

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

CG COVER PAGE

RECEIVED BY
LOS ANGELES COUNTY

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
HAMMOCK RANDOLPH M. 2015 FEB 13 AM 11:04

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
LOS ANGELES SUPERIOR COURT
Division, Board, Department, District, if applicable

Your Position
JUDGE

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

Agency: _____ Position: _____

CAMPAIGN FINANCE
DISCLOSURE SECTION

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
15 FEB 23 PM 2:43

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

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

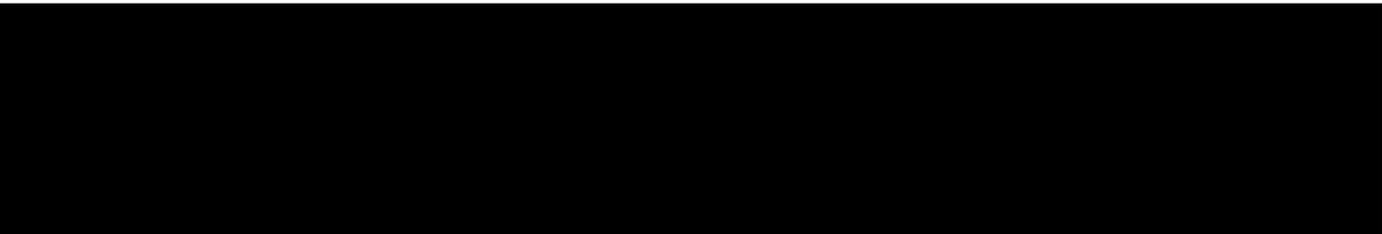
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- Leaving Office: Date Left ____/____/____ (Check one)
- Multi-County: The period covered is ____/____/____, through December 31, 2014.
- The period covered is January 1, 2014, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____
- 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: _____
- 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
 - None - No reportable interests on any schedule

5. Verification



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

Date Signed FEB 9, 2015
(month, day, year)

SCHEDULE D
Income – Gifts

Name
Randolph M. Hammock

▶ NAME OF SOURCE (Not an Acronym)
Consumer Attorneys Assn of Los Angeles
 ADDRESS (Business Address Acceptable)
800 W. 6th St. #700. Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ <u>250.00</u>	<u>Installation Dinner</u>
___/___/___	\$ <u>150.00</u>	<u>Las Vegas Covention</u>
___/___/___	\$ <u>150.00</u>	<u>Mixers</u>

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles County Bar Assn
 ADDRESS (Business Address Acceptable)
1055 West 7th St #2700, Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ <u>250.00</u>	<u>Various Receptions</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Women's Lawyer Assn of Los Angeles
 ADDRESS (Business Address Acceptable)
634 S. Spring St., Los Angeles, CA 90014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ <u>75.00</u>	<u>Judicial Reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Assn of Business Trial Lawyers
 ADDRESS (Business Address Acceptable)
8502 E. Chapman Ave #443 Orange, CA 92869
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ <u>350.00</u>	<u>Dinner Meetings</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Italian American Lawyers Assn
 ADDRESS (Business Address Acceptable)
PO Box 712057, Los Angeles, CA 90071
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ <u>360.00</u>	<u>Dinner Receptions</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Armenian Bar Assn.
 ADDRESS (Business Address Acceptable)
www.armenianbar.com
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ <u>75.00</u>	<u>Judicial Reception</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

**SCHEDULE D
Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <u>Randolph M. Hammock</u>

▶ NAME OF SOURCE (Not an Acronym)
Santa Monica Bar Assn
 ADDRESS (Business Address Acceptable)
2461 Santa Monica Blvd, #524, Santa Monica, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u>75.00</u>	<u>Judges Reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan News
 ADDRESS (Business Address Acceptable)
210 S. Spring St., Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

Legal Newspaper

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u>75.00</u>	<u>Xmas Party</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Daily Journal
 ADDRESS (Business Address Acceptable)
www.dailyjournal.com
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

legal newspaper

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u>75.00</u>	<u>Xmas party</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Assn of So. Cal. Defense Counsel
 ADDRESS (Business Address Acceptable)
888 S. Figueroa St. 16th Fl. Los Angeles, CA 90017
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	\$ <u>75.00</u>	<u>Dinner Reception</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>

▶ 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: _____

2015 **Income and 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)
ARMENIAN BAR ASSN

ADDRESS (Business Address Acceptable)
WWW.ARMENIANBAR.COM

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL BAR ASSN

DATE(S): 10, 7, 14 / / AMT: \$ 75.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
ANNUAL JUDGES RECEPTION -
JUDGES COMPED.

► NAME OF SOURCE (Not an Acronym)
ITALIAN AMERICAN LAWYERS ASSN

ADDRESS (Business Address Acceptable)
PO BOX 712057

CITY AND STATE
LA CA 90071

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL BAR ASSN

DATE(S): DON'T RECALL - ALL IN 2014 / / AMT: \$ 360.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
APPROX 8 MEETINGS/DINNERS
IN WHICH ALL LASC JUDGES ARE INVITED
AND COMPED.

► NAME OF SOURCE (Not an Acronym)
SANTA MONICA BAR ASSN.

ADDRESS (Business Address Acceptable)
2461 SANTA MONICA BLVD #524

CITY AND STATE
SANTA MONICA CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL BAR ASSN

DATE(S): 3, 7, 14 / / AMT: \$ 75.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
ANNUAL JUDGES
RECEPTION
JUDGES COMPED.

Filer's Verification

Print Name RANDOLPH M. HAMMICK

Office, Agency or Court LASC

Statement Type 2014/2015 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 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 3-18-15
(month, day, year)

Filer's Signature [Signature]

Comments: _____

RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
SCHEDULE E
Income - Gifts
2015 MAR 26 PM 3:29
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

RECEIVED
2015 MAR 20 PM 2:38
REC'D - FPPC REGISTERED
CA. SUPERVISOR

- 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)
METROPOLITAN NEWS

ADDRESS (Business Address Acceptable)
710 S. SPRING ST.

CITY AND STATE
LA CA 90012

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

DATE(S): 12, 13, 14 / / AMT: \$ 75.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
XMAS PARTY

▶ NAME OF SOURCE (Not an Acronym)
DAILY JOURNAL

ADDRESS (Business Address Acceptable)
WWW.DAILYJOURNAL.COM

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LEGAL NEWS PAPER

DATE(S): 12, 3, 14 / / AMT: \$ 75.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
XMAS PARTY

▶ NAME OF SOURCE (Not an Acronym)
ASSN OF SO. CAL. DEFENSE COUNSEL

ADDRESS (Business Address Acceptable)
888 S. FLORENZA ST. 16th Fl.

CITY AND STATE
LA CA 90017

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL BAR ASSN

DATE(S): 12, 3, 14 / / AMT: \$ 75.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
DINNER RECEPTION
TRAVEL COMPED.

Filer's Verification

Print Name RANDOLPH M. HAMMOCK

Office, Agency or Court LASC

Statement Type 2014/2015 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 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.

3-18-15

Comments: _____

RECEIVED
SCHEDULE E
 POLITICAL PRACTICES COMMISSION
Income - Gifts
 TRAVEL PAYMENTS, ADVANCES,
 and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

RECEIVED
 2015 MAR 26 PM 3:29
 OFFICE OF
 POLITICAL
 PRACTICES
 COMMISSION

- 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 ATTORNEYS ASSN OF LOS ANGELES
 ADDRESS (Business Address Acceptable)
800 W. 6th St. #700, LA CA 90017
 CITY AND STATE
LA, CA 90017

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL BAR ASSN

DATE(S): 1, 18, 14 - 8, 29, 14 AMT: \$ 550.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description VARIOUS DINNERS AND MIXERS IN WHICH ALL LASC JUDGES WERE INVITED AND COMPED

▶ NAME OF SOURCE (Not an Acronym)
ASSN OF BUSINESS TRIAL LAWYERS
 ADDRESS (Business Address Acceptable)
8502 E. CHAPMAN #443
 CITY AND STATE
ORANGE, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL BAR ASSN

DATE(S): DON'T RECALL DATES - ALL IN 2014. AMT: \$ 350.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description APPROX. 4-5 DINNER MEETINGS IN WHICH ALL LASC JUDGES WERE INVITED AND COMPED.

▶ NAME OF SOURCE (Not an Acronym)
WOMEN'S LAWYER ASSN OF L.A.
 ADDRESS (Business Address Acceptable)
634 S. SPRING ST.
 CITY AND STATE
LA CA 90014

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
LOCAL BAR ASSN

DATE(S): 12, 7, 14 AMT: \$ 75.00
(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description JUDICIAL RECEPTION - JUDGES COMPED.

Filer's Verification

Print Name RANDOLPH M. HAMMUCK

Office, Agency or Court L.A.S.C.

Statement Type 2014/2015 Annual Assuming Leaving
 Annual Candidate
(If)

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 3-18-15

Comments: _____