

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

FORM A

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For use by Members, officers, and employees

HAND DELIVERED
 LEGISLATIVE RESOURCE CENTER

Candice Sue Miller

(Full Name)

202 225 2106

(Daytime Telephone)

2012 MAY -9 PM 2:55

OFFICIAL USE ONLY

H/C

 Filler ☒ Member of the U.S. House of Representatives
 Status 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 late.

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 \$500 and not otherwise exempt)?	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. Did you, your spouse, or a dependent child receive any reportable travel or reimbursement for travel in the reporting period (worth more than \$500 from one source)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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"/>
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?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 I.

If yes, complete and attach Schedule II.

If yes, complete and attach Schedule III.

If yes, complete and attach Schedule IV.

If yes, complete and attach Schedule V.

If yes, complete and attach Schedule VI.

If yes, complete and attach Schedule VII.

If yes, complete and attach Schedule VIII.

If yes, complete and attach Schedule IX.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH 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 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 Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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		BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
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 reportable asset or source of income which generated more than \$200 in "unearned" income during the year.		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."	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
Provide complete 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 for each asset held in the account that exceeds the reporting threshold. For retirement accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period.					
For rental or other real property held for investment, provide a complete address.					
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.					
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$8,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.					
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 with your spouse (JT), in the optional column on the far left.					
CSM Trust; Real Estate Single Family Dwelling 26845 Campau Lane Harrison Twp MI 48045		\$50,001 - \$100,000	None	NONE	
CSM Trust; Real estate, Cocoa Beach, FL		\$100,001 - \$250,000	None	NONE	
CSM Trust; Real estate, Washington, DC		\$250,001 - \$500,000	None	NONE	
SP DGM Trust; Real estate, Harrison Township, MI		\$100,001 - \$250,000	None	NONE	
JT Huntington Bank Checking		\$1,001 - \$15,000	INTEREST	\$1 - \$200	
Lakeview Cemetery Ass'n		None	DIVIDENDS	\$1 - \$200	

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

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	Met Life	\$15,001 - \$50,000	DIVIDENDS	\$1 - \$200	
	Trust	\$250,001 - \$500,000	None	NONE	
JT	USAA Bank Checking	\$1,001 - \$15,000	None	NONE	
JT	USAA Bank Savings	\$1 - \$1,000	None	NONE	
SP	USAA Fed Savings CD	\$1,001 - \$15,000	None	NONE	
SP	USAA Fixed Retirement Annuity	\$250,001 - \$500,000	None	NONE	
SP	USAA Money Market Fund	\$15,001 - \$50,000	None	NONE	
JT	Wells Fargo Checking	\$1,001 - \$15,000	None	NONE	

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
	CSM Trust; acquire Cocoa Beach, FL property via JT quit-claim deed	P	N/A	5-31-2010	\$1
	CSM Trust; acquire Washington, DC property via JT quit-claim deed	P	N/A	5-31-2007	\$1
	CSM Trust; Purchase Campau Lane property	P	N/A	1-27-2007	\$100,001 - \$250,000
SP	DGM Trust; acquire Harrison Twp, MI property via JT quit-claim deed	P	N/A	6-1-2010	\$1
SP	Michigan 401(K) Account rollover to USAA IRA, Annuity	S	N/A	3-31-11	\$250,001 - \$500,000
JT	Purchase Lexington, MI real estate	P	N/A	6-17-2011	\$100,001 - \$250,000

SCHEDULE V - LIABILITIES

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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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

SP, DC, JT	Creditor	Date Liability Incurred	Type of Liability	Amount of Liability
	PHH Mortgage	October 2005	Mortgage Washington DC	\$250,001 - \$500,000

FOOTNOTES

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Number	Section / Schedule	Footnote	This note refers to the following item
1	Schedule III	Member's Macomb County 457 fund and State of Michigan 401k fund were rolled over into TSP	
2	Schedule IV	Spouse's State of Michigan 401(k) fund was rolled over into USAA IRA/Fixed Annuity	Michigan 401(K) Account
3	Schedule III	Same as Mellon Inv-Custodian MetLife	Met Life
4	Schedule III	Trust remains active - cash used to purchase trust-owned and joint real estate; non-income-producing	DGM Trust
5	Schedule III	Trust remains active - cash used to purchase trust-owned and joint real estate; non-income-producing	CSM Trust