRA Ist of Midiga (xfer to USAA)	SP Example: Mega Coporation Common Stock (partial sale)	SP, DC, JT Asset	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.	stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property,
																		PURCHASE		of Tr
								k ×		<	××		×	×		×		SALE		Type of Transaction
																		EXCHANGE		ction
								8/21/07		8(21/07	8/21/07		8/21/07	8/21/07		10-12-07		Or Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
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