CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL PRACTICES COMMISSION
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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Miller	Jeff		[redacted]

MAILING ADDRESS (Business Address Acceptable) STREET	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
[redacted]				

1. Office, Agency, or Court

Name of Office, Agency, or Court:
California State Assembly

Division, Board, District, if applicable:
District 71

Your Position:
Assemblymember

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

☐ State
☐ County of _____
☐ City of _____
☐ Multi-County _____
☐ Other _____

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

☐ Assuming Office/Initial Date: ___/___/___

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

○ The period covered is ___/___/___, through December 31, 2009.

☐ Leaving Office Date Left: ___/___/___
(Check one)

○ The period covered is January 1, 2009, through the date of leaving office.

-or-

○ The period covered is ___/___/___, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: _____

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☒ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☒ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

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 2/25/2010

Signature [redacted]

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Jeff Miller

▶ 1. BUSINESS ENTITY OR TRUST

Name: Jeff Miller Insurance Agency

Address (Business Address Acceptable): 218 N. Lincoln Ave #102 Corona, CA 92882

Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: Insurance Sales

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION: Owner

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (attach a separate sheet if necessary)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ _____ Other

YOUR BUSINESS POSITION

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IF APPLICABLE, LIST DATE:
___/___/09 ACQUIRED ___/___/09 DISPOSED

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☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
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Comments: _____

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Name: Jeff Miller

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Orange County Auto Dealers Assoc
ADDRESS (Business Address Acceptable): 125 Baker St. East. Ste. 262
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Costa Mesa, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/24/09	$85.13	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: American Council of Engineering Companies.
ADDRESS (Business Address Acceptable): 1303 J St. Ste. 450
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/10/09	$47.30	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE: CA Citrus Mutual
ADDRESS (Business Address Acceptable): 512 N. Kaweah Ave.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Exeter, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/16/09	$5.50	oranges
/ /	$	
/ /	$	

▶ NAME OF SOURCE: CA. Assoc. of Wine Grape Growers
ADDRESS (Business Address Acceptable): 1325 J St. Ste. 1560
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1/28/09	$6.61	Reception
1/26/09	$72.20	Food
/ /	$	

▶ NAME OF SOURCE: CA New Car Dealers Assoc.
ADDRESS (Business Address Acceptable): 1415 L St. Ste. 700
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3/24/09	$36.82	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Chevron
ADDRESS (Business Address Acceptable): 6001 Bollinger Canyon Rd
BUSINESS ACTIVITY, IF ANY, OF SOURCE: San Ramon, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2/12/09	$67.60	Reception
/ /	$	
/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE: Personal Insurance Federation of CA
ADDRESS (Business Address Acceptable): 1201 K St. Ste 1220
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/25/09	$ 55.17	Reception
/ /	$	
/ /	$	

▶ NAME OF SOURCE: CA Chamber of Commerce
ADDRESS (Business Address Acceptable): 1215 K St. Ste 1400
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4/15/09	$ 13.35	Lunch
7/6/09	$ 64.28	Dinner
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Dart Container Corp
ADDRESS (Business Address Acceptable): 4000 Barranca Pkwy, Ste 250
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Irvine, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/13/09	$ 65.06	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE: CA Assoc. of Health Facilities
ADDRESS (Business Address Acceptable): 2201 K St.
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/14/09	$ 8.00	Calendar
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Tech America
ADDRESS (Business Address Acceptable): 1215 K St. Ste 2140
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/13/09	$ 10.00	Chocolate
/ /	$	
/ /	$	

▶ NAME OF SOURCE: Farmers Group, Inc
ADDRESS (Business Address Acceptable): 1415 L St. Ste 1200
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Sacramento, CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/11/09	$ 70.91	Reception
/ /	$	
/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Beer and Beverage Distributors	1415 L St. Ste 890	Sacramento, CA	5/13/09	$17.16	Lunch
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
TIGAR Inland Gateway Assoc of Realtors	321 E Sixth St.	Corona, CA	6/3/09	$120.00	Edible Arrangement
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
CA Correctional Peace Officers Assoc.	1415 L St. Ste 410	Sacramento, CA	4/16/09	$159.05	Reception
			3/13/09	$163.66	Ticket
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
AT+T	400 Capitol Mall, Ste 1700	Sacramento, CA	3/31/09	$175.00	Kings Game
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Civil Justic Assoc. of CA	1201 K St. Ste 1850	Sacramento, CA	3/23/09	$45.32	Reception
			/ /	$	
			/ /	$	

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
AES Pacific	4701 Dovercourt Cir.	Carmichael, CA	1/28/09	$6.65	Reception
			/ /	$	
			/ /	$	

Comments:

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SCHEDULE D
Income – Gifts

NAME OF SOURCE	ADDRESS (Business Address Acceptable)	BUSINESS ACTIVITY, IF ANY, OF SOURCE	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
Waste Management	915 L St. Ste 1430	Sacramento, CA	8/13/09	$12.03	Break Fast
CA Cable + Telecom. Assoc.	1001 K Street	Sacramento, CA	5/4/09	$63.23	Reception
Pacific Gas and Electric	1415 L St. Ste. 280	Sacramento, CA	7/25/09	$31.18	Reception
CA Tribal Business Alliance	1530 J St. Ste 250	Sacramento, CA	1/4/09	$88.77	Reception
Rio Tinto Minerals, U.S. Borax	PO Box 6609	Englewood, CO	2/2/09	$108.27	Dinner
Counsel For Legislative Excellence	2150 River Plaza Dr. #150	Sacramento, CA	12/1/09	$276.69	Briefcase
					Jacket
					Cufflinks

Comments:

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

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Name: Jeff Miller

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.

▶ NAME OF SOURCE: City of Los Angeles
ADDRESS (Business Address Acceptable): 1400 K St., Rm 208
CITY AND STATE: Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): 1/1/09 - 12/31/09 (if applicable) AMT: $ 1,510.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
DESCRIPTION: Airport Parking and Shuttle Service

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): ___/___/___ - ___/___/___ (if applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): ___/___/___ - ___/___/___ (if applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

▶ NAME OF SOURCE:
ADDRESS (Business Address Acceptable):
CITY AND STATE:
BUSINESS ACTIVITY, IF ANY, OF SOURCE:
DATE(S): ___/___/___ - ___/___/___ (if applicable) AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
DESCRIPTION:

Comments: