

Please type or print in ink.

NAME OF FILER Rosenthal (LAST) (FIRST) Laura Zahn (MIDDLE)

1. Office, Agency, or Court

Agency Name City of Malibu Councilmember  
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: SM Bay Restoration Comm. Position: alternate

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

- State
- Multi-County \_\_\_\_\_
- City of Malibu
- 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, 2012, through December 31, 2012.
- or-
- The period covered is \_\_\_\_\_, through December 31, 2012.
- Leaving Office: Date Left \_\_\_\_\_ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is \_\_\_\_\_, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_\_
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

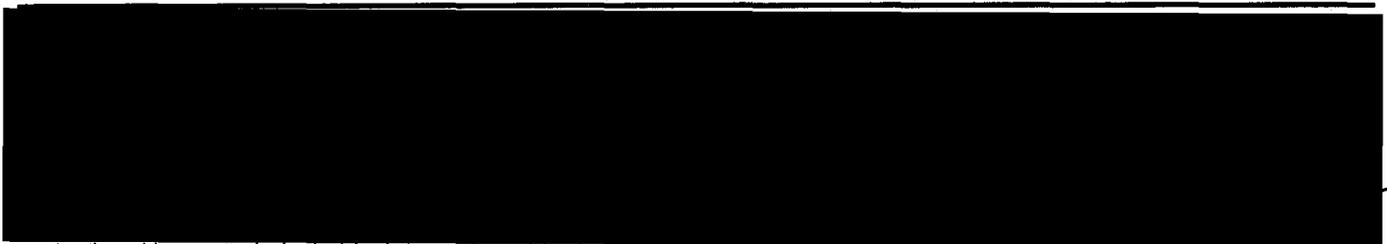
4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- 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



herein and in any attached schedules is true and complete. I ac  
I certify under penalty of perjury under the laws of the State

Date Signed March 28, 2013  
(month, day, year)

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name Rosenthal
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- 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)  
 Chinese People's Assoc Friendship Foreign Countries

ADDRESS (Business Address Acceptable)  
 No. 1 Tajichang Street

CITY AND STATE  
 Doncheng District, Beijing, China 100740

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Chinese Government, Govt. Affairs Organization

DATE(S): 06 / 16 / 12 - 06 / 24 / 12 AMT: \$ 8,000.00  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
Participated in meetings with local/regional & national officials to discuss city government. Made speeches.

▶ 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

▶ 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:** The Chinese People's Association for Friendship with Foreign Countries paid for everything else including  
airfare, lodging, meals and misc transportation to panel discussions and governmental exchanges.





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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Rosenthal

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
The Bobby Jones Golf Co

ADDRESS (Business Address Acceptable)  
3582 Arden Rd, Hayward, CA 94545

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Sales of Golf Equipment

YOUR BUSINESS POSITION  
CEO (spouse)

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  
 Loan repayment       Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or       Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Laura Zahn Rosenthal

ADDRESS (Business Address Acceptable)  
5600 Calpine Drive, Malibu, CA 90265

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Psychology practice

YOUR BUSINESS POSITION  
owner

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  
 Loan repayment       Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or       Rental Income, list each source of \$10,000 or more  
 Other psychotherapy  
(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\*  
BKM Corp

ADDRESS (Business Address Acceptable)  
5600 Calpine Drive, Malibu, CA 90265

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  
6 %       None

TERM (Months/Years)  
on demand

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_ City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Rosenthal

▶ NAME OF SOURCE *(Not an Acronym)*

**Daqing Dairy Products**

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ADDRESS *(Business Address Acceptable)*

**35th Floor, Bank of China Tower, 1 Garden Rd, HK**

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Production, marketing & sale of milk formula products**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 21 / 12	\$ 200.00	dinner

▶ NAME OF SOURCE *(Not an Acronym)*

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ADDRESS *(Business Address Acceptable)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE *(Not an Acronym)*

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ADDRESS *(Business Address Acceptable)*

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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)*

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

**Comments:** I am not exactly sure that the dinner gift was on the 20th or 21st of June. Sorry.