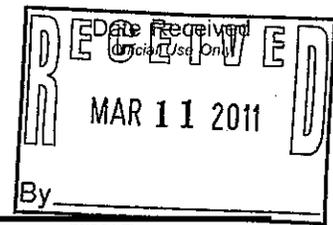


STATEMENT OF ECONOMIC INTERESTS

COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION



Please type or print in ink.

NAME OF FILER (LAST) Miller (FIRST) Stephen (MIDDLE) Andrew

1. Office, Agency, or Court

Agency Name
City of Citrus Heights
Division, Board, Department, District, if applicable
City Council
Your Position
Council Member

If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

- State, Multi-County, City of Citrus Heights, Judge (Statewide Jurisdiction), County of, Other

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2010, through December 31, 2010. -or- The period covered is through December 31, 2010. Leaving Office: Date Left, Assuming Office: Date, Candidate: Election Year, Office sought

4. Schedule Summary

Check applicable schedules or "None."

Total number of pages including this cover page: 4

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments, None - No reportable interests on any schedule

5.



I have used all reasonable diligence in preparing this statement. I have reviewed this statement and in any attached schedules is true and complete. I acknowledge this is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 28, 2011 (month, day, year)

Signature





**SCHEDULE D**  
**Income – Gifts**

Name  
Stephen A. Miller

▶ NAME OF SOURCE  
Gregory D. Thatch  
 ADDRESS (Business Address Acceptable)  
1730 I Street, Suite 220, Sacramento, CA 95811  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 18 / 10</u>	\$ <u>175</u>	<u>Cap to Cap Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE  
Meyers Nave  
 ADDRESS (Business Address Acceptable)  
555 Capitol Mall, Suite 1200, Sacramento, CA 95841  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 07 / 10</u>	\$ <u>50</u>	<u>Rivercats' Game</u>
<u>09 / 15 / 10</u>	\$ <u>75</u>	<u>LOCC Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE  
Tiechert and Son  
 ADDRESS (Business Address Acceptable)  
3500 American River Drive  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 19 / 10</u>	\$ <u>100</u>	<u>1/2 Cap to Cap Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE  
Sutter Medical  
 ADDRESS (Business Address Acceptable)  
2801 L Street, Sacramento, CA 95816  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non-Profit Health Care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 19 / 10</u>	\$ <u>100</u>	<u>1/2 Cap to Cap Dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: \_\_\_\_\_