



COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Miller Katherine M.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Board Member

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

Agency: _____ Position: _____

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

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

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- Leaving Office:** Date Left ____/____/____
(Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office:** Date assumed 01 / 05 / 2015
- 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: 8

- 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
- None** - No reportable interests on any schedule

5. [Redacted Signature Area]

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 providing false information.

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

Date Signed 02/05/2015 03:04 PM
(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.

Name
Katherine M. Miller

NAME OF BUSINESS ENTITY: Cohen & Steers Infrastructure
GENERAL DESCRIPTION OF THIS BUSINESS: Providers of physical infrastructure
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Dow Chemical
GENERAL DESCRIPTION OF THIS BUSINESS: Speciality chemicals
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Enterprise Prod Prtnrs LP
GENERAL DESCRIPTION OF THIS BUSINESS: Oil, Gas & Coal
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Gilead Science
GENERAL DESCRIPTION OF THIS BUSINESS: Biopharmaceutical
FAIR MARKET VALUE: \$2,000 - \$10,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Goldman Sachs MLLP Inc Oppty Fd
GENERAL DESCRIPTION OF THIS BUSINESS: Global Investment Banking, Securities
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

NAME OF BUSINESS ENTITY: Merk & Co Inc New
GENERAL DESCRIPTION OF THIS BUSINESS: Pharmaceuticals
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock

Comments:

**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 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Katherine M. Miller</u>

▶ NAME OF BUSINESS ENTITY
Neuberger Berman MLP Inc

GENERAL DESCRIPTION OF THIS BUSINESS
Investment, equities management

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
SUBN Propane Ptnrs LP

GENERAL DESCRIPTION OF THIS BUSINESS
Propane and Fuel Oil

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Tekla Healthcare Invs

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare 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 Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Tekla Life Science Invs

GENERAL DESCRIPTION OF THIS BUSINESS
Healthcare 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 Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Walt Disney Co

GENERAL DESCRIPTION OF THIS BUSINESS
Multinational Mass Media

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Wells Fargo & Co

GENERAL DESCRIPTION OF THIS BUSINESS
Financial Services

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:
 _____ / _____ / _____ _____ / _____ / _____
 ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Katherine M. Miller

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Bank of the Orient

ADDRESS (Business Address Acceptable)
 233 Sansome St., San Francisco, CA 94104

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Financial Services

YOUR BUSINESS POSITION
 Executive VP; Chief Credit Officer

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

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 D
 Income – Gifts**

Name
Katherine M. Miller

▶ NAME OF SOURCE (Not an Acronym)
AT&T
 ADDRESS (Business Address Acceptable)
5555 E. Olive Ave., Fresno, CA 93727
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 12 / 14</u>	<u>\$ 380.00</u>	<u>Sporting event tickets</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE (Not an Acronym)
A.G. Spanos Companies
 ADDRESS (Business Address Acceptable)
10100 Trinity Parkway, 5th Floor, Stockton, CA 95219
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 25 / 14</u>	<u>\$ 110.00</u>	<u>Box lunches for multiple working lunches for San Joaquin iHUB.</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>

▶ 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>

Comments: _____

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

- 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)
 League of California Cities

ADDRESS (Business Address Acceptable)
 1400 K Street

CITY AND STATE
 Sacramento, CA 95814

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Advocacy for cities and their residents.

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 1642.10
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
 Travel, meals and lodging for volunteer services as a member of the League Board of Directors.

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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

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

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

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

DATE(S): ____/____/____ - ____/____/____ AMT: \$
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____