

**COVER PAGE**

**A PUBLIC DOCUMENT**

Filed Date: 02/24/2020 03:50 PM  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Miller David

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

California Public Employees' Retirement System

Division, Board, Department, District, if applicable

Board of Administration (BOA)

Your Position

Elected 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

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner  
(Statewide Jurisdiction)

☐ Multi-County

☐ County of

☐ City of

☐ Other

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

☒ **Annual:** The period covered is January 1, 2019, through  
December 31, 2019.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, 2019.

☐ The period covered is January 1, 2019, through the date of  
leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
the date of leaving office.

☐ **Candidate:** Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**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)

400 Q Street

Sacramento

CA

95811

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 02/24/2020 03:50 PM  
(month, day, year)

Signature Electronic Submission  
(File the originally signed paper statement with your filing official.)

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

Name

David Miller

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

625 Q St.

CITY

Rio Linda

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/19 ACQUIRED      \_\_\_\_/\_\_\_\_/19 DISPOSED

NATURE OF INTEREST

- ☒ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000  
☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/19 ACQUIRED      \_\_\_\_/\_\_\_\_/19 DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust      ☐ Easement  
☐ Leasehold \_\_\_\_\_ Yrs. remaining      ☐ \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

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

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

\_\_\_\_\_%      ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000  
☐ Guarantor, if applicable

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

# SCHEDULE E

## Income – Gifts

### Travel Payments, Advances, and Reimbursements

Name

David Miller

- 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. Per Government Code Section 89506, these payments may not be subject to the gift limit. However, they may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)  
California Council for Excellence

ADDRESS (Business Address Acceptable)  
655 S. Main St. Suite 200 #364

CITY AND STATE  
Orange, CA 92868

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

DATE(S): 10 / 03 / 19 - 10 / 04 / 19 AMT: \$ 522.37  
(If gift)

▶ MUST CHECK ONE: ☐ Gift **-or-** ☒ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description Attended Board Meeting and Leadership Symposium

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ 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)

▶ MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
American Health Care Association, National Center for Assisted Living

ADDRESS (Business Address Acceptable)  
1201 L St., NW.

CITY AND STATE  
Washington, D.C 20005

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE  
AHCA/NCAL promotes performance excellence in the long-term care industry through its award program

DATE(S): 07 / 24 / 19 - 07 / 27 / 19 AMT: \$ 1194  
(If gift)

▶ MUST CHECK ONE: ☐ Gift **-or-** ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description Cost to participate in site visit to assess a candidate for a National Quality Award program.

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ 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)

▶ MUST CHECK ONE: ☐ Gift **-or-** ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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