CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Date Initial Filing Received
MAY 07 2015
By

Please type or print in ink.

RR

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bloom	Richard	Hershel

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Assembly

Division, Board, Department, District, if applicable: Assembly District 50

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)*

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

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

- [x] **Annual:** The period covered is January 1, 2014, through December 31, 2014.
  -or-
  The period covered is ___/___/_____, through December 31, 2014.
- [ ] **Assuming Office:** Date assumed ___/___/_____
- [ ] **Leaving Office:** Date Left ___/___/_____ *(Check one)*
  - ○ The period covered is January 1, 2014, 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
- [x] **Schedule D** - *Income – Gifts* – schedule attached
- [ ] **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

-or-

- [ ] **None** - *No reportable interests on any schedule*

herein and in any attached schedules is true and complete. I acknowledge this is

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

Date Signed 05/07/2015 *(month, day, year)* **Signatu**

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 MAY -8 PM 1:38

SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 Ninth Street, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	$ 67.73	Food and Beverage
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Richard Bloom

Office, Agency or Court California State Assembly

Statement Type ☒ 2014/2015 Annual ☐ Assuming ☐ Leaving
☐ ____ (yr) Annual ☐ Candidate

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 05/07/2015

Filer's Signature (c)(1)

Comments:

7342

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

RECEIVED
Date Initial Filing Received
FEB 26 2015
By

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Bloom	Richard	Hershel

RR

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
California State Assembly

Division, Board, Department, District, if applicable: District 50

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 FEB 26 PM 4:05

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

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

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

- [x] **Annual:** The period covered is January 1, 2014, through December 31, 2014.
  -or-
  The period covered is ___/___/_____, through December 31, 2014.
- [ ] **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, 2014, 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:*** 15

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

-or-

- [ ] **None** - *No reportable interests on any schedule*

5.

(c)(1)

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

(c)(1)

Date Signed 2/26/15 *(month, day, year)*

Signature

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: Richard Bloom

► NAME OF BUSINESS ENTITY: Activision, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS: Technology

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:

___/___/ 14 ACQUIRED ___/___/ 14 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:

___/___/ 14 ACQUIRED ___/___/ 14 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:

___/___/ 14 ACQUIRED ___/___/ 14 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:

___/___/ 14 ACQUIRED ___/___/ 14 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:

___/___/ 14 ACQUIRED ___/___/ 14 DISPOSED

Comments: _____

SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Cedar-Sinai Medical Center

ADDRESS *(Business Address Acceptable)*
8700 Beverly Blvd, Los Angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Health Care

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☑ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☑ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- _____ *(Describe)*
- ☐ Other _____ *(Describe)*

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- _____ *(Describe)*
- ☐ Other _____ *(Describe)*

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, 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:

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____ % ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
John A. Perez for Assembly 2012
ADDRESS *(Business Address Acceptable)*
777 S Figueroa St, Ste 4050,Los Angeles,CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 16 / 14	$ 23.87	Food and Beverage
08 / 13 / 14	$ 12.35	Food and Beverage
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Friends of the Hollywood Central Park
ADDRESS *(Business Address Acceptable)*
1680 N Vine St, Ste 1000, Hollywood, CA 90028
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Job and Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 09 / 14	$ 200.00	2 Gala Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Assemblymember Marc Levine
ADDRESS *(Business Address Acceptable)*
PO Box 150084, San Rafael, CA 94915
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Marc Levine Ballot Issue Committee, ID 1356004

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	$ 107.10	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Edison International
ADDRESS *(Business Address Acceptable)*
2244 Walnut Grove Ave, Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Utilities

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 13 / 14	$ 29.07	Food and Beverage
02 / 11 / 14	$ 9.39	Food and Beverage
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Charter Schools Association
ADDRESS *(Business Address Acceptable)*
1107 9th St, Ste 200, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charter School Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 14	$ 45.45	Food and Beverage
/ /	$	
/ /	$	

► 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
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 14	$ 20.00	Beverage
02 / 03 / 14	$ 27.64	Food and Beverage
05 / 12 / 14	$ 44.31	Framed Picture

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Tech America
ADDRESS *(Business Address Acceptable)*: 1415 L St, Ste 1260, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Technology Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 21 / 14	$ 53.29	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Los Angeles Area Chamber of Commerce
ADDRESS *(Business Address Acceptable)*: 350 S Bixel St, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Business and Economic Advoacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 14	$ 246.00	Ticket,Food,Beverage
11 / 12 / 14	$ 200.00	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Democratic Party
ADDRESS *(Business Address Acceptable)*: 1401 21st St, Ste 200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 04 / 14	$ 131.24	Food and Beverage
08 / 18 / 14	$ 36.17	Food and Beverage
11 / 06 / 14	$ 73.63	Food and Beverage

► NAME OF SOURCE *(Not an Acronym)*: Transportation California
ADDRESS *(Business Address Acceptable)*: 925 L St, Ste 220, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Transportation Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 11 / 14	$ 52.88	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: California Grape and Tree Fruit League
ADDRESS *(Business Address Acceptable)*: 978 W Alluvial Avenue, Fresno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Nonprofit Agricultural Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 19 / 14	$ 241.36	Food and Beverage
02 / 19 / 14	$ 5.28	Reusable Bag
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Valley Industry Commerce Association
ADDRESS *(Business Address Acceptable)*: 5121 Van Nuys Blvd, Sherman Oaks, CA 91403
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Job and Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 21 / 14	$ 300.00	Ticket,Food,Beverage
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Bet Tzedek
ADDRESS *(Business Address Acceptable)*
3250 Wilshire Blvd,Los Angeles, CA 90010
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Free Legal Services for Low-income Individuals

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 14	$ 150.00	Ticket,Food,Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Equality California
ADDRESS *(Business Address Acceptable)*
202 W 1st St, Suite 3-0130, Los Angeles, CA 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
LGBT Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 10 / 14	$ 50.00	Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
National Caucus of Environmental Legislators
ADDRESS *(Business Address Acceptable)*
218 D Street SE, 1st Floor, Washington, DC 20003
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pro-environment State Legislators Nation-wide

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 12 / 14	$ 60.00	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Westside Family Health Center
ADDRESS *(Business Address Acceptable)*
1711 Ocean Park Blvd, Santa Monica, CA 90405
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Community Health Clinic

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 15 / 14	$ 400.00	2 Event Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Assemblymember Kevin Mullin
ADDRESS *(Business Address Acceptable)*
20 Park Rd, Suite E, Burlingame, CA 94010
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legislative Business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 17 / 14	$ 8.75	Food and Plant
/ /	$	
/ /	$	

► 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
Floral Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	$ 16.95	Flower Bouquet
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Richard Bloom

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*: Toy Industry Association
ADDRESS *(Business Address Acceptable)*: 1115 Broadway, Ste 400, New York, NY 10010
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Non-profit Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	$ 1.19	Toy Gift Day Bag
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Civil Justice Association of California
ADDRESS *(Business Address Acceptable)*: 1201 K Street Ste 1850, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Coalition Improving California's Civil Justice System

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 19 / 14	$ 27.66	Food and Beverage
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Monterey Bay Aquarium
ADDRESS *(Business Address Acceptable)*: 886 Cannery Row, Monterey, CA 93940
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Public Aquarium

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 14	$ 99.68	Food and Beverage
05 / 09 / 14	$ 79.90	2 Admission Tickets
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Humane Society of the United States
ADDRESS *(Business Address Acceptable)*: 2100 L St., NW, Washington, D.C. 20037
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Animal Welfare Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 29 / 14	$ 700.00	2 Gala Tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: California Citrus Mutual
ADDRESS *(Business Address Acceptable)*: 512 N Kaweah Avenue, Exeter, CA 93221
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Citrus Producer's Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 14	$ 8.65	Food
04 / 01 / 14	$ 55.54	Food and Beverage
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*: Lebanese American Foundation
ADDRESS *(Business Address Acceptable)*: 12198 Ventura Blvd, Studio City, CA 91604
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Lebanese American Cultural Center in Los Angeles

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 14	$ 400.00	2 Gala Tickets
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Pacific Palisades Community Council
ADDRESS *(Business Address Acceptable)*
PO Box 1131, Pacific Palisades, CA 90272
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pacific Palisades Community Advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 24 / 14	$ 170.00	2 Gala Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Hollywood Arts Council
ADDRESS *(Business Address Acceptable)*
Crossroads of the World, 6671 Sunset Blvd, Los
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for the Arts and Culture of Hollywood

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 25 / 14	$ 100.00	1 Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Pepperdine University
ADDRESS *(Business Address Acceptable)*
24255 Pacific Coast Hwy, Malibu, CA 90263
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Private California College

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 10 / 14	$ 500.00	2 Gala Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Refuse Recycling Council
ADDRESS *(Business Address Acceptable)*
1121 L St, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycling and Waste Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 14	$ 35.69	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Refuse Recycling Council
ADDRESS *(Business Address Acceptable)*
1851 E First St, Ste 1220, Santa Ana, CA 92705
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Recycling and Waste Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 13 / 14	$ 35.69	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Automatic Vendors Council
ADDRESS *(Business Address Acceptable)*
80 South Lake Ave, Ste 538, Pasadena, CA 91101
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Vending and Coffee Service Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 14 / 14	$ 20.00	Food and Gift Bag
/ /	$	
/ /	$	

Comments: Hollywoof Arts Council Address Continued: Angeles, CA 90028

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Science Center Foundation
ADDRESS *(Business Address Acceptable)*
700 Exposition Park Dr, Los Angeles, CA 90037
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Science Exhibit and On-site School

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 17 / 14	$ 170.00	2 Gala Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocate for CA Jobs and Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 14	$ 94.18	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Fox Entertainment Group
ADDRESS *(Business Address Acceptable)*
2121 Avenue of the Stars, Los Angeles, CA 90067
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Media and Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 14	$ 19.50	Movie Screening
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The California Roast
ADDRESS *(Business Address Acceptable)*
1220 H St, Ste 102, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Festive Annual Tradition Conducted in Sacramento

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 27 / 14	$ 300.00	1 Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Latino Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S Figueroa St, Ste 4050, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocate on Behalf of the Latino Community in CA

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 05 / 14	$ 19.53	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
International Fragrance Association, North America
ADDRESS *(Business Address Acceptable)*
1655 N Fort Meyer Dr, Ste 875, Arlington, VA 22209
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Fragrance Materials Advocacy for North America

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 14	$ 2.50	Fragrance Bag
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Foundation for Commerce and Education
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste 1400, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development and Education Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	$ 234.72	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
President Enrique Pena Nieto
ADDRESS *(Business Address Acceptable)*
Residencia Oficial de Los Pinos, Distrito Federal,
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Economic Development and Education Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 26 / 14	$ 70.00	Cigar Box
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Advanced Energy Economy
ADDRESS *(Business Address Acceptable)*
135 Main Street, Ste 1320, San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Green Business Advocates

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 06 / 14	$ 25.50	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Coca-Cola North America Group
ADDRESS *(Business Address Acceptable)*
1334 S Central Ave, Los Angeles, CA 90021
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Beverage Industry

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 07 / 14	$ 28.00	Commemorative Bottle
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
California Fresh Fruit Association
ADDRESS *(Business Address Acceptable)*
978 West Alluvial Avenue, Fresno, CA 93711
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit Agricultural Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 13 / 14	$ 14.00	Food
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Toni Atkins for State Assembly 2014
ADDRESS *(Business Address Acceptable)*
330 Encinitas Blvd, Ste 101, Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 27 / 14	$ 44.93	Food and Beverage
/ /	$	
/ /	$	

Comments: President Enrique Pena Nieto Address Continued: Mexico

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Planned Parenthood of Los Angeles
ADDRESS *(Business Address Acceptable)*
400 W 30th Street, Los Angeles, CA 90007
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare, Education, and Patient Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 11 / 14	$ 90.00	Ticket,Food,Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Ocean Park Community Center
ADDRESS *(Business Address Acceptable)*
1614 Ocean Ave, Santa Monica, CA 90401
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Services Agency in West Los Angeles

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 27 / 14	$ 100.00	1 Concert Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Rape Foundation
ADDRESS *(Business Address Acceptable)*
1223 Wilshire Blvd, Santa Monica, CA 90403
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Services for Victims of Rape and Sexual Assault

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 14	$ 700.00	2 Tickets, Food and
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Cedars-Sinai Medical Center
ADDRESS *(Business Address Acceptable)*
8700 Beverly Blvd, Los Angeles, CA 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Medical Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 14	$ 7.85	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Planned Parenthood Advocacy Project
ADDRESS *(Business Address Acceptable)*
555 Capitol Mall, Ste 510, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocate on Healthcare and Social Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 02 / 14	$ 300.00	Ticket and Beverages
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
The Willie Brown Institute
ADDRESS *(Business Address Acceptable)*
560 Mission St, Ste 2800, San Francisco, CA 94105
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non-profit Political and Public Policy Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 27 / 14	$ 200.00	2 Tickets, Food and
/ /	$	
/ /	$	

Comments: The Rape Foundation Continued: Beverage The Willie Brown Institute Continued: Beverage

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Los Angeles Museum of the Holocaust
ADDRESS *(Business Address Acceptable)*: 100 South The Grove Dr, Los Angeles, CA 90036
BUSINESS ACTIVITY, IF ANY, OF SOURCE: WWII Holocaust Museum

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/02/14	$1,000.00	2 Gala Tickets
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: West Hollywood Chamber of Commerce
ADDRESS *(Business Address Acceptable)*: 8272 Santa Monica Blvd, West Hollywood, CA 90046
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Jobs and Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/05/14	$235.00	1 Event Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Human Rights Watch
ADDRESS *(Business Address Acceptable)*: 350 Fifth Ave, 34th Floor, New York, NY 10118
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Advocates for the Rights of People Worldwide

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/11/14	$1,000.00	2 Gala Tickets, Food
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: NBC Universal
ADDRESS *(Business Address Acceptable)*: 3000 W Alameda Ave, Burbank, CA 91523
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Media and Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/13/14	$34.14	Food and Beverage
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Hollywood Chamber of Commerce
ADDRESS *(Business Address Acceptable)*: 7018 Hollywood Blvd, Hollywood, CA 90028
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Jobs and Economic Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/21/14	$125.00	1 Conference Ticket
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Toni Atkins for State Assembly
ADDRESS *(Business Address Acceptable)*: 300 Encinitas Blvd, Suite 101, Encinitas, CA 92024
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/30/14	$33.45	Food and Beverage
/ /	$	
/ /	$	

Comments: Human Rights Watch Continued: and Beverage

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
Assemblymember Cristina Garcia for Assembly 2014
ADDRESS *(Business Address Acceptable)*
3605 Long Beach Blvd, Ste 426, Long Beach, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 20 / 14	$ 45.95	Softball Jersey
/ /	$	
/ /	$	

► 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: Assemblymember Cristina Garcia Address Continued: 90807

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

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)*
Center for Biological Diversity
ADDRESS *(Business Address Acceptable)*
351 California St, Ste 600
CITY AND STATE
San Francisco, CA 94104
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocates to secure a future for all species, great
DATE(S): 01/25/14 - 01/26/14 *(If gift)* AMT: $ 255.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Food and Beverage, Tour, Overnight Stay

► NAME OF SOURCE *(Not an Acronym)*
California Foundation of the Environment & Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Ste 202
CITY AND STATE
San Francisco, CA 94133
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental and Economic Infrastructure Issues in
DATE(S): 02/27/14 - 02/28/14 *(If gift)* AMT: $ 433.28
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 Foundation of the Environment & Economy
ADDRESS *(Business Address Acceptable)*
Pier 35, Ste 202
CITY AND STATE
San Francisco, CA 94133
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental and Economic Infrastructure Issues in
DATE(S): 05/15/14 - 05/15/14 *(If gift)* AMT: $ 459.65
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 Forest Foundation
ADDRESS *(Business Address Acceptable)*
1215 K Street, Ste 1835
CITY AND STATE
Sacramento, CA 95814
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education on forests and their effect on California
DATE(S): 06/19/14 - 06/20/14 *(If gift)* AMT: $ 632.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Transportation, Food and Beverage, Lodging

Comments: Center for Biological Diversity Continued: great and small, hovering on the brink of extinction. We do so through science, law and creative media, with a focus on protecting the lands, waters and climate that species need to survive. California Foundation of the Environment & Economy Continued: California

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Richard Bloom

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)*
The Jewish Federation of Los Angeles
ADDRESS *(Business Address Acceptable)*
6505 Wilshire Blvd
CITY AND STATE
Los Angeles, CA 90048
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Resource and Advocate on Behalf of the Greater Los
DATE(S): 10/15/14 - 10/25/14 *(If gift)* AMT: $ 3,950.00
TYPE OF PAYMENT: (must check one) ☑ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☑ Other - Provide Description
Tours, Food and Beverage, Transportation, Interpreters, Lodging

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▶ NAME OF SOURCE *(Not an Acronym)*
Milken Innovation Center, Jerusalem Institute for Israel
ADDRESS *(Business Address Acceptable)*
4 Washington Street
CITY AND STATE
Jerusalem 9418704, Israel
☑ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
A nonprofit, nonpartisan think tank. The Milken
DATE(S): 12/05/14 - 12/09/14 *(If gift)* AMT: $ 1,852.00
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
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): / / - / / *(If gift)* AMT: $
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
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): / / - / / *(If gift)* AMT: $
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

Comments: The Jewish Federation: Angeles Jewish Community. Milken Continued: Studies. Milken Continued: Institute believes in the power of capital markets to solve urgent social and economic challenges and improve lives.

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PRACTICES COMMISSION
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SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ NAME OF SOURCE
California Democratic Party
ADDRESS *(Business Address Acceptable)*
1830 Ninth Street, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 15	$ 67.73	Food and Beverage
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

Print Name Richard Bloom

Office, Agency or Court California State Assembly

Statement Type ☐ 2011/2012 Annual ☐ Assuming ☐ Leaving
☒ 13-14 (yr) Annual ☐ Candidate

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 April 20, 2015

Filer's Signature (c)(1)

Comments: