

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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FAIR POLITICAL
PRACTICES COMMISSION

2015 FEB 27 PM 1:36

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hertzberg Robert M.

RR

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

State Senate

Division, Board, Department, District, if applicable

Your Position

18

Member

> 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
- Multi-County _____
- City of _____
- 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 12 / 1 / 2013 through December 31, 2014.
- Assuming Office: Date assumed 12 / 1 / 2014
- 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: 12

- 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



contained herein and in any attached schedules is true and complete. I acknowledge
I certify under penalty of perjury under the laws of the State of California that the

Date Signed 2/24/2015
(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 <u>Robert M. Hertzberg</u>

► NAME OF BUSINESS ENTITY
Bank of Israel

GENERAL DESCRIPTION OF THIS BUSINESS
Government bank

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 Bond (Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 ACQUIRED 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:

 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
Palogix International, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Logistics

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:

 ACQUIRED 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:

 ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY
VoicePlate, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Social networking 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:

 ACQUIRED 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:

 ACQUIRED DISPOSED

Comments: _____

Schedule C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

Name
Robert M. Hertzberg

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Berggruen Institute

ADDRESS (Business Address Acceptable)
1114 Avenue of the Americas, NY, NY
10036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nonprofit organization

YOUR BUSINESS POSITION
Advisor

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 Consulting services
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Epoch Media Group LLC

ADDRESS (Business Address Acceptable)
180 Varick St., #1206, New York, NY

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Film production

YOUR BUSINESS POSITION
None

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 Rental of house for film
production.
 (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*	INTEREST RATE	TERM (Month/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	
_____	Street address	
HIGHEST BALANCE DURING REPORTING PERIOD	_____	
<input type="checkbox"/> \$500 - \$1,000	City	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Over \$100,000	(Describe)	

Comments: _____

Schedule C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Robert M. Hertzberg

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Glaser Weil

ADDRESS (Business Address Acceptable)
10250 Constellation Bl. #1900, Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm

YOUR BUSINESS POSITION
Of counsel attorney

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
Mayer Brown LLP (1)

ADDRESS (Business Address Acceptable)
350 S. Grand Ave., 25th Fl., Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law firm

YOUR BUSINESS POSITION
Partner/Of counsel attorney.

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: 1-No longer partner as of 2/28/14; of counsel attorney through 11/4/14.

Schedule C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Robert M. Hertzberg</u>

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Palogix International, Inc. (1)

ADDRESS (Business Address Acceptable)
11601 Wilshire Bl., #1925, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Logistics

YOUR BUSINESS POSITION
Board chairman

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
Universal Locations, Inc.

ADDRESS (Business Address Acceptable)
24791 Valley St., Santa Clarita, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Film production

YOUR BUSINESS POSITION
None

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 Rental of house for film production (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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____ Street address	
_____	City	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____ (Describe)	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> Over \$100,000		

Comments: 1-No income received.

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

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Robert M. Hertzberg

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 VoicePlate, Inc. (2)

ADDRESS (Business Address Acceptable)
 2118 Wilshire Bl., #871, Santa Monica, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Social networking technology

YOUR BUSINESS POSITION
 Board member

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: 2-No income received.

Schedule D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Robert M. Hertzberg

➤ NAME OF SOURCE (Not an Acronym)

Barona Band of Mission Indians
ADDRESS (Business Address Acceptable)
1095 Barona Road, Lakeside, CA 92040
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/10/14</u>	\$ <u>57.38</u>	<u>Meal</u>
<u>11/19/14</u>	\$ <u>125.00</u>	<u>Spirits</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

➤ NAME OF SOURCE (Not an Acronym)

Nicolas Berggruen
ADDRESS (Business Address Acceptable)
1114 Ave of the Americas, New York, NY
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/19/14</u>	\$ <u>250.00</u>	<u>Spirits</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

➤ NAME OF SOURCE (Not an Acronym)

Mark Brown
ADDRESS (Business Address Acceptable)
350 S. Grand Ave. Ste 2500, Los Angeles, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Executive assistant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/21/14</u>	\$ <u>290.00</u>	<u>Cigars</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

➤ NAME OF SOURCE (Not an Acronym)

California Democratic Party
ADDRESS (Business Address Acceptable)
1830 9th St., Sacramento, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Political party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/6/14</u>	\$ <u>68.45</u>	<u>Lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

➤ NAME OF SOURCE (Not an Acronym)

Congressman Tony Cardenas
ADDRESS (Business Address Acceptable)
8134 Van Nuys Blvd., #206, Panorama City, CA
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public official

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/23/13</u>	\$ <u>50.00</u>	<u>Liquor</u>
<u>12/8/14</u>	\$ <u>70.00</u>	<u>Popcorn gift basket</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

➤ NAME OF SOURCE (Not an Acronym)

Lawrence Chia/Pico Far East Holdings Ltd.
ADDRESS (Business Address Acceptable)
Pico House, 4 Dai Fu St., Tai Po, China
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Investments

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9/24/14</u>	\$ <u>375.00</u>	<u>Breakfast and box of cigars</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____

Schedule D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Robert M. Hertzberg

➤ NAME OF SOURCE *(Not an Acronym)*
Santa Ynez Band of Chumash Mission Indians

ADDRESS *(Business Address Acceptable)*
100 Via Juana Lane, Santa Ynez, CA 93460

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Indian tribe

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7/19/14	\$ 195.00	Hotel room and meal
	\$	
	\$	

➤ NAME OF SOURCE *(Not an Acronym)*
Kevin De Leon for Senate 2014

ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St. Ste 4050, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Campaign committee

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/30/14	\$ 117.83	Food and beverages
	\$	
	\$	

➤ NAME OF SOURCE *(Not an Acronym)*
Dave Fleming

ADDRESS *(Business Address Acceptable)*
355 So. Grand Ave., Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/29/14	\$ 100.00	Cigare
	\$	
	\$	

➤ NAME OF SOURCE *(Not an Acronym)*
Nathan Gardels

ADDRESS *(Business Address Acceptable)*
1114 Avenue of the Americas, NY, NY 10036

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Policy adviser

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/23/13	\$ 50.00	Liquor
	\$	
	\$	

➤ NAME OF SOURCE *(Not an Acronym)*
Mike Margolis

ADDRESS *(Business Address Acceptable)*
2029 Century Park E., 6th Fl, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/19/14	\$ 200.00	Baked goods
	\$	
	\$	

➤ NAME OF SOURCE *(Not an Acronym)*
Chris Modrzejewski

ADDRESS *(Business Address Acceptable)*
555 S. Hope St, Ste 1910, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/19/14	\$ 100.00	Spirits
	\$	
	\$	

Comments: _____

Schedule D
Income - Gifts

Name

Robert M. Hertzberg

➤ NAME OF SOURCE *(Not an Acronym)*

Dan Weinstein

ADDRESS *(Business Address Acceptable)*

11601 Wilshire Bl. #300, Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Solar development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/19/14</u>	<u>\$ 75.00</u>	<u>Necktie</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ NAME OF SOURCE *(Not an Acronym)*

Myrna Zimmerman

ADDRESS *(Business Address Acceptable)*

496 Hillgreen Ave., Beverly Hills, CA 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Retired

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2/ 8/14</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

➤ 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)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

Schedule E

Income - Gifts Travel Payments, Advances and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name Robert M. Hertzberg

- 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)
Verde Exchange

ADDRESS (Business Address Acceptable)
811 W. 7th St., #900

CITY AND STATE
Los Angeles, CA 90017

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Environmental think tank and publisher

DATE(S): 1, 26, 14 - 1, 28, 14 AMT:\$ 100.00
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description
Made speech and moderated panels at 2014 conference. Meals.

➤ 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): / / - / / 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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): / / - / / AMT:\$
(if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____