

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

RECEIVED CITY OF SAN JACINTO Date Received MAR 24 2014

CITY CLERK BY [Signature]

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Miller Scott Michael

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of San Jacinto, Division, Board, Department, District, if applicable City Council Your Position Member Agency: See Attachment Position: See Attachment

RECEIVED FAIR POLITICAL PRACTICES COMMISSION APR - 1 PM 3:06

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

- State, Multi-County, City of San Jacinto, Judge or Court Commissioner, County of Riverside, Other

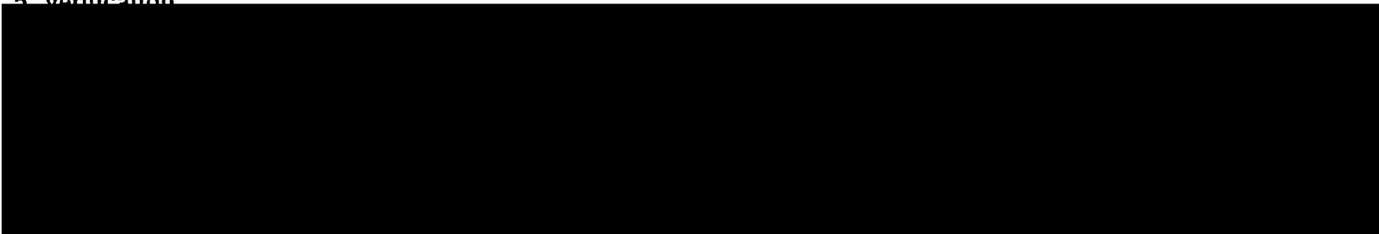
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left, The period covered is January 1, 2013, through the date of leaving office.

4. Schedule Summary

- 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

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 03/23/2014 (month, day, year)

Form 700 Section 1 Attachment

Multiple Positions

Agency

Position

Western Riverside County Conservation Authority

Chair

Western Riverside County Council of Governments

Board Member

Riverside County Transportation Commission

Alternate Commissioner

Riverside Transit Agency

Alternate Board Member

Riverside County Information Security Office

Information Security Officer

**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 <u>Scott Michael Miller</u>

▶ NAME OF BUSINESS ENTITY
Wal Mart

GENERAL DESCRIPTION OF THIS BUSINESS
Retail

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

IF APPLICABLE, LIST DATE:
10 / 18 / 13 10 / 29 / 13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Mc Donald's

GENERAL DESCRIPTION OF THIS BUSINESS
Fast Food

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

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IF APPLICABLE, LIST DATE:
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GENERAL DESCRIPTION OF THIS BUSINESS

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IF APPLICABLE, LIST DATE:
 ____ / ____ / 13 ____ / ____ / 13
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

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

ADDRESS *(Business Address Acceptable)*
 2244 Walnut Grove Ave, Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 17 / 13	\$ 417.00	Civic Leadership Inst.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS *(Business Address Acceptable)*
 1400 K St, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 17 / 13	\$ 325.00	Sacramento Civic Prg.
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
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Comments: _____