

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
FAIR POLITICAL PRACTICES COMMISSION

(TN)
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CITY OF INDIO

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2014 MAR 28 PM 4:19

NAME OF FILER (LAST) Miller (FIRST) Glenn (MIDDLE) ALAN

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Indio

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: Please see attachment

Position: Please see attachment

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

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

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or- Leaving Office: Date Left _____ (Check one)
- Assuming Office: Date assumed _____ The period covered is January 1, 2013, through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____ 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: 5

- 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. Verification



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

Date Signed MARCH 20, 2014
(month, day, year)

Attachment to Form 700

For City of Indio Councilmember Glenn A. Miller

Filer's List of Agencies/Boards/Commissions:

City of Indio – City Council

Indio City Council Successor Agency for the Redevelopment Agency

Indio Water Authority – Board Member

Coachella Valley Water District – Board Member

(Joint Water Policy Advisory Committee)

Riverside County Transportation Commission – Board Member

Coachella Valley Enterprise Zone – Executive Board Member

Sunline Transit Agency – Chairman

Jacqueline Cochran Regional Airport Authority – Alternate Board Member

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Glenn A. Miller

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Glenn Miller & Associates

ADDRESS (Business Address Acceptable)
48-760 PEAR ST., INDIO, CA 92201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LANDSCAPE & IRRIGATION CONSULTING

YOUR BUSINESS POSITION
OWNER

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other Consulting Services
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Nethery/Mueller/Olivier, LLP

ADDRESS (Business Address Acceptable)
41-750 RANCHO LAS PALMAS DR. BLDG. "H"

BUSINESS ACTIVITY, IF ANY, OF SOURCE Rancho Mirage, CA 92270

YOUR BUSINESS POSITION
LAW FIRM

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Glenn A. Miller

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF SOURCE _____

YOUR BUSINESS POSITION _____

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
The Miller Group

ADDRESS (Business Address Acceptable)
48-760 Pear Street, Indio, CA 92201

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political & Non-Profit Consulting

YOUR BUSINESS POSITION
None - Spouse's Income

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

Name
Glewo A. Miller

▶ NAME OF SOURCE (Not an Acronym)
Southern California Edison

ADDRESS (Business Address Acceptable) *Rosemead,
2244 Walnut Grove Ave., CA 91710*

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Civic Leadership Institute Program

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>7/17/2013</i>	<i>417.00</i>	<i>Calif. Civic Leadership Institute (Transportation, Lodging & Meals)</i>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
California League of Cities

ADDRESS (Business Address Acceptable) *1400 K Street, Suite 400
Sacramento, CA 95814*

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Leadership Institute for California League of Cities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>8/29/2013</i>	<i>279.19</i>	<i>(Transportation) meals & lodging</i>
<i>30</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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

▶ 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: _____