OGE Form 278-T (January 2013) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

## Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT: Periodic Transaction Report

Filer's Name (Print Last, First, and Middle Initial)	Title of Position for Which Filing						Department or Agency											
Miller John A	Deputy Associate Administrator - Office of Capital Access						SBA											
Certification: I CERTIFY that the statements I have made  Signature of the Filer								Date (Month, Day, Year)						Notice of Extension				
on this form and any attachments are true, complete, and correct to the best of my knowledge.	John Miller						2018-11-30 12:39:19						Check if granted Indicate number of days:					
Signature of Intermediate Reviewing Official (if required by agency)			Date (Month, Day, Year)					Agency Use Only						OGE Use Only				
			11/30/2018															
Signature of Agency's Final Reviewing Official			Date (Month, Day, Year)					Comments of Reviewing Officials										
Marilyn Barnes			2018-12-07 18:01:56															
Signature of Reviewing Official at U.S. Office of Government Ethics (if required)		Date (Mon																
Deadlines You must file your report within 30 days of when you receive notification of a transaction but not later than 45 days after the transaction. These deadlines do not apply to any voluntary additional disclosures you make. See the instructions.		Date	Notification Received More Than 30 Days		ype (	x)	01 - 000	001 - 000	\$50,001 - \$100,000		\$250,001 - \$500,000	of Tran - 100,000,18	Over \$1,000,000**	\$1,000,000 - 100,000,000 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
Identification of Assets			Ago*	Pur	Sale	Ex	\$1,001 - \$15,000	\$15,001 \$50,000	\$50, \$100	\$100 \$250	\$250 \$500	\$500 \$1,0	Over \$1,0	\$1,0 \$5,0	\$5,0 \$25,	\$25, \$50,	Ove \$50,	
Ex. Central Airlines Co.		10/1/12		X					X									
Ex. BMSL Propulsion, Inc.		9/4/12	X	X				X										
EHC - Encompass Health Corporation		11/07/2018		×			×											
2																		
3																		
4																		
5																		
6																		
7																		
1			I								l						1	

<sup>\*\*</sup> This category applies only if the underlying asset is solely that of your spouse or dependent child. If the underlying asset is either held by you or jointly held by you with your spouse or dependent children, use the other higher categories of value, as appropriate.