

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 2006**

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

HAND DELIVERED
LEGISLATIVE RESOURCE CENTER

MC 2007 MAY 15 PM 4:11
(Office Use Only)

George Miller
(Full Name)
2205 Rayburn HOB Washington, DC 20515
(Mailing Address) 202-225-2095
Daytime Telephone:

Filer Status Member of the U.S. House of Representative State: CA District: 7 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.

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? If yes, complete and attach Schedule I.	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 \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	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? If yes, complete and attach Schedule II.	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 \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input 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? If yes, complete and attach Schedule III.	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? If yes, complete and attach Schedule VIII.	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? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	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? If yes, complete and attach Schedule V.	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.	

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 No

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? Yes No

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil penalties and criminal sanctions (See 5 U.S.C. app. 4, § 104 and U.S.C. § 1001).

Certification: I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.

Signature of Reporting Individual: *George Miller* Date (Month, Day, Year): **5-15-07**

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George Miller

Page 2 of 6

<p align="center">BLOCK A</p> <p align="center">Asset and/or Income Source</p> <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 asset or source of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For a self directed IRA (i.e., one where you have the power to select the specific investments) provide information on each asset in the account that exceeds the reporting threshold and the income earned for the account. For an IRA or retirement plan that is not self-directed, name the institution holding the account and provide its value at the end of the reporting period. For an active business that is not publicly traded, in Block A state the nature of the business and its geographic location. For additional information, see instruction booklet for the reporting year.</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 align="center">BLOCK B</p> <p align="center">Year-End Value of Asset</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 align="center">BLOCK C</p> <p align="center">Type of Income</p> <p>Check all columns that apply. Check "None" if asset did not generate any income during the calendar year. If other than one of the listed categories, specify the type of income by writing a brief description in this block. (For example: Partnership income or Farm Income)</p>	<p align="center">BLOCK D</p> <p align="center">Amount of Income</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, indicate the category of income by checking the appropriate box below. Dividends, even if reinvested, should be listed as income. Check "None" if no income was earned.</p>	<p align="center">BLOCK E</p> <p align="center">Transaction</p> <p>Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.</p>
	127 D St., SE, Wash., DC	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000
	Calpine Corp	\$1 - \$1,000		NONE
SP	Citicorp	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200
	Cong. Fed. Credit Union, Savings Acct., Wash., DC	\$1,001 - \$15,000	INTEREST	\$1 - \$200
SP	EMC Corp	\$1,001 - \$15,000		NONE
	GE Interest Plus Savings Acct.	\$15,001 - \$50,000	INTEREST	\$1,001 - \$2,500

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

Name George Miller

Page 3 of 6

SP	IRA Acct. - W.R. Hambrecht Co.	\$1,001 - \$15,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	
	IRA Acct. - W.R. Hambrecht Co.	\$15,001 - \$50,000	DIVIDENDS/CAPITAL GAINS	\$1,001 - \$2,500	
	Pacificnet.com	\$1 - \$1,000		NONE	
SP	Sangamo Biosciences	\$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	P
	US Starcom	\$1,001 - \$15,000		NONE	S
	Vodafone	\$1,001 - \$15,000	DIVIDENDS	\$1 - \$200	
	Wells Fargo S.I.F.E. (formerly Stock Fund S.I.F.E. Trust), Walnut Creek, CA (IRA)	\$1,001 - \$15,000	DIVIDENDS	\$1,001 - \$2,500	

SCHEDULE IV - TRANSACTIONS

Name George Miller

Page 4 of 6

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 or series of transactions exceeded \$1,000. Include transactions that resulted in a loss. 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. Provide a brief

SP, DC, JT	Asset	Type of Transaction	Date	Amount of Transaction
	US Starcom	S	5-2-06	\$1,001 - \$15,000
	T.Rowe Price New Era	P	5-2-06	\$1,001 - \$15,000

SCHEDULE V - LIABILITIES

Name George Miller

Page 5 of 6

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	Cong. Fed. Credit Union - Home Equity	home equity on 127 D St., SE, Wash., DC	\$1,000-\$15,000
JT	Citicorp	mortgage on 127 D St., SE, Wash., DC, refinance	\$100,001 - \$250,000

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 \$305 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. On US Policy in Latin America)	Jan 8-13	San Francisco-Punta Mita, Mexico-San Francisco	Y	Y	Y	none
Machinists Non-Partisan Political League Education Fund	Mar 13	San Francisco-San Diego- San Francisco	N	N	N	none
Aspen Institute Congressional Program (Conf. On Political Islam)	May 28- June 4	Wash., DC-Istanbul-Wash., DC (George Miller); San Francisco-Istanbul-San Francisco (Cynthia Miller)	Y	Y	Y	1 day
Aspen Institute Congressional Program (Conf. On US-China Relations)	Apr 9-14	San Francisco-Honolulu-San Francisco	Y	Y	Y	none
Aspen Institute Congressional Program (Conf. On US-Russia- Europe: Cooperative Efforts)	Aug 12-18	San Francisco-Krakow, Poland-San Francisco	Y	Y	Y	none
International Institute for Sustained Dialogue	Sept 14-17	Wash., DC-Athens, Greece- San Francisco	Y	Y	N	none