

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing

Received

Official Use Only

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

Zimmer

Steve

2015 APR 14 PM 4:52

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles Unified School District

Division, Board, Department, District, if applicable

Board District 4

Your Position

Board Member

GEN. CNSL. OFF.
LEGAL SERVICES

► 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 Los Angeles☐ City 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.

☐ Leaving Office: Date Left ____/____/____
(Check one)☐ The period covered is January 1, 2014, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ 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: 3

☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

() _____ szimmer@lausd.net

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

4/1/2015

(month, day, year)

Signature

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>California State University, LA</u>	NAME OF SOURCE OF INCOME <u>Jewish Federation of Greater LA</u>
ADDRESS (Business Address Acceptable) <u>5151 State University Drive</u>	ADDRESS (Business Address Acceptable) <u>6505 Wilshire Blvd</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Los Angeles, CA 90032</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Los Angeles, CA 90048</u>
YOUR BUSINESS POSITION <u>Professor</u>	YOUR BUSINESS POSITION <u>Program Coordinator</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
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"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ (Describe)	

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Occidental College

ADDRESS (Business Address Acceptable)
1600 Campus Road

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LA, CA 90041

YOUR BUSINESS POSITION
Professor

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
Loyola Marymount University

ADDRESS (Business Address Acceptable)
One LMU Drive Suite 1880

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Los Angeles, CA 90045

YOUR BUSINESS POSITION
Lecturer

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: _____