Date Initial Filing

CALIFORNIA FORM 7		MENT OF	ECONOMIC	INTERESTS Received Official Use Only
FAIR POLITICAL PRACTICES COMM A PUBLIC DOCUMEN		CO	VER PAGE	D ₀
Please type or print in ink.				2815 JUL 2 AMAILS ROS
NAME OF FILER	(LAST)		(FIRST)	ZOTO SOL. Z. AT (MibbiLE) 370
Kayser		Bennett		GEN Steven OFF.
1. Office, Agency, or Co.	urt			LEGAL SERVICES
Agency Name (Do not use ac	cronyms)			ELOAL SLITTIOLS
Los Angeles Unified So	chool District			
Division, Board, Department, D	District, if applicable		Your Position	
Board of Education Dis	strict 5		Board of Ed	lucation Member
► If filing for multiple positions	s, list below or on an attachmen	it. (Do not use a	acronyms)	
Agency:			Position:	
2. Jurisdiction of Office	(Check at least one box)			
State			Judge or Cour	rt Commissioner (Statewide Jurisdiction)
Multi-County			County of Lo	os Angeles
3. Type of Statement (Ch	neck at least one box)			22 22 2245
December 31, 2	red is January 1, 2014, through 014.		Leaving Office (Check one)	ce: Date Left 06 30 2015
The period cove December 31, 2	red is	through	The period leaving of	d covered is January 1, 2014, through the date of fice.
Assuming Office: Date a	assumed/		The period the date of	d covered is/ through of leaving office.
Candidate: Election year	and off	lice sought, if dif	ferent than Part 1:	
4. Schedule Summary				/1
Check applicable sched	lules or "None."	► Total n	umber of pages	including this cover page:
Schedule A-1 - Investmen	nts – schedule attached		Schedule C - Incon	ne, Loans, & Business Positions - schedule attached
Schedule A-2 - Investmen				ne - Gifts - schedule attached
Schedule B - Real Proper	rty - schedule attached		Schedule E - Incom	ne - Gifts - Travel Payments - schedule attached

Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached		Income – Gifts – schedul Income – Gifts – Travel F	e attached Payments – schedule attac	hed
None - No	-or- reportable interests on any schedule	e		
Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	СІТУ	STATE	ZIP CODE	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(bennett.kayse	er@lausd.net		
I have used all reasonable diligence in preparing this statement herein and in any attached schedules is true and complete. I certify under penalty of perjury under the laws of the St	I acknowledge this is a public docu	and to the best of my kno ument.	wledge the information co	ntained
Date Signed 6-29-15	Signature			

(month, day, year)

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
Bennett Kayser

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Auto maker	
	Pharmacy
FAIR MARKET VALUE \$\int\\$2,000 - \\$10,000 \$\int\\$10,001 - \\$100,000	FAIR MARKET VALUE \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe) Partnership (Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATÉ:
J 14 J 14 ACQUIRED DISPOSED	
Baxter Health Care GENERAL DESCRIPTION OF THIS BUSINESS	NAME OF BUSINESS ENTITY CAVE FUSION CORP GENERAL DESCRIPTION OF THIS BUSINESS
Health care Products	Health care products
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	\$2,000 - \$10,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 14 / / 14 ACQUIRED DISPOSED	
► NAME OF BUSINESS ENTITY	Fawards Life Sciences
Cardinal Health Care GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health care products	Health care froducts
FAIR MARKET VALUE \$10,001 - \$100,000	FAIR MARKET VALUE \$10,000 \$10,000 \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	ACQUIRED DISPOSED
1.0	
Comments:	

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

	LIFORNIA FORM 700 R POLITICAL PRACTICES COMMISSION
Na	me
Ве	ennett Kayser

(Ownership Interest is 1	0% or Greater)
▶ 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
	1à
Name Kayser Family Thust 734 Enchanted way pacific,	Name
134 Enchanted way pacific,	Address (Business Address Acceptable)
Charles (Business Address Acceptable)	Check one
Trust, go to 2 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
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 \$2,000 - \$10,000	FAIR MARKET VALUE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
\$0 - \$499	\$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	S. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
None or Names listed below	The state of the s
tenant - Emile moeller	
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Assessor's Parcel Number or Street Address of Real Property 734 Enchanted Way Pacific Palicades CA	ragaggi a Laron Hambar of Grade Florida of Trade Florida
Description of Business Activity or Gity or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Yrs. remaining 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 B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bennett Kayser

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 313-715 1/2 occidental Blva CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS -
los Angeles, CA 90026	los Angeles CA 90026
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 Over \$1,000,000 FAPPLICABLE, LIST DATE: ##APPLICABLE, LIST DATE
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
■ \$0 - \$499 ■ \$500 - \$1,000 ■ \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
10,001 - \$100,000 OVER \$100,000	OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Rima Fosa, testin schneider	sources of rental income: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None
Jona Becht	- Attached to the second secon
* You are not required to report loans from commercial	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
* You are not required to report loans from commercial business on terms available to members of the public	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business.	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows:
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business of LENDER*	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER*
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business OF LENDER* ADDRESS (Business Address Acceptable)	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whose None	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE None
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Whone HIGHEST BALANCE DURING REPORTING PERIOD
* You are not required to report loans from commercial business on terms available to members of the public loans received not in a lender's regular course of business (Business Address Acceptable) BUSINESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and iness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000