

GZ

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Miller, Rita

1. Office, Agency, or Court

Agency Name
Los Angeles Superior Court, Judge
Division, Board, Department, District, if applicable Your Position

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

Agency: _____ Position: _____

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

- State
- Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____
- County of _____
- City of _____
- Other _____

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

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

4. Schedule Summary

Check applicable schedules or "None."

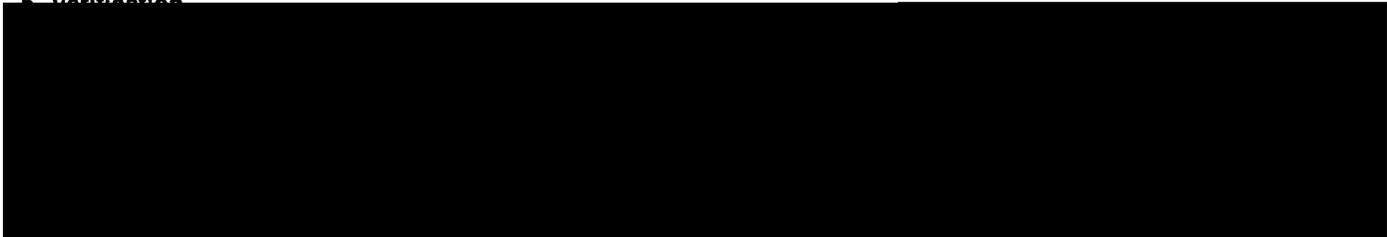
► Total number of pages including this cover page: _____

- Schedule A-1 - Investments - schedule attached
- Schedule C - Income, Loans, & Business Positions - schedule attached
- Schedule A-2 - Investments - schedule attached
- Schedule D - Income - Gifts - schedule attached
- Schedule B - Real Property - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification



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

Date Signed 3/15/13
(month, day, year)

**SCHEDULE D
Income – Gifts**

▶ NAME OF SOURCE (Not an Acronym)
Consumer Attorneys of Los Angeles

ADDRESS (Business Address Acceptable)
800 W. 6th St., #700

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, Ca. 90017

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 21 / 12</u>	<u>\$ 100</u>	<u>meal while giving</u>
<u> / / </u>	<u>\$</u>	<u>speech -- one hundred</u>
<u> / / </u>	<u>\$</u>	<u>dollars approximately</u>

▶ NAME OF SOURCE (Not an Acronym)

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 (Not an Acronym)

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 (Not an Acronym)

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 (Not an Acronym)

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>

Filer's Verification

Print Name Rita Miller

Office, Agency or Court Los Angeles Superior Court

Statement Type 2012/2013 Annual Assuming Leaving
 2012 Annual Candidate
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules 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 3/13/13

Filer's Sign 

Comments: _____

AN

GZ

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

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STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
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COVER PAGE

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LOS ANGELES COUNTY

2013 FEB 26 PM 4:14

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NAME OF FILER (LAST) MILLER (FIRST) Rita (MIDDLE) CALIFORNIA FINANCE REPORTING SECTION

1. Office, Agency, or Court

Agency Name Los Angeles Superior Court, Judge
Division, Board, Department, District, if applicable Your Position

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

Agency: Position:

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

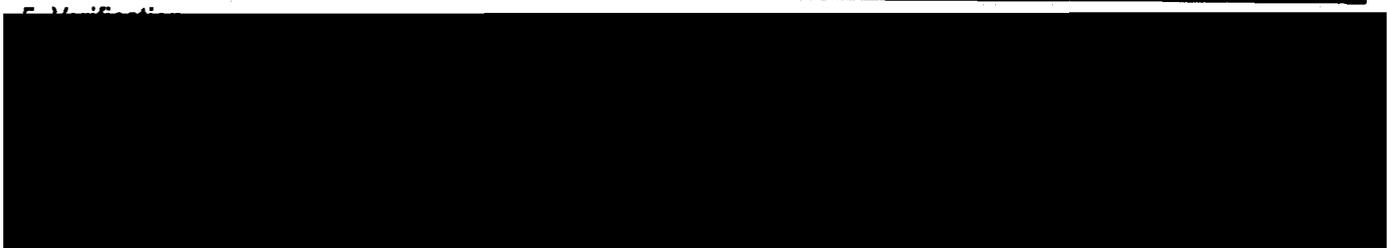
State [] Judge or Court Commissioner (Statewide Jurisdiction) [x]
Multi-County [] County of []
City of [] Other []

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

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

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page:
Schedule A-1 - Investments - schedule attached [x]
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 [x]
Schedule E - Income - Gifts - Travel Payments - schedule attached [x]
-or-
None - No reportable interests on any schedule []



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

Date Signed 2/21/13 (month, day, year)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Rita Miller

NAME OF BUSINESS ENTITY
SPDR S+P Regional Banking ETF

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking fund

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 ~~Stock~~ **Fund shares** Other **Fund of stocks? in sector**
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
1 / **23** / **12** ____ / ____ / ____
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
SPDR S+P Oil + Gas Exploration . . . ETF

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Fund of stock? in sector

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 ~~Stock~~ **Fund shares** Other
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
2 / **16** / **12** **4** / **23** / **12**
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
SPDR S+P Regional Banking ETF

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking fund

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 ~~Stock~~ **Fund shares** Other **Fund of stocks? in sector**
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
8 / ____ / **12** **6** / **1** / **12**
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Citigroup Inc. Bonds

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Corporate bonds

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other **Bonds**
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
6 / **20** / **12** ____ / ____ / ____
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Deutsche Bank Liquid Alpha Note

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Corporate note

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____ / ____ / **12** **8** / **17** / **12**
 ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY
Industrials Select Sector SPDR Fund

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Fund of stock? in sector

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 ~~Stock~~ **Fund shares** Other
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
12 / **28** / **12** ____ / ____ / ____
 ACQUIRED DISPOSED

Comments:

SCHEDULE D
Income - Gifts

Name
Rita Miller

▶ NAME OF SOURCE (Not an Acronym)
Ass'n of Business Trial Lawyers

ADDRESS (Business Address Acceptable)
P.O. Box 351649, L.A., Ca. 90035

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Voluntary bar association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>6, 12, 12</i>	<i>\$ 30.?</i>	<i>Attend young lawyers mixer - free to judges invited</i>
<i>6, 26, 12</i>	<i>\$ 25.?</i>	<i>Judicial reception free to all judges</i>
<i>1, 17, 12</i>	<i>\$ 35?</i>	<i>Lunch program free to all judges</i>

▶ NAME OF SOURCE (Not an Acronym)
Ass'n of So. Cal. Defense Counsel

ADDRESS (Business Address Acceptable)
888 Figueroa St., 16th Fl., LA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Voluntary bar association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>12, 11, 12</i>	<i>\$ 40 ?</i>	<i>Judges Night hors d'oeuvres all judges attend free</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
ABOTA (American Board of Trial Advocates)

ADDRESS (Business Address Acceptable)
CAL-ABOTA 5567 Reseda Blvd, #108, TARZANA, Ca. 91356

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BAR ASSN

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7, 25, 12</i>	<i>\$ 35.?</i>	<i>Attend Annual Judges' nite - all judges free</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Chancery Club (Los Angeles)

ADDRESS (Business Address Acceptable)
Voluntary bar association

BUSINESS ACTIVITY, IF ANY, OF SOURCE
unknown - may move from officer to officer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>1, 26, 12</i>	<i>\$ 40 ?</i>	<i>attend luncheon free to judges - for judges</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Italian American Lawyers Ass'n

ADDRESS (Business Address Acceptable)
Unknown - moves from officer to officer

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Voluntary bar association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>11, 13, 12</i>	<i>\$ 50 ?</i>	<i>Attend wine tasting + dinner all judges attend free</i>
<i>12, 4, 12</i>	<i>\$ 35 ?</i>	<i>dinner meeting all judges attend free</i>
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

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

Name Rita Miller

- 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)
Consumer Attorneys of Los Angeles

ADDRESS (Business Address Acceptable)
800 W. 6th St., #700

CITY AND STATE
Los Angeles, Ca. 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) unknown?
voluntary bar ass'n.

DATE(S): 9/6/12 AMT: \$ \$461.
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel Exempt from gift limit

Other - Provide Description
Air fare to Las Vegas for speech at Annual Convention, Airport transfers, 1 night at convention hotel parking.

▶ 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

▶ 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

▶ 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: _____