

**STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE**

Effective January 1, 2015
 2015-2016

Please type or print in ink

NAME OF FILER (Last)	CITY	STATE
Hirsch	San Francisco	CA

1. Office, Agency, or Court

Agency Name: (Do not use acronym)
 SF Police Commission

Division, Board, Department, District, if applicable: _____
 Title Position: Commissioner

+ If filing for multiple positions, list below or on an attachment. (Do not use acronym)

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____ County of _____

City of San Francisco Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2015, through December 31, 2015

-or- The period covered is _____ through December 31, 2015

Assuming Office: Date assumed _____

Leaving Office: Date left _____ (Check one)

The period covered is January 1, 2015, through the date of leaving office

-or- The period covered is 01/01/2016 through the date of leaving office

Candidate: Election year _____ and office sought, if different than Part 1 _____

4. Schedule Summary (must complete) - Total number of pages including this cover page _____

Schedules attached

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 Expenses - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS	STREET	CITY	STATE	ZIP CODE
PO Box 170428		San Francisco	CA	94111
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(415) 675-6519	[REDACTED]			

I have read all reportable disclosures 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 the foregoing is true and correct.

Date Signed: 11/28/2016
 (month, day, year)

Signature: _____
 (File the original signed statement with your filing return.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Hirsch Robert M

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 SF Police Commission
 Division, Board, Department, District, if applicable Your Position
 Commissioner

► 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 _____
- City of San Francisco Other _____

3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2015, through December 31, 2015.
- or- The period covered is _____ through December 31, 2015.
- Assuming Office: Date assumed _____
- Leaving Office: Date Left _____ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or- The period covered is 01 / 01 / 2016 through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

- 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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
 (Business or Agency Address Recommended - Public Document)
 _____ San Francisco CA 0
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 (415) 676-9619 _____

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 the foregoing is true and correct.

Date Signed 11/28/2016 Signature _____
(month, day, year) (File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
ROBERT HIRSCH

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>City & County of San Francisco</u></p> <p>ADDRESS (Business Address Acceptable) <u>1 Dr. Carlton B Goodlett Place, SF, CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u></u></p> <p>YOUR BUSINESS POSITION <u>Mediator/Arbitrator</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small> <input checked="" type="checkbox"/> Other <u>Fee for Mediation Services</u> <small>(Describe)</small>	<p>NAME OF SOURCE OF INCOME <u>SEIU Local 1021</u></p> <p>ADDRESS (Business Address Acceptable) <u>350 Rhode Island, Suite 100, SF CA</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Labor Organization</u></p> <p>YOUR BUSINESS POSITION <u>Mediator/Arbitrator</u></p> <p>GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more <small>(Describe)</small> <input checked="" type="checkbox"/> Other <u>Fee for Mediation Services</u> <small>(Describe)</small>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>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</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <input type="checkbox"/> Real Property _____ <small>Street address</small> <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
---	--

Comments: _____