Yes O No K		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?	sets, "unearned" ?	Exemptions— Have you excluded from this report any other ass because they meet all three tests for exemption?
Yes No 🗸		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?	oved by the Comme	Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of O trusts" need not be disclosed. Have you excluded from this report details of such a trust child?
3	ESTIONS	IATION ANSWER EACH OF THESE QUESTIONS	JST INFORM	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSW
1Se.	s" respor	appropriate schedule attached for each "Yes" response		If yes, complete and attach Schedule V.
	ed and the	Each question in this part must be answered and the	Yes ✓ No	Did you, your spouse, or a dependent child have any reportable liability V. (more than \$10,000) during the reporting period?
		If yes, complete and attach Schedule IX.		If yes, complete and attach Schedule IV.
Yes No		Did you have any reportable agreement or arrangement with an outside IX. entity?	Yes U No 🗸	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting period?
		If yes, complete and attach Schedule VIII.		If yes, complete and attach Schedule III.
Yes No 🔇		Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Yes 🕢 No 🗌	Did you, your spouse, or a dependent child receive "unearned" income of III. 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 VII.		If yes, complete and attach Schedule II.
Yes No	9	Did you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$305 from one source)?	Yes No V	Did any individual or organization make a donation to charity in lieu of paying II. you for a speech, appearance, or article in the reporting period?
		If yes, complete and attach Schedule VI.		If yes, complete and attach Schedule I.
Yes No 🕟		Did you, your spouse, or a dependent child receive any reportable gift in VI. the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)?	Yes 🗌 No 🗸	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 l. or more from any source in the reporting period?
		OF THESE QUESTIONS		PRELIMINARY INFORMATION ANSWER EACH
	late.		☐ Termination	Type Annual (May 15) Amendment
more than 30 days	more th	Termination Date:		Report
be assessed against	be asse	Employee		<i>.</i>
A \$200 penaity shall	A \$200	Officer Or Employing Office:		Filer Member of the U.S. State: CA
(Office Use Only)	(Offic	(Daytime Telephone)		(Full Name)
7556 701 522 BH 4: 04	ج	202-225-2095		George Miller
TE RESOURCE CENTER	 			
MANIJ UELIVEKEU		For use by Members, officers, and employees	TATIVES YEAR 2007	FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2007

SCHEDULE III
- ASSETS AND
ID "UNEARNED
" INCOME

SP SP that of your spouse (SP) or dependent child (DC) or is jointly held (JT) a fair market value exceeding \$1,000 at the end of the reporting period, in the optional column on the far left. savings accounts; any financial interest in or income derived from U.S. parent or sibling; any deposits totaling \$5,000 or less in personal Exclude: Your personal residence(s) (unless there is rental income); any that is not publicly traded, state the name of the business, the nature of plans that are not self-directed, name the institution holding the account than \$200 in "unearned" income during the year. For rental property or If you so choose, you may indicate that an asset or income source is Government retirement programs. debt owed to you by your spouse, or by your or your spouse's child, its activities, and its geographic location in Block A. For additional investments), provide the value and income information on each asset in which you have the power, even if not exercised, to select the specific retirement plans (such as 401(k) plans) that are self directed (i.e., plans mutual funds (do not use ticker symbols). For all IRAs and other and (b) any other assets or sources of income which generated more and its value at the end of the reporting period. For an active business in the account that exceeds the reporting threshold. For retirement land, provide a complete address. Provide full names of stocks and Identify (a) each asset held for investment or production of income with information, see the instruction booklet. Asset and/or Income Source **EMC** Corp GE Interest Plus Savings Acct Union, Savings Acct., D.C. Congressional FeD. Credit Citicorp Calpine Corp. 127 D St., SE, Washington D.C **BLOCK A** \$15,000 \$15,001 -\$15,000 \$15,000 \$1 - \$1,000 the value should be \$50,000 \$1,001 -\$1,001 -\$1,001 -\$1,000,000 \$500,001 it is generated income asset was sold and is the method used. If ar value, please specify other than fair market valuation method year. If you use a at close of reporting included only because Value of Asset Year-End **BLOCK B** Name George Miller RENT Farm income) Partnership income or block. (For example: type of income by writing a brief description in this categories, specify the than one of the listed asset did not generate apply. Check "None" if Check all columns that DIVIDENDS calendar year. If other any income during the INTEREST NTEREST Type of Income BLOCK C NONE NONE \$1,001 - \$2,500 \$1 - \$200 "None" if no income was \$1 - \$200 \$15,001 - \$50,000 box below. Dividends, even checking the appropriate category of income by other assets, indicate the you to choose specific accounts that do not allow For retirement plans or listed as income. Check if reinvested, should be "NA" for income. For all nvestments, you may write Amount of Income BLOCK D exchanges (E) Transaction \$1,000 in exceeding reporting year. (P), sales (S), or had purchases ndicate if asset BLOCKE Page 2 of 5

					!
SCHEDU	SCHEDULE III - ASSETS AND "UNEARNED" INCOME	ME Name George Miller	Miller		Page 3 of 5
`	IRA Acct W.R. Hambrecht Company	\$15,001 - \$50,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	
SP	IRA Acct W.R. Hambrecht Company	\$1,001 - \$15,000	DIVIDENDS/CAP ITAL GAINS	\$1,001 - \$2,500	
	Pacificnet.com	\$1 - \$1,000		NONE	
SP	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 (formerly Stock Fund S.I.F.E. Trust),	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	

Assets within IRA account are listed below.

Walnut Creek (IRA)

SCHEDULE V - LIABILITIES

Name George Miller

Page 4 of 5

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.

J _T	JΤ	SP, DC, JT
Citicorp	Congressional Fed. Credit Union - Home Equity	Creditor
Mortgage on 127 D St., SE, Wasington D.C Refinance	Home Equity on 127 D St., SE, Washington D.C.	Type of Liability
\$100,001 - \$250,000	\$1,001 - \$15,000	Amount of Liability

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name George Miller

spouse or dependent child that is totally independent of his or her relationship to 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 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 sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under 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 ldentify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$305 received by you,

Source	Date(s)	Point of Departure DestinationPoint of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family ng? Food? Member Included? (Y/N) (Y/N)	Days not at sponsor's expense
Aspen Institute Congressional Program (Conf. Re: NCLB)	Feb. 20-25	Washington, D.C San Juan, Puerto Rico - Washington, D.C.	Υ	4	~	None
AFL-CIO Lawyers Coordinating Committee	April 27	Washington, D.C Chicago - San Francisco	Z	~	Z	None
New Leaders for New Schools (National Education Summit)	May 6-7	San Francisco - New Orleans - Washington, D.C.	~	~	Z	None
Aspen Institute Congressional Program (Conf. Re: Political Islam)	May 28 - June 3	Washington D.C Ljubljana, Slovenía - Washington D.C.	~	~	~	None
Aspen Intitute Congressional Program (Conf. Re: Policy in Latin America)	Nov. 27 - Dec. 2	San Francisco - Liberia, Costa Rica - Washington, D.C.	~	~	~	None

May 6-7