Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

5 C.F.R Part 2634 U.S. Office of Government Ethics

Date of Appointment, Candidacy, Election or Nomination (Month, Day, Year)	Reporting Status	Incumbent	Calendar Year Covered by Report		New Entrant, Nominee,	Termination	Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to
	appropriate boxes)	100		Х	or Candidate	Filer		file this report and does so more than
	Last Name	1101			First Name and Middle	Initial		30 days after the date the report is required to be filed, or, if an extension
Reporting Individual's Name	Miller		is granted, more than 30 days after the					
					James N. Department or Agency (last day of the filing extension period
Position for Which Filing	Title of Position		shall be subject to a \$200 fee.					
rosition for which Plang		Secretary of De	Reporting Periods					
I continue of Dunnant Office	Address (Number,	Street, City, State,	and ZIP Code)			Telephone No. (Inc.	clude Area Code)	Incumbents: The reporting period is
Location of Present Office (or forwarding address)	1301 Pa. Aven	ue, NW; Suite 4	03; Washington, D	C 20	004	202-457-9400		the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also
Position(s) Held with the Federal	Title of Position(s)	and Date(s) Held						include the filing year up to the date
Government During the Preceding 12 Months (If Not Same as Above)	None.							you file. Part II of Schedule D is not applicable.
	<u> </u>							Termination Filers: The reporting
Presidential Nominees Subject to	Name of Congress	ional Committee Co	nsidering Nomination_		Do You Intend to Create			period begins at the end of the period
Senate Confirmation	Senate Armed	Services Comm	ittee		Yes	X No		covered by your previous filing and ends at the date of termination. Part II
Certification	Signature of Repor	sting Individual				Date (Month, Day,	Tear I	of Schedule D is not applicable.
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.		in M	, ~	**********		3-10-0		Nominees, New Entrants and Candidates for President and Vice President:
	Signature of Other	Daviewar				5 . (/ / 5		Schedule A-The reporting period for
	Signature of Object	ACVIEWEI				Date (Month, Day,	(lear)	income (BLOCK C) is the preceding calendar year and the current calendar
Other Review (If desired by agency)								year up to the date of filing. Value assets as of any date you choose that is within 31 days of the date of filing.
Agency Ethics Official's Opinion	Signature of Desig	nated Agency Ethic	Official/Reviewing O	fficial		Date (Month, Day,	Year)	Schedule B-Not applicable.
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).		2		***		3/12/05		Schedule C. Part I (Liabilities)— The reporting period is the preceding calendar year and the current calendar year up to any date you choose that is
Office of Government Ethics	Signature			1		Date (Month, Day,	Year)	within 31 days of the date of filing.
Use Only Comments of Reviewing Officials (If additional additiona	onal space is requir	d use the remores	ide of this should		/	3/17/0	09	Schedule C. Part II (Agreements or Arrangements) Show any agreements or arrangements as of the date of
Solitanesis of Keylevining Officials (4) death	one opaco is rogan	04, 430 1115 1010100						filing.
			(Check bo	x if fil	ing extension granted &	indicate number of a	lays)	Schedule D-The reporting period is
								the preceding two calendar years and the current calendar year up to the date of filing.
								Agency Use Only
F								
					(Check box if comme	ents are continued on	the reverse side)	MAROGE Use Only
One of Display Walt O	- 11 - 1							

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U.S. Office of Government Ethics Reporting Individual's Name Page Number SCHEDULE A James N. Miller, Jr. Assets and Income Valuation of Assets Income: type and amount. If "None (or less than \$201)" is checked, no at close of other entry is needed in Block C for that item. reporting period BLOCK A BLOCK B BLOCK C For you, your spouse, and dependent children, Type Amount report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 Other Date Excepted Investment Fund in income during the reporting period, together \$25,000,001 \$50,000,000 Income Mo., Dav. \$5,000,001 - \$25,000,000 \$1,000,001 - \$ 5,000,000 with such income. \$1,000,001 - \$5,000,000 (Specify Yr.)\$500,001 - \$1,000,000 \$100,001 - \$1,000,000 Type & \$100,001 - \$250,000 \$250,001 - \$500,000 Rent and Royalties For yourself, also report the source and actual \$50,001 - \$100,000 Only if Actual Over \$50,000,000 \$50,001 - \$100,000 None (or less than \$15,001 - \$50,000 Over \$1,000,000* Over \$1,000.000 amount of earned income exceeding \$200 (other \$1,001 - \$15,000 Excepted Trust \$5,001 - \$15,000 Over \$5,000,000 Amount) Honoraria \$2,501 - \$5,000 \$1,001 - \$2,500 than from the U.S. Government). For your spouse, Capital Gains \$201 - \$1,000 report the source but not the amount of earned Dividends income of more than \$1,000 (except report the Interest actual acount of any honoraria over \$200 of your spouse). None Central Airlines Common Examples Doe Jones & Smith, Hometown, State Law Portnership Income \$130,000 Kempstone Equity Fund IRA: Heartland 500 Index Fund 1 Wachovia Bank Checking Account X X X Wachovia Bank Money Market Account Fidelity Municipal Money Market Fund Х 2 Hartford 403(b) Mid-Cap Value Fund X Hartford 403(b) Small-Cap Value Fund Hartford 403(b) Large-Cap Value Fund Х 3 Hartford 403(b) Janus Int'l Growth X Х Hartford 403(b) Pioneer Emerging Mkts Х TIAA-CREF 403(b) CREF Stock Х 4 TIAA-CREF 403(b) CREF Global Equities X X Vanguard 401(k) 500 Index Fund Х Vanguard 401(k) Developed Markets 5 Vanguard 401(k) International Growth X Х Vanguard 401(k) MidCap Index Х Vanguard 401(k) Small Cap Index Х S Vanguard 401(k) 2025 Retirement Fund Х Vanguard 401(k) Total Bond Fund Х Х Valic 403(b) Money Market Acct This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Prior Editions Cannot be Used

Rep	porting Individual's Name mes N. Miller, Jr.	SCHEDULE A continued (Use only if needed)												Page Number 2													
	Assets and Income	Valuation of Assets at close of reporting period BLOCK B Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item. BLOCK C										' is checked, no															
	None ·	None (orders than \$1,001)	\$1,001 - \$15,000	\$50,001 - \$100,000	\$180,001 - \$250,000	\$250,001 - \$500,000	Over \$1,000,000 *	\$1,000,001 - \$ 5,000,000	\$5,000,001 - \$25,000,000	325500000001 - 550000000000 Over \$50 000 000	Excepted investment Fund	Excepted Trust	Dividends	Royalties	Interest		None (or less than \$201)	\$281 -\$1,000	52,501 - 85,000	\$5,001 - \$15,000	0	\$50,001 - \$100,000		Over \$1,000,000*	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	Center for a New American Security 1301 Pennsylvania Ave, NW #403 Washington, DC																									salary \$208,333	
2	10010 Campus Point Drive San Diego CA 92121																									\$4,060	
3																											
4	Adaptive Strategies, LLC (consulting); Arlington, VA		x																							\$30,248	
5	(sole proprietorship)																										
6																											
7																											
8																											
9																											
	This category applies only if the asset/incomurk the other higher categories of value, as applied to the company of the categories of the		that	of the	filer's	s spou	se or	depe	endent	child	lren.	If the a	sset/	incor	ne is	eithe	er th	at of t	he fil	er or	joint	iy hel	d by	the file	r wit	h the spouse or depe	ndent children,

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Reporting Individual's Name	SCHEDULE A continued	Page Number 3									
James N. Miller, Jr.	(Use only if needed)										
Assets and Income	Valuation of Assets at close of reporting period BLOCK B Income: type and amount. If "None (or less than \$201)" is other entry is needed in Block C for that item. BLOCK C	s checked, no									
BLOCKA											
None	State Stat	Other Income (Mo., Day, Specify Yr.) Type & Actual Amount) Other Date (Mo., Day, Yr.) Yr.) Color of Mo., Day, Yr.) Honoraria									
1 SAIC Stock (SAI) sale Fidelity Real Estate Invest (FRESX)	X X X X X X										
Powershare Golden Dragon ETF (PGJ) 2 Vanguard Large Cap Fund (VV) Ishares FTSE Xingha (FXI) Ishares MSCI Emerging (EEM)	X										
3											
4											
5											
6											
7											
8											
9											
This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.											

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	Office of Government Ethics										_																					18		
	orting Individual's Name										S	CI	IE	DI	ULE	A	c	on	tin	ue	d											Pa	ige Number 4	
Jar	nes N. Miller, Jr.												J)	Ise	only	if	ne	ede	d)							_								
																																_		
	Assets and Income	Valuation of Assets at close of reporting period Income: type and amount. If "None (or less than \$201)" if other entry is needed in Block C for that item.									'is	checked, no																						
	BLOCK A	BLOCK B										BLOCK C																						
																∦ -	18	Typ)e	****	E	280330	18	38862	- 12	Am	oun	t		1235980		-		
	None	None (or less than \$1,001).	\$1,001 - \$15,000	\$15,043,~\$50,000.	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,006.000 *	\$1,000,001 - \$ \$,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 \$50,000,000	Over \$50,000,000	Freehood Breatment Freed	Excepted Trust	Qualifical Trist	Dividends	Rent and Royalties	Interest	Copital Cains	None (or less than \$201)	\$201+\$1,000	\$1,001 - \$2,500	\$2,501+,55,000	\$5,001 - \$15,000	\$15,001 -350,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,003 - \$5,000,000,	Over \$5,000,000		Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	ALL BELOW SHARE OF ASSETS IN MARITAL TRUST FBO DORIS MILLER																						2000000											
	First American Prime Obligation Fund CL Y (FAIXX)	×												×							Х													
3	First American Tax Free Oblig. Fund CL Y (FFCXX)		Х										-	×							Х													
4	Muni Bond Rockford MI Public 4% 5/01/20			Х													200000000000000000000000000000000000000		Х		Х		***************************************									T		
5	Muni Bond Cook County, IL 4% 12/01/09			X															х		X													
	Muni Bond FLA State Municipal Power 0.84% 10/01/21			X															Х		Х													
	Muni Bond Van Dyke MI Public Schools 4% 5/01/18 Vanguard Emerging Mkts ETF (VWO)				X X									x					X		X X													
L	Vanguard REIT ETF (VNQ) iShares Russell 2000 ETF (IWM)			×	X								-	× × ×							X X													
9	iShares Mid Cap Index ETF (IWR) iShares S&P 500 ETF (IVV)			X			x							×							X													
	This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.																																	
Name of Street			_	-			_									-					-		-		_	_	_	-			-	-		

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James N. Miller, Jr.		SCHEDULE	B											
Part I: Transact	ions	And the second s		n an an mineral		***************************************	Nor	ie]			<u> </u>	
or dependent children durin	or exchange by you, your spouse, ag the reporting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you,	1 -	ansact						A	mount	of Tran	asaction	ı (x)
property, stocks, bonds, con securities when the amount \$1,000. Include transactions		your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase	je je	change	Date (Mo., Day, Yr.)	- 1001	- 100,5	0,001 -	20,000	50,001 -	20,001 -	er 000,000	- 100,000
	Identifi Identifi	cation of Assets	2	Sale	Ã		22 2	13	\$50	\$10	\$25	5 2 E	Š Š	**
Example: Central Airline	es Common		X			2/1/99			х	1				
1	, , , , , , , , , , , , , , , , , , ,													

This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Part II: Gifts, Reimbursements, and Travel Expenses

For you, your spouse and dependent children, report the source, a brief description, and the value of: (1) gifts (such as tangible items, transportation, lodging, food, or entertainment) received from one source totaling more than \$260; and (2) travel-related cash reimbursements received from one source totaling more than \$260. For conflicts analysis, it is helpful to indicate a basis for receipt, such as personal friend, agency approval under 5 U.S.C. § 4111 or other statutory authority, etc. For travel-related gifts and reimbursements, include travel itinerary, dates, and the nature of expenses provided. Exclude anything given to you by

the U.S. Government; given to your agency in connection with official travel; received from relatives; received by your spouse or dependent child totally independent of their relationship to you; or provided as personal hospitality at the donor's residence. Also, for purposes of aggregating gifts to determine the total value from one source, exclude items worth \$104 or less. See instructions for other exclusions.

Page Number

5

Certificate of

Source (Name and Address) **Brief Description** Value Examples: Nat'l Assn. of Rock Collectors, NY, NY Airline ticket, hotel room & meals incident to national conference 6/15/99 (personal activity unrelated to duty) \$500 Frank Jones, San Francisco, CA \$300 Leather briefcase (personal friend) 2 3 5

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2 3 4

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Reporting Individual's Name										-	Page 1	Jumber			
James N. Miller, Jr.	SCHEDUI	EC				_							6		
Part I: Liabilities															
Report liabilities over \$10,000 owed to any one creditor	•		No	one x				Cates	ory of	Amoun	or Va	lue (x)			_
any time during the reporting period by you, your spou- or dependent children. Check the highest amount owed					_				· ·	T	T+				
during the reporting period. Exclude a mortgage on your See instructions for revolving charge accounts. Date Interest Incurred Rate applicable (Creditors (Name and Address)) Type of Liability Term if applicable (Name and Address) Term if applicable (Name and Address)										<u> </u> 8	ģ	28	- 8	8 8	ع ا
										, ē	88	000,000		\$	
Creditors (Name and Address)	Type of Liability	1		Cable	\$10,	5 5	200	2 4 4	\$250	550	0.12	55.0	\$5,0	525,1	2 6
Examples: First District Bank, Washington, DC	Mortgage on rental property, Delaware	1991	8%	25 yrs			x								J.
John Jones, 123 J St., Washington, DC	Promissory note	1999	10 %	on dem	and	-	-		x						
1												1		}	1
2				 	-	+	+	+	-		 	+	-	-	+-
			_										İ		
3															T
4		-			-	+				-	<u> </u>	 		-	-
1 1											1				
5					1					 	1				1
* This category applies only if the hability is solely that with the spouse or dependent children, mark the other h	of the filer's spouse or dependent children. If the liability is that of the	filer or a jo	unt liabili	ity of the	filer										
Part II: Agreements or Arrangem							_	_				_			
Report your agreements or arrangements for; contemployee benefit plan (e.g. 401k, deferred compe	inuing participation in an	of absen-									ding t	he re	portin	ıg	
payment by a former employer (including severan	ce payments): (3) leaves	or negon	ations ic	or any or	mese a	rrange	emeni	s or u	enerits	•					
										1	None		J		
Status and Ter	ns of any Agreement or Arrangement							Parti	es:			-	-	Ľ	Date
calculated on service performed through 1/00:	lump sum payment of capital account & partnership share				Doe Jone	s & Sm	ith, Ho	metowi	, State					7	1/85
1 Upon my appointment, the Center for a New A	merican Security will no longer contribute to my 403b plan with	Hartford.			Center	for a l	New A	meric	an Se	curity				2	/07
2	anguard (started at SAIC). SAIC does not contribute to this pla	ın			SAIC									10/	2000
3	anguard (started at 5 no). Of the does not continuate to and pie	171,			0, 110						·			10%	2000
I continue to participate in my 403B Cref and VALIC plans (started at Duke). Duke University does not contribute to either Duke University												9	/92		
4 of those plans.															
5					***************************************										
6					*****		·····								

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Reporting Individual's Name				Page Number	
James N. Miller, Jr.		SCHEDULE D			7
Part I: Positions Held Outs: Report any positions held during the accompensated or not. Positions include director, trustee, general partner, propri	pplicable reporting period, whether	non-profit organization or education	partnership, or other business enterprise or an all institution. Exclude positions with religiou and those solely of an honorary nature.	y ss. None	
Organ	ization (Name and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Examples: Nat'l Assn. of Rock Collectors	, NY, NY	Non-profit education	President	6/92	Present
Doe Jones & Smith, Hometown		Law firm	Partner	7/85	1/00
Center for a New American Sec 1301 Pennsylvania Ave, NW #4	403, Washington DC 20004	Non-profit think tank	Senior Vice President and Director of Studies	2/07	present
2 SAIC, 1710 SAIC Drive, McLea		Corporation	Consulting Employee	2/07	12/08
3 Hicks & Associates, Inc, 1710 S (wholly-owned subsidiary of SA	SAIC Drive, McLean VA 20004 IC)	Corporation	Senior Vice President	9/00	2/07
4 The Miller Agency, Inc. 2615 W. 4th St, Waterloo, loward	50701	Corporation	President (uncompensated)	7/06	present
5 Adaptive Strategies, LLC Arlington VA 22207		Limited liability company	President	8/06	present
6					
Report sources of more than \$5,000 co business affiliation for services provide the reporting period. This includes the	ed directly by you during any one year of	corporation, firm, partnership, or oth organization when you directly prov	ner business enterprise, or any other non-profit yided the services generating a fee or payment report the U.S. Government as a source.	t if you are a Termination Vice Presid	ential tial Candidate
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown Metro University (client of Doe	n, State e Jones & Smith), Moneytown, State	Legal services in connection with univ	versity construction		
1 Los Alamos Los Alamos, NM	,	consulting services			
Adaptive Strategies, LLC Arlington, VA 22207		annoulting continue			
3 CSIS	MANUTURE CONTRACTOR CO	consulting services consulting services		····	
1800 K Street, NW, Wash, DC			-		
5 Center for a New American Sec 1301 Pa. Aven, NW, WASH, D		provided service as Senior Vice	President and Director of Studies		
6	/ C				
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James N. Miller

Attachment to SF 278

The following clients of Adaptive Strategies, LLC, do not meet the reporting threshold for the SF 278, but are being provided:

Systems Planning & Analysis, Inc. CACI Technologies, Inc. Northrop Grumman Corp. National Institute for Public Policy Booz Allen Hamilton