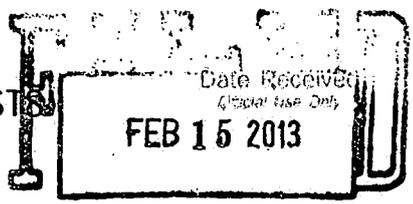


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NAME OF FILER (LAST) 2013 FEB 21 AM 10:18 (FIRST) (MIDDLE)  
MILLER DOUGLAS PAUL

COURT OF APPEAL FOURTH DISTRICT

1. Office, Agency, or Court

Agency Name  
COURT OF APPEAL  
Division, Board, Department, District, if applicable  
FOURTH DISTRICT, DIVISION TWO  
Your Position  
ASSOCIATE JUSTICE

▶ 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 \_\_\_\_\_
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_\_ through December 31, 2012.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_ through the date of leaving office.

4. Schedule Summary

- Check applicable schedules or "None." ▶ Total number of pages including this cover page: 3
- Schedule A-1 - Investments - schedule attached
  - Schedule A-2 - Investments - schedule attached
  - Schedule B - Real Property - schedule attached
  - Schedule C - Income, Loans, & Business Positions - schedule attached
  - Schedule D - Income - Gifts - schedule attached
  - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. [Redacted]

I have used all reasonable diligence in preparing this Statement. The information herein and in any attached schedules is true and complete. I acknowledge and understand the consequences of this statement.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/15/2013  
(month, day, year)



**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 MILLER, DOUGLAS PAUL

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
 BOYS & GIRLS CLUB OF AMERICA

ADDRESS (Business Address Acceptable)  
 1275 PEACHTREE ST NEM

CITY AND STATE  
 ATLANTA, GEORGIA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 NONPROFIT

DATE(S): 07 / 31 / 12 08 / 02 / 12 AMT: \$ 1,200.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

TRAVEL, LODGING, MEALS FOR NATIONAL  
COUNCIL COMMITTEE MEETING IN GEORGIA

▶ NAME OF SOURCE (Not an Acronym)  
 BOYS & GIRLS CLUB OF AMERICA

ADDRESS (Business Address Acceptable)  
 1275 PEACHTREE ST NEM

CITY AND STATE  
 ATLANTA, GEORGIA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 NONPROFIT

DATE(S): 11 / 27 / 12 11 / 28 / 12 AMT: \$ 800.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

TRAVEL, LODGING, MEALS FOR NATIONAL  
COUNCIL COMMITTEE MEETING IN GEORGIA

▶ NAME OF SOURCE (Not an Acronym)  
 BOYS & GIRLS CLUB OF AMERICA

ADDRESS (Business Address Acceptable)  
 1275 PEACHTREE ST NEM

CITY AND STATE  
 ATLANTA, GEORGIA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 NONPROFIT

DATE(S): 09 / 11 / 12 09 / 13 / 12 AMT: \$ 500.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

LODGING, MEALS FOR AREA COUNCIL MEETING  
IN ARIZONA.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel

Other - Provide Description

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