



August 19, 2019

The Honorable City Council  
c/o Holly Wolcott, City Clerk  
200 North Spring Street  
City Hall – 3rd Floor  
Los Angeles CA 90012

**Re: Council File Number 15-0646  
Reappointment of Samantha Millman to the  
Los Angeles City Planning Commission**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Samantha Millman was reappointed by the Mayor to the Los Angeles City Planning Commission on July 29, 2019. The Ethics Commission received Ms. Millman's pre-confirmation financial disclosure statement on August 18, 2019. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Millman's financial disclosure statement is enclosed.

If you have questions, please feel free to contact me at (213) 978-1960.

Sincerely,

A handwritten signature in blue ink that reads "Carlos Patzi". The signature is written in a cursive, flowing style.

Carlos Patzi  
Ethics Program Analyst

*Enclosures:*

*Form 700*

*Form 60*

cc: Mayor Eric Garcetti

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 08/18/2019 09:28 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Millman Samantha

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
Planning Department  
Division, Board, Department, District, if applicable Your Position  
Member, City Planning Commission

► 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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Los Angeles  Other \_\_\_\_\_

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

- Annual: The period covered is January 1, 2018, through December 31, 2018.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2018.  The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 07/29/2019 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 8

Schedules attached

- Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached
- Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached
- Schedule B - Real Property – schedule attached  Schedule E - Income – Gifts – Travel Payments – schedule attached

-or-  None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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 acknowledge this is a public document.

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

Date Signed 08/18/2019 09:28 PM Signature \_\_\_\_\_  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Samantha Millman

▶ NAME OF BUSINESS ENTITY  
Abbott Laboratories

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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  
Allstate Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
insurance

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  
AbbVie

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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  
AmerisourceBergen Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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  
Advansix Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
industrial

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  
BP

GENERAL DESCRIPTION OF THIS BUSINESS  
Energy

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 A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name  
Samantha Millman

▶ NAME OF BUSINESS ENTITY  
Dollar Trees Stores Inc.

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 \_\_\_\_\_ (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  
Lincoln National Corp

GENERAL DESCRIPTION OF THIS BUSINESS  
bank

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  
Edison International

GENERAL DESCRIPTION OF THIS BUSINESS  
Utility

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  
Merck & Company

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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  
Honeywell International

GENERAL DESCRIPTION OF THIS BUSINESS  
conglomerate

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  
Omega Healthcare REIT Investors

GENERAL DESCRIPTION OF THIS BUSINESS  
Real Estate Investment Trust

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 A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Samantha Millman

▶ NAME OF BUSINESS ENTITY  
Omega Healthcare REIT Investors, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS  
Real Estate Investment Trust

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  
Vodafone

GENERAL DESCRIPTION OF THIS BUSINESS  
telecommunications

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  
Royal Bank of Canada

GENERAL DESCRIPTION OF THIS BUSINESS  
banking

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 Company

GENERAL DESCRIPTION OF THIS BUSINESS  
banking

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  
Vodafone

GENERAL DESCRIPTION OF THIS BUSINESS  
telecommunications

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

1. BUSINESS ENTITY OR TRUST
General Strategies
Name
Address (Business Address Acceptable)
Check one
[ ] Trust, go to 2 [x] Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS
consulting
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[ ] \$0 - \$1,999 [ ] \$2,000 - \$10,000 [x] \$10,001 - \$100,000 [ ] \$100,001 - \$1,000,000 [ ] Over \$1,000,000
NATURE OF INVESTMENT
[ ] Partnership [x] Sole Proprietorship [ ] Other
YOUR BUSINESS POSITION spouse of principal

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 [x] 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.)
[ ] None or [x] Names listed below
Residents to Preserve the Sunset Strip
Save the Factory

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
[ ] INVESTMENT [ ] REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[ ] \$2,000 - \$10,000 [ ] \$10,001 - \$100,000 [ ] \$100,001 - \$1,000,000 [ ] Over \$1,000,000
NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold [ ] Other
[ ] Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST
Method Campaign Services
Name
Address (Business Address Acceptable)
Check one
[ ] Trust, go to 2 [x] Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS
consulting
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[ ] \$0 - \$1,999 [ ] \$2,000 - \$10,000 [ ] \$10,001 - \$100,000 [x] \$100,001 - \$1,000,000 [ ] Over \$1,000,000
NATURE OF INVESTMENT
[ ] Partnership [x] Sole Proprietorship [ ] Other
YOUR BUSINESS POSITION spouse of principal

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 [x] 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.)
[ ] None or [x] Names listed below
SEE ATTACHED

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:
[ ] INVESTMENT [ ] REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
[ ] \$2,000 - \$10,000 [ ] \$10,001 - \$100,000 [ ] \$100,001 - \$1,000,000 [ ] Over \$1,000,000
NATURE OF INTEREST
[ ] Property Ownership/Deed of Trust [ ] Stock [ ] Partnership
[ ] Leasehold [ ] Other
[ ] Check box if additional schedules reporting investments or real property are attached

Comments:

# 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 \_\_\_\_\_

Samantha Millman

**▶ 1. BUSINESS ENTITY OR TRUST**

Millman Grandchildren's Trust

Name \_\_\_\_\_

Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

---

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/____    ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
--	--

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

<input type="checkbox"/> \$0 - \$499	<input checked="" type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None    or     Names listed below

United States Government (Drug Enforcement Administration)

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Montebello, CA

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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/____    ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
---	--

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other TIC

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 THIS BUSINESS

---

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/____    ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
--	--

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

None    or     Names listed below

\_\_\_\_\_

\_\_\_\_\_

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

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property \_\_\_\_\_

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

<p>FAIR MARKET VALUE</p> <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<p>IF APPLICABLE, LIST DATE:</p> <p style="text-align: center;">____/____/____    ____/____/____</p> <p style="text-align: center;">ACQUIRED                  DISPOSED</p>
--	--

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

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

**SCHEDULE A-2**

Attachment

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Samantha Millman</u>

**BUSINESS ENTITY OR TRUST : Method Campaign Services**

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE
African American Voter Registration, Education and Participation Project
California Hotel and Lodging Association
Christy Smith for State Assembly 2018
Families and Teachers United
Friends of Long Beach
Jesse Gabriel for Assembly
Kivvit
Ntuck for LBCCD Trustee 2018
Sabrina Cervantes for Assembly
Sixteen Thirty Fund (c4)



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

---

Name

Samantha Millman

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Millco Investments, LLC</u></p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Real Estate Investment Management</u></p> <p>YOUR BUSINESS POSITION <u>Vice President</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input checked="" type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input checked="" type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>	<p>NAME OF SOURCE OF INCOME _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE _____</p> <p>YOUR BUSINESS POSITION _____</p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000              <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary    <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)</p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <span style="font-size: small;">(Real property, car, boat, etc.)</span></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or    <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None                      _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None                      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <span style="font-size: small; margin-left: 150px;">Street address</span></p> <p style="text-align: center; margin-left: 150px;">_____ City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <span style="font-size: small;">(Describe)</span></p>
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Comments: \_\_\_\_\_



**Ethics Commission**  
200 N Spring Street  
City Hall — 24th Floor  
Los Angeles, CA 90012  
(213) 978-1960  
ethics.lacity.org

# Restricted Source Financial Disclosure Statement Form 60

*Elected City officials, general managers and chief administrative officers of City agencies, members of City boards and commissions, and individuals nominated to positions subject to City Council approval must file this form in conjunction with the state Form 700. Please refer to the attached instructions for additional information.*

**Original Filing**     **Amended Filing** (original filed on \_\_\_/\_\_\_/20\_\_\_)

**Total Pages:** 1

**Name:** Millman, Samantha  
(Last, First, Middle)

**Agency:** Planning Department

**Position:** Member, City Planning Commission

**Phone:**

**Email:**

**Type of Statement:**

**Pre-confirmation**

Date of nomination: 07 / 29 / 2019

**Assuming Office**

First day in position: \_\_\_ / \_\_\_ / 2016

**Annual**

\_\_\_ / \_\_\_ / 2015 through December 31, 2015

**Leaving Office**

Last day in office: \_\_\_ / \_\_\_ / 20\_\_\_

**I had the following interests associated with restricted sources during this reporting period:**

**1. REAL PROPERTY** — *section attached.*

Interests in real property leased from or to, co-owned by, purchased from, or sold to a restricted source.

**2. INVESTMENTS** — *section attached.*

Investments (other than real property) co-owned by, purchased from, or sold to a restricted source.

**3. INCOME** — *section attached.*

Income received from a restricted source.

**4. GIFTS** — *section attached.*

Gifts, cumulatively valued at \$50 or more, received from a restricted source.

**5. BOARD POSITIONS** — *section attached.*

Positions held on the board of a restricted source.

- Or -

**6. NO INTERESTS**

I had no interests in real property, investments, income, gifts, or board positions associated with restricted sources during this reporting period.

**Certification**

*I declare under penalty of perjury under the laws of the City of Los Angeles and the state of California that I have read the instructions for this form and the information I have provided is true and complete.*

08/18/2019 09:29 PM

Date

Signature