

Los Angeles City Ethics Commission

June 8, 2015

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

Appointment of Samantha Millman to the Los Angeles City Planning Commission

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Samantha Millman was appointed by the Mayor to the Los Angeles City Planning Commission on May 26, 2015. The Ethics Commission received Ms. Millman's preconfirmation financial disclosure statement on June 8, 2015. 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,

Shannon Prior

Ethics Program Manager

Enclosures:

CA Form 700 CEC Form 60

cc: Mayor Eric Garcetti

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Pre-confirmation Statement STATEMENT OF ECONOMIC INTERESTS COVER PAGE

LOS ANGELES CITY ETHICS GAMMESSANED Official Use Only JUN 0 8 2015

Please type or print in ink.			RECEIVED
NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Millman		amantha	Lauren
I. Office, Agency, or Co	ourt		
Agency Name			
Planning Department Division, Board, Department,	District if applicable	Your Position	
City Planning Commis		Commissioner	
		Commissional	
► If filing for multiple position	ns, list below or on an attachment.		
Agency:		Position:	
. Jurisdiction of Office	e (Check at least one box)		
State		☐ Judge or Court Commiss	ioner (Statewide Jurisdiction)
☐ Multi-County		County of	
City of Los Angeles		Other	
3. Type of Statement (6	Chark at least one hov)		
	ered is January 1, 2013, through	Leaving Office: Date L	eft/
December 31,		(Check one)	
-or- The period cov December 31,	ered is/, throu 2013.	gh O The period covered i leaving office.	is January 1, 2013, through the date of
☐ Assuming Office: Date	assumed/	The period covered in the date of leaving or	is/, through fflice.
☑ Pre-confirmation	5/26/15 (Date appointed	or reappointed)	
I. Schedule Summary			
Check applicable schedules	s or "None."	Total number of pages including	ng this cover page:
Schedule A-1 - Investme		Schedule C - Income, Loans,	& Business Positions - schedule attached
Schedule A-2 - Investme		Schedule D - Income - Gifts	
Schedule B - Real Prop		Schedule E - Income - Gifts	 Travel Payments – schedule attached
	-or- None - No reportable is	interests on any schedule	
VI. IC			
Thave used all reasonable dil	gence at preparing this statement. I have	reviewed this statement and to the best	or my knowledge the information contained
	chedules is true and complete. I acknowle		
I certify under penalty of po	erjury under the laws of the State of Ca	litornia th	
Date Signed 65	(month, day, year)	Signal	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

	ORNIA FORM	
Name		
	Samantha Milln	nan

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Abbott Laboratories	AmerisourceBergen Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical	pharmaceutical
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☑ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 15</u> <u>, , 15</u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY AbbVie	► NAME OF BUSINESS ENTITY AT&T
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical	telecommunications
FAIR MARKET VALUE	FAIR MARKET VALUE
✓ \$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
_	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
_	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
NATURE OF INVESTMENT Stock Other(Describe) Partnership O Income Received of \$0 - \$499	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499
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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:	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule Control of \$500 or More (Report of \$500 or
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: J J 15 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY Allstate Corp GENERAL DESCRIPTION OF THIS BUSINESS	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:
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:	NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule Control of Schedule Control
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:	NATURE OF INVESTMENT Stock Other (Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule Control of Schedule
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:	NATURE OF INVESTMENT Stock Other (Describe) Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule College) IF APPLICABLE, LIST DATE: // 15 // 15 ACQUIRED DISPOSED NAME OF BUSINESS ENTITY Aviv REIT, Inc. GENERAL DESCRIPTION OF THIS BUSINESS Real Estate Investment Trust FAIR MARKET VALUE \$2,000 - \$10,000 \$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: J	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule Colored Colore
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: J	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule Color of Sch
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: J	NATURE OF INVESTMENT Stock
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NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499	NATURE OF INVESTMENT Stock Other (Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule Colored Processing
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: J	NATURE OF INVESTMENT Stock Other (Describe) □ Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule Color of S

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

	DRNIA FORM 700 TICAL PRACTICES COMMISSION
Name	
	Samantha Millman

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
BP	Family Dollar Store		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
Energy retail			
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 3 \$10,001 - \$100,000		
\$1,000 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
Stock Other(Describe)	Stock Other(Describe)		
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule	☐ Partnership ☐ Income Received of \$0 - \$499		
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
City National Corp	General Electric		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
banking	conglomerate		
FAIR MARKET VALUE	FAIR MARKET VALUE		
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \(\rightarrow\) \$10,001 - \$100,000		
▼ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000		
NATURE OF INVESTMENT	NATURE OF INVESTMENT		
✓ Stock Other (Describe)	Stock Other		
Partnership O Income Received of \$5 - \$499 O Income Received of \$500 or More (Report on Schedule			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:		
ACQUIRED DISPOSED	ACQUIRED DISPOSED		
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY		
Edison International	Honeywell International		
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS		
Utility	conglomerate		
FAIR MARKET VALUE	FAIR MARKET VALUE		
T to 000 \$10,000			
\$2,000 - \$10,000 \(\) \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000		
\$100,001 - \$1,000,000 Over \$1,000,000	\$2,000 - \$10,000 \$10,000 \$100,000 \$100,000 \$100,000 \$100,000		
. _			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000		
\$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT			
\$100,001 - \$1,000,000	Stock		
\$100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule) IF APPLICABLE, LIST DATE:	S100,001 - \$1,000,000 Over \$1,000,000 NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule of \$500) IF APPLICABLE, LIST DATE:		
NATURE OF INVESTMENT Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule	Stock Other (Describe) Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule)		

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	
Samantha Millman	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
Hospira, Inc.	Omega Healthcare REIT Investors, Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS Real Estate Investment Trust	
pharmaceutical		
FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	NATURE OF INVESTMENT Stock Other (Describe) Partnership O Income Received of \$0 - \$499	
○ Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	Income Received of \$500 or More (Report on Schedule C) IF APPLICABLE, LIST DATE:	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
Lincoln National Corp	Plum Creek Timber Co., Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
insurance / asset management	timber	
FAIR MARKET VALUE	FAIR MARKET VALUE	
\$2,000 - \$10,000 \$10,001 - \$100,000	▼ \$2,000 - \$10,000	
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
Stock Other(Describe)	Stock Other (Describe)	
Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	
Merck & Company	Vodafone	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
pharmaceutical	telecommunications	
FAIR MARKET VALUE	FAIR MARKET VALUE	
☐ \$2,000 - \$10,000	\$2,000 - \$10,000	
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT ✓ Stock Other	
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	/ / 15 / 15 ACQUIRED DISPOSED	
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 FAIR POLITICAL PRACTICES COMMISSION	
Name	
	Samantha Millman

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Waste Management, Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
waste management	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☑ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
✓ Stock Other (Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>, , 15</u> <u>, , 15</u>	
ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Wells Fargo Company	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
banking	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☑ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
✓ Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY Windstream Holdings, Inc.	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
age runications and tachnology	
communications and technology	FAID MADVET VALUE
FAIR MARKET VALUE	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership () Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 15 , , 15	, , 15 , , 15
ACQUIRED DISPOSED	ACQUIRED DISPOSED
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	► 1. BUSINESS ENTITY OR TRUST
Millman Grandchildren's Trust	Method Campaign Services
	r
Address (Business Address Acceptable)	- Address (Business Address Acceptable)
Check one	Check one
▼ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY consulting
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 \frac{13}{3} \frac{13}	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000 ACQUIRED DISPOSED \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Sole Proprietorship Partnership Other	NATURE OF INVESTMENT X Sole Proprietorship Partnership
YOUR BUSINESS POSITION	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)	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499	\$0 - \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet (I necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
United States Government (Drug Enforcement	California Charter School Association: Green Tech
Administration)	Coast Inc; Huizar for LA City Council 2015; Steve Veres for City Council 2015
A BUTCHISTO AND INTERPOSE IN DEAL DECORPORY HE D. DV THE	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT 🔀 REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
6336 002 031	
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> 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	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2011/2012) Sch. A-2

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
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Millco Investments, LLC	
	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Real Estate Investment Management	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Vice President	4
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
S500 - \$1,000 S1,001 - \$10,000	\$1,001 - \$10,000
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
▼ Salary Spouse's or registered domestic partner's income Spouse's or registered domestic partner's income Sp	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnership
Sale of	Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
(=====)	
► 2 LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
•	
	ending institutions, or any indebtedness created as part of e lender's regular course of business on terms available to
	atus. Personal loans and loans received not in a lender's
regular course of business must be disclosed as follow	
NAME OF LENDER*	vs.
NAME OF LENDER	
	INTEREST RATE TERM (Months/Years)
ADDRESS (Rusiness Address Accentable)	
ADDRESS (Business Address Acceptable)	INTEREST RATE TERM (Months/Years) % None
	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property Street address
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	INTEREST RATE TERM (Months/Years) ———————————————————————————————————
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property Street address City Other
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property Street address City Guarantor
BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	INTEREST RATE TERM (Months/Years) % None SECURITY FOR LOAN None Personal residence Real Property Street address City Other

Pre-confirmation Statement





City Ethics Commission 200 N Spring Street City Hall — 24th Floor Los Angeles, CA 90012 Mail Stop 129 (213) 978-1960

Restricted Source Financial Disclosure Statement CEC 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 Amend	ed Filing (original f	filed on//20)	
Name: Millman, Samantha LOUYEN			
Agency: City Planning	Commission	Position: Commissioner	
☐ As	re-confirmation ssuming Office nnual eaving Office	Date of nomination: 05 / 26 / 20 15 First day in position: / 20 15 / 20 14 through December 31, 20 14 Last day in office: / 20	
I had the following interests associated with restricted sources during this reporting period:			
		d from or to, co-owned by, purchased from, or sold to a restricted source.	
Address of restricted source:		perty:	
Interest co-owned/purchased/sold by/leased by or to: Me My spouse/registered domestic partner My dependent child			
	ship/Deed or Trust	urchased (date: / / 20) ☐ Sold (date: / / 20) ☐ Easement ☐ Leasehold (years remaining:)	
		10,001—\$100,000	
□ 2. INVESTMENTS			
Name of restricted source: _ Address of restricted source:	-	erty) were co-owned by, purchased from, or sold to a restricted source.	
Investment co-owned/purcha Investment was: ☐ Co-owned Value of investment: ☐ \$2,00	ased/sold by:	rship	



City Ethics Commission 200 N Spring Street City Hall — 24th Floor Los Angeles, CA 90012 Mail Stop 129 (213) 978-1960

Restricted Source Financial Disclosure Statement CEC Form 60

☐ 3. INCOME
The following income was received from a restricted source.
Name of restricted source:
Address of restricted source:
Business activity of source:
Your business position:
Income received by: \square Me \square My spouse/registered domestic partner \square My dependent child
Value of income: \square \$500—\$1,000 \square \$1,001—\$10,000 \square \$10,001—\$100,000 \square Over \$100,000
Income was: Salary/Commission Loan repayment Rental income Sale of (e.g., car, boat, etc.)
Other:
Do you have additional income to report? \square No \square Yes, and $___$ additional pages are attached.
□ 4. GIFTS
The following gifts cumulatively valued at \$50 or more were received from a restricted source.
Name of restricted source:
Address of restricted source:
Business activity of source:
Gifts received by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child
Dates received: / 20; / 20 / 20 Value of gifts:
Description of gifts:
Do you have additional gifts to report? \square No \square Yes, and $___$ additional pages are attached.
☐ 5. BOARD POSITIONS
The following position was held on the board of a restricted source.
Name of restricted source:
Address of restricted source:
Position title:
Position held by: \square Me \square My spouse/registered domestic partner \square My dependent child
Do you have additional positions to report?
☑ 6. NO INTERESTS
I had no reportable 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 la
have read the instructions for this form, and th
06/05/15
Date