

AN



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Miram George Antony

1. Office, Agency, or Court

Agency Name  
Superior Court of California, County of San Mateo  
Division, Board, Department, District, if applicable  
Your Position  
Judge

► 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: 6

- 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. I certify that the information furnished on this statement and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that I have disclosed all such information.

Date Signed 02/22/2013  
(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

George Antony Miram

NAME OF BUSINESS ENTITY  
**Varian Medical**

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
**Medical Research and Innovation**

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**    \_\_\_\_\_ / \_\_\_\_\_ / **12**  
 ACQUIRED                                  DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
 \$2,000 - \$10,000     \$10,001 - \$100,000  
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 ACQUIRED                                  DISPOSED

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







**SCHEDULE D**  
**Income - Gifts**

Name  
**George Antony Miram**

▶ NAME OF SOURCE (Not an Acronym)  
**San Francisco 49ers Football Club**

ADDRESS (Business Address Acceptable)  
**4949 Centennial Blvd., Santa Clara, CA 95054**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Professional Football**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 30 / 12	\$ 150	One Game Ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**San Mateo County Bar Association**

ADDRESS (Business Address Acceptable)  
**333 Bradford St., Redwood City, CA**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Law**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 12	\$ 50	Luncheon
12 / 14 / 12	\$ 150	Lunch-Gift Basket
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Katherine Gallo**

ADDRESS (Business Address Acceptable)  
**969G Edgewater, Foster City, CA.**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Lawyer/Discovery Referee**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 05 / 12	\$ 140	A's ball game tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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