

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL PRACTICES COMMISSION
2018 APR -2

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Zur Schmiede Robert Michael
City Clerk's Office
City of Laguna Beach, CA

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Laguna Beach
Division, Board, Department, District, if applicable
City Council
Your Position
Councilmember

► 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 or Court Commissioner (Statewide Jurisdiction)
- Multi-County _____ County of _____
- City of Laguna Beach Other _____

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

- Annual: The period covered is January 1, 2017, through December 31, 2017.
- or- The period covered is _____, through December 31, 2017.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2017, through the date of leaving office.
- or- 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: _____

Schedules attached

- 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. _____

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

Date Signed 02/04/2018
(month, day, year)

Signature _____

(2018)

**SCHEDULE D
 Income – Gifts**

Name
 Robert Michael Zur Schmiede

▶ NAME OF SOURCE *(Not an Acronym)*
 City of Laguna Beach

ADDRESS *(Business Address Acceptable)*
 505 Forest Ave. Laguna Beach, Ca 92651

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 local government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 19 17	230.	(2) Pageant of the
____/____/____	\$ _____	_____
____/____/____	\$ _____	Masters tickets
____/____/____	\$ _____	_____

▶ 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)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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

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____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

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ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____