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AO-10T
Rev. 03/2023

FINANCIAL DISCLOSURE
PERIODIC TRANSACTION REPORT

Report Required by the Ethics in Government Act of 1978 (5 U.S.C. §§ 13101-13111)

** indicates required fields*

*1. First Name	*2. Middle Initial	*3. Last Name	4. Suffix
Marsha		Berzon	
*5. Title	*6. District/Court/Unit		*7. Circuit
Federal Judge	Not Applicable		09
8. Report Type	9. Calendar Year	*10. Date Filed	11. Check box if amending prior report and enter date of prior submission.
Periodic Transaction Report	2024	12/09/2024	
*12. Date of First Transaction on this Report		*13. Date of Last Transaction on this Report	
12/01/2024		12/01/2024	

TRANSACTIONS

Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
1. California St Dept Wtr 5.00% 12/1/2028 PRRFD	Sold	12/01/2024	12/06/2024	$15,001 - $50,000
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)*

First Name Marsha	Middle Initial	Last Name Berzon	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name Marsha	Middle Initial	Last Name Berzon	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name Marsha	Middle Initial	Last Name Berzon	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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First Name Marsha	Middle Initial	Last name Berzon	Suffix

ADDITIONAL INFORMATION OR EXPLANATIONS

CERTIFICATION.
I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILLFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. § 13106)

**SIGNATURE:*

s/ Marsha Berzon

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☐ **Bypass form audit. Please review highlighted items to assure no changes are required. If changes are not required, you MUST provide an explanation above in the Additional Information or Explanations section.**

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Committee on Financial Disclosure
Administrative Office of the United States Courts
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One Columbus Circle, N.E.
Washington, D.C. 20544