CALIFORNIA FORM 700		ECONOMIC INTE	RESTS Date Initial Filing Receive Filing Official Use Only
	A PUBI	LIC DOCUMENT	Filed Date: 02/29/2024 12:51 PM SAN: FPPC
Please type or print in ink. NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Miadich	Richard		(MIDDLE)
	Richard		6
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Fair Political Practices Commission			
Division, Board, Department, District, if applical	ble	Your Position	
		Chair	
► If filing for multiple positions, list below or o	n an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check at leas	t one box)		
× State		Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
Multi-County		County of	
City of			
3. Type of Statement (Check at least on	e box)		
Annual: The period covered is January 1 December 31, 2023. -or-	, 2023, through	Leaving Office: D	ate Left// (Check one circle.)
The period covered is/ December 31, 2023.	, through	 The period cov of leaving office -or- 	ered is January 1, 2023, through the date e.
Assuming Office: Date assumed]]	The period cover the date of leaver	ered is//, through /ing office.
Candidate: Date of Election	and office sought,	if different than Part 1:	
 4. Schedule Summary (required) Schedules attached Schedule A-1 - Investments – schedule X Schedule A-2 - Investments – schedule 	e attached	of pages including thi Schedule C - Income, Loai Schedule D - Income – Gii	ns, & Business Positions – schedule attached
Schedule B - Real Property – schedule or- Nore - No reportable interests		Schedule E - Income – Git	ts – Travel Payments – schedule attached
5. Verification			
MAILING ADDRESS STREET	CITY		STATE ZIP CODE
(Business or Agency Address Recommended - Public Docu 1102 Q Street, Suite 3050	^{ment)} Sacran	nento	CA 95811
DAYTIME TELEPHONE NUMBER	Saciali	EMAIL ADDRESS	
(916)324-3722			
· · · ·			best of my knowledge the information contained
I certify under penalty of perjury under the			e and correct.
Date Signed 02/29/2024 12:51	PM Si	gnature	Richard C Miadich
(month, day, year)		• <u> </u>	lly signed paper statement with your filing official.)

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700

Name

Richard Miadich

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST	
DJR Garcia Health and Wellness Law	DJR Health Law & Consulting	
Name	Name	
1824 29th Street, Sacramento, CA 95816 Address (Business Address Acceptable)	1824 29th Street, Sacramento, CA 95816 Address (Business Address Acceptable)	
Check one	Address (Business Address Acceptable) Check one	
Trust, go to 2 IN 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 THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	
Law Firm	Law Firm	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	
\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000 \$2,000 - \$10,000	$1 = \frac{1}{2} $	
	\$2,000 - \$10,000 07 / 01 / 23 / 23 \$10,001 - \$100,000 ACQUIRED DISPOSED	
× \$100,001 - \$1,000,000	× \$100,001 - \$1,000,000	
Over \$1,000,000	Over \$1,000,000	
NATURE OF INVESTMENT	NATURE OF INVESTMENT	
Partnership Sole Proprietorship X Other	Partnership Sole Proprietorship X Other	
YOUR BUSINESS POSITION N/A	YOUR BUSINESS POSITION N/A	
■	► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA)	
SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
\$0 - \$499 \$10,001 - \$100,000	S0 - \$499 ★ \$10,001 - \$100,000	
S500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	S500 - \$1,000 OVER \$100,000	
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
None or X Names listed below SEE ATTACHED	None or X Names listed below SEE ATTACHED	
SEEATRONED	SEE ATTACHED	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	
LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	
NVESTMENT REAL PROPERTY		
SEE ATTACHED	SEE ATTACHED	
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	
Law firm office	Law firm office	
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	
× \$2.000 - \$10.000	x \$2.000 - \$10.000	
□ \$10,001 - \$100,000	\$10,001 - \$100,0002323 \$100,001 - \$1,000,000 ACQUIRED DISPOSED	
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 Over \$1,000,000 <td< td=""><td>Over \$1,000,000</td></td<>	Over \$1,000,000	
NATURE OF INTEREST	NATURE OF INTEREST	
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership	
X Leasehold 1 Other	Eeasehold 1 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: _

SCHEDULE A-2

Attachment



BUSINESS ENTITY OR TRUST : DJR Garcia Health and Wellness Law

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

Planned Parenthood Los Angeles; Sansum Clinic; Tri-State Community Healthcare Center; CommuniCare Health Centers

Names of Business Entities, if Investments, or Assessor's Parcel Numbers or Street Addresses of Real Properties

1824 29th Street, Sacramento, CA 95816; Lease; Fair Market Value \$2,000-\$10,000; 3 year lease.

BUSINESS ENTITY OR TRUST : DJR Health Law & Consulting

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE

Dupont Clinic, PC; Pediatric and Family Medical Center (dba Eisner Health); Livingston Community Health; Open Door Community Health Centers; Planned Parenthood Los Angeles; Wester Sierra Medical Clinic

Names of Business Entities, if Investments, or Assessor's Parcel Numbers or Street Addresses of Real Properties

1824 29th Street, Sacramento, CA 95816; Lease; Fair Market Value \$2,000-\$10,000; 3 year lease.

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

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Name

Richard Miadich

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Murphy Austin Adams & Schoenfeld, LLP		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
555 Capitol Mall, Suite 850, Sacramento, CA 95814		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Law Firm		
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
Spouse's employer		
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only	
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000	
× \$10,001 - \$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 (For self-employed use Schedule A-2.)	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.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	
Sale of (Real property, car, boat, etc.)	Sale of	
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)	
Commission or Rental Income, <i>list each source of \$10,000 or more</i>	Commission or Rental Income, <i>list each source of \$10,000 or more</i>	
(Describe)	(Describe)	
Other (Describe)	Other (Describe)	

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% 🗌 Noi	ne
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	ersonal residence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property	Street address
□ \$500 - \$1,000 □ \$1,001 - \$10,000		City
\$10,001 - \$100,000 \$10,001 - \$100,000	Guarantor	
OVER \$100,000	Other	(Describe)
Comments:		