

BK

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bradford Steven Craig

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
California State Assembly

Division, Board, Department, District, if applicable
District 62

Your Position
Assemblymember

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

Agency: _____

Position: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 APR 23 11:10:38

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other 62nd Assembly District

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- The period covered is ____/____/____, through December 31, 2013.
- Assuming Office: Date assumed ____/____/____
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- 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: 2

- 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

-or-
 None - No reportable interests on any schedule

5. Verification

(c)(1)
(c)(1)

I certify under penalty of perjury under the laws of the State of California

Date Signed 04/14/2015
(month, day, year)

Sign

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

- You must 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)*
California Foundation on the Environment & the Econo
 ADDRESS *(Business Address Acceptable)*
Pier 35, Suite 202
 CITY AND STATE
San Francisco, CA 94133
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 11 / 07 / 14 - 11 / 19 / 14 AMT: \$ 11,238.61
(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
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

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

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

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated In a Panel
 Other - Provide Description

Filer's Verification

Print Name Steven Bradford

Office, Agency or Court California State Assembly

Statement Type 2013/2014 Annual Assuming Leaving
 ____ Annual Candidate
(yr)

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 (c)(1)

I certify u
 California

Date Sign

Filer's Sig

Comments: _____

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
Date Received
Official Use Only

COVER PAGE

MAR 3 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bradford Steven Craig

RY: BJH

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CA State Assembly

Division, Board, Department, District, if applicable

62nd Assembly District

Your Position

Assemblymember

► 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 _____
- Other _____

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

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is ____/____/____, through December 31, 2013.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2013, through the date of leaving office.
 - The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 7

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

(c)(1) (c)(1)

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of California.

Date Signed 03/03/2014
(month, day, year)

**SCHEDULE D
Income – Gifts**

Name
Steven Bradford

▶ NAME OF SOURCE (Not an Acronym)
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21st Street, #200 Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 13</u>	<u>\$ 95.19</u>	<u>Meal</u>
<u>05 / 04 / 13</u>	<u>\$ 198.00</u>	<u>Gift Certificate</u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
John A. Perez

ADDRESS (Business Address Acceptable)
777 South Figueroa Street, Ste. 4050, LA, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Speaker of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 26 / 13</u>	<u>\$ 74.75</u>	<u>Personalized jacket</u>
<u>06 / 14 / 13</u>	<u>\$ 136.16</u>	<u>Meal</u>
<u>08 / 06 / 13</u>	<u>\$ 44.60</u>	<u>Bottle of Wine</u>

▶ NAME OF SOURCE (Not an Acronym)
California Electric Transportation Coalition

ADDRESS (Business Address Acceptable)
1015 K Street, Suite 200 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 13</u>	<u>\$ 51.41</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Toni Atkins for Assembly 2014

ADDRESS (Business Address Acceptable)
330 Encinitas Blvd., Ste 101, Encinitas, CA 92024

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Majority Leader of the Assembly

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 24 / 13</u>	<u>\$ 17.40</u>	<u>Meal</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Comcast Corporation and Affiliated Entities

ADDRESS (Business Address Acceptable)
100 Universal City Plaza, Universal City, CA 91608

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 13</u>	<u>\$ 15.34</u>	<u>Attendance to movie</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 D
Income – Gifts

Name
 Steven Bradford

▶ NAME OF SOURCE (Not an Acronym)
 Cigar Association of America

ADDRESS (Business Address Acceptable)
 818 Connecticut Ave., NW Ste 200, Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 13	\$ 207.36	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Verizon

ADDRESS (Business Address Acceptable)
 1201 K St, Ste 1980, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 08 / 13	\$ 58.85	Meal
08 / 12 / 13	\$ 32.62	Meal
10 / 17 / 13	\$ 61.00	Meal

▶ NAME OF SOURCE (Not an Acronym)
 California Tribal Business Alliance

ADDRESS (Business Address Acceptable)
 1530 J St, Ste 410, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 13	\$ 25.25	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Check Into Cash

ADDRESS (Business Address Acceptable)
 515 King St, Ste 300 Alexandria, VA 22314

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 13	\$ 44.79	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Chamber of Commerce

ADDRESS (Business Address Acceptable)
 1215 K Ste, Suite 1400, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 13	\$ 30.67	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Grape & Tree Fruit League

ADDRESS (Business Address Acceptable)
 978 W. Alluvial, Ste 107, Fresno, CA 93711-5700

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 14 / 13	\$ 15.00	Fresh Fruit
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

**SCHEDULE D
 Income – Gifts**

Name
 Steven Bradford

▶ NAME OF SOURCE (Not an Acronym)
 California State Floral Association

ADDRESS (Business Address Acceptable)
 1521 I Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 20 / 13	\$ 16.95	Box of Flowers
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Foundation on the Environment & Econom

ADDRESS (Business Address Acceptable)
 Pier 35, Suite 202, San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non Profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 23 / 13	\$ 401.00	Meal and Gift
10 / 29 / 13	\$ 450.79	Meal
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Vieja Band of Kumeyaay Indians

ADDRESS (Business Address Acceptable)
 5000 Willows Road, Alpine, CA 91901

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 13	\$ 49.59	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Automatic Vendors Council

ADDRESS (Business Address Acceptable)
 80 South Lake Ave., Ste 538, Pasedena, CA 91101

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 13	\$ 20.00	Gift Bag
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California State Protocol Foundation

ADDRESS (Business Address Acceptable)
 11355 West Olympic Blvd, LA, CA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Non profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 13	\$ 70.75	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Southern California Edison

ADDRESS (Business Address Acceptable)
 2244 Walnut Grove Ave., Rosemead, CA 91770

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Energy Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 13	\$ 16.25	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Steven Bradford

▶ NAME OF SOURCE (Not an Acronym)
 Chukchansi Economic Development Authority

ADDRESS (Business Address Acceptable)
 46575 Road 417, Bldg C., Coarsegold, CA 93614

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 13	\$ 6.48	Meal
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

Name
 Steven Bradford

- 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)
 Consumer Electronics Association

ADDRESS (Business Address Acceptable)
 1919 South Eads St.

CITY AND STATE
 Arlington, VA 22202

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Technology Company

DATE(S): 01 / 09 / 14 - / / AMT: \$ 1,001.86
 (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)
 The Griffith Insurance Education Foundation

ADDRESS (Business Address Acceptable)
 7100 N. High Street, Suite 200

CITY AND STATE
 Worthington, OH 43085-2535

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Education Foundation

DATE(S): 03 / 14 / 13 - 03 / 15 / 13 AMT: \$ 364.33
 (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)
 The First Tee Silicon Valley

ADDRESS (Business Address Acceptable)
 345 Park Avenue, MS E6

CITY AND STATE
 San Jose, CA 95110

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Technology Company

DATE(S): 07 / 14 / 13 - 07 / 15 / 13 AMT: \$ 460.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Participated in program that supports San Jose Sports Authority

▶ NAME OF SOURCE (Not an Acronym)
 California Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)
 Pler 25, Suite 202

CITY AND STATE
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Environmental Foundation

DATE(S): 03 / 21 / 13 - 03 / 30 / 13 AMT: \$ 9,237.02
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Participated in Study Travel Project

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)
 California Foundation on the Environment & Economy

ADDRESS (Business Address Acceptable)
 Pier 25, Suite 202

CITY AND STATE
 San Francisco, CA 94133

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Environmental Foundation

DATE(S): 09 / 19 / 13 - 09 / 29 / 13 AMT: \$ 11,700.52
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
 Participated in Study Travel Project

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

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)
 California Independent Petroleum Association

ADDRESS (Business Address Acceptable)
 1001 K Street, Sixth Floor

CITY AND STATE
 Sacramento, CA 95814

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

DATE(S): 11 / 15 / 13 - _____ AMT: \$ 504.06
 (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

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

DATE(S): _____ - _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____