



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Friedman Laura

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Glendale City Council

Division, Board, Department, District, if applicable

Your Position

Council Member

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

Agency: Burbank-Glendale-Pasadena Airport Authority

Position: Commissioner

RECEIVED  
FAIR POLITICAL  
PRACTICES COMMISSION  
2014 APR 11 PM 4:01

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Los Angeles

City of Glendale

Other

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2013.

The period covered is January 1, 2013, 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: \_\_\_\_\_

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

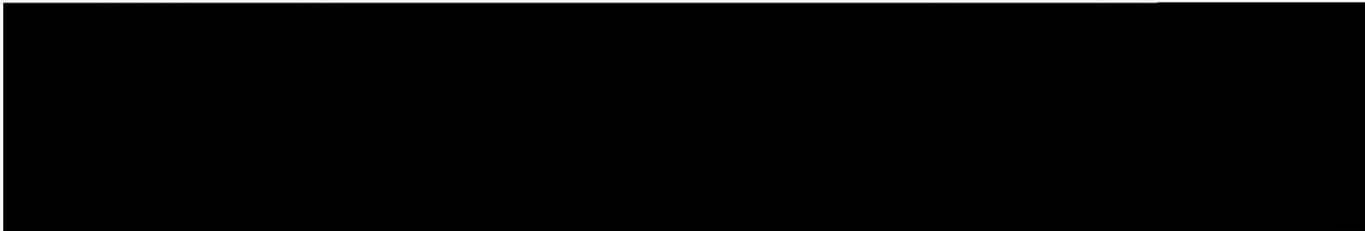
Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE



Date Signed 2/25/14  
(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.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>Laura Friedman</b>
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▶ NAME OF BUSINESS ENTITY  
**Amgen**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Pharmaceutical Manufacture**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **13**      \_\_\_\_\_ / \_\_\_\_\_ / **13**  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Procter & Gamble**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Home Goods**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **13**      \_\_\_\_\_ / \_\_\_\_\_ / **13**  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Hologic Inc.**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Pharmaceutical Manufacture**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **13**      \_\_\_\_\_ / \_\_\_\_\_ / **13**  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Bank of America**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Banking**

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **13**      \_\_\_\_\_ / \_\_\_\_\_ / **13**  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**International Business Machines Corp**

GENERAL DESCRIPTION OF THIS BUSINESS  
**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:  
 \_\_\_\_\_ / \_\_\_\_\_ / **13**      \_\_\_\_\_ / \_\_\_\_\_ / **13**  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Capital World Growth**

GENERAL DESCRIPTION OF THIS BUSINESS  
**Income Fund**

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

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / **13**      \_\_\_\_\_ / \_\_\_\_\_ / **13**  
 ACQUIRED                                      DISPOSED

Comments: \_\_\_\_\_





**SCHEDULE D  
Income – Gifts**

Name

Laura Friedman

▶ NAME OF SOURCE (Not an Acronym)  
**Caruso Affiliated**

ADDRESS (Business Address Acceptable)  
**101 The Grove Dr., Los Angeles, CA 90036**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Shopping Mall Owner/Operator**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 07 / 13	\$ 140.00	ticket to LA Chamber
___ / ___ / ___	\$ _____	of Commerce Inagural
___ / ___ / ___	\$ _____	Dinner

▶ NAME OF SOURCE (Not an Acronym)  
**Fay, Spofford & Thomdike**

ADDRESS (Business Address Acceptable)  
**5 Burlington Woods, Burlington MA 01803**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Engineers, Planners, Scientists**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 13	\$ 100.00	Raffle Prize at CA
___ / ___ / ___	\$ _____	League of Cities - Gift
___ / ___ / ___	\$ _____	Card

▶ NAME OF SOURCE (Not an Acronym)  
**Ken Spiker**

ADDRESS (Business Address Acceptable)  
**100 S. Flower St., Los Angeles, CA 90015**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 11 / 13	\$ 130.00	Dinner for 2 - ICA
___ / ___ / ___	\$ _____	Conference
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)  
**William Baker & Associates**

ADDRESS (Business Address Acceptable)  
**32374 Corte San Vicente**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Consultant**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 19 / 13	\$ 50.00	Raffle Prize at CA
___ / ___ / ___	\$ _____	League of Cities - Gift
___ / ___ / ___	\$ _____	Card

▶ NAME OF SOURCE (Not an Acronym)  
**Deborah Vankin**

ADDRESS (Business Address Acceptable)  
**202 W. First Street**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Los Angeles Times Reporter**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 21 / 13	\$ 115.00	Baby Shower Gift
___ / ___ / ___	\$ _____	Crib & Diaper Pail
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)  
**Engineered Arresting Systems Corporation**

ADDRESS (Business Address Acceptable)  
**2239 High Hill Road, Logan Township NJ 08085**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Manufacturer Engineered Material Arresting System**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 25 / 13	\$ 229.00	Raffle Prize at ACI-NA
___ / ___ / ___	\$ _____	Annual Conference
___ / ___ / ___	\$ _____	IPad mini

Comments: \_\_\_\_\_

**SCHEDULE D  
 Income – Gifts**

Name  
Laura Friedman

▶ NAME OF SOURCE (Not an Acronym)  
Mapleton Investments

ADDRESS (Business Address Acceptable)  
9952 Santa Monica Blvd., Beverly Hills, CA 90212

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 13 / 13</u>	<u>\$ 50.00</u>	<u>Christmas Gift Basket</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)  
Glendale Galleria Mall & Office Tower Management

ADDRESS (Business Address Acceptable)  
100 W. Broadway, Suite 700

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Mall & Building Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 17 / 13</u>	<u>\$ 50.00</u>	<u>Christmas gift - Box of Chocolate</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)  
Bloomingdales

ADDRESS (Business Address Acceptable)  
845 Market St., San Francisco, CA 94103

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Retail

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 06 / 13</u>	<u>\$ 150.00</u>	<u>Ticket to grand opening gala</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: \_\_\_\_\_