

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Initial Filing
RECEIVED
Official Use Only
FEB 03 2015
City Clerk's Office
City of Laguna Beach, CA

GG

Please type or print in ink.

NAME OF FILER (LAST) Robert (FIRST) Michael
Zur Schmiede

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: CITY OF LAGUNA BEACH
PLANNING COMMISSION
Position: COMMISSIONER

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

- State
- Multi-County _____
- City of Laguna Beach
- 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, 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: 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
- Schedule D - Income - Gifts - schedule attached
- Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-
 None - No reportable interests on any schedule

5. [Redacted Signature Area]

Date Signed 2/2/2015
(month, day, year)

SCHEDULE D
Incom – Gifts

Name
Zur Schmiede, Robert M.

▶ **NAME OF SOURCE (Not an Acronym)**
 City of Laguna Beach/Pageant of the Masters

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Municipal Corporation/Non-Profit Corporation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 6 / 15	\$ 280.	Pageant Tickets (4)
/ /	\$	
/ /	\$	

▶ **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)
/ /	\$	
/ /	\$	
/ /	\$	

C mments: _____