

STATEMENT OF ECONOMIC INTERESTS

RECEIVED Received
CITY OF BEVERLY HILLS

indexed
3/28/14 bp orig. to FPPC 4/2/14

COVER PAGE

TN

2014 MAR 28 P 4:42

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
MIRISCH JOHN A. CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

CITY OF BEVERLY HILLS

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
1 APR - 7 PM 1 13

► 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
- Multi-County _____
- City of BEVERLY HILLS
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2013, through December 31, 2013.
- or-
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____
- 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: 4

- 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/28/2014
(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 John Mirisch

▶ NAME OF BUSINESS ENTITY
GOOGLE

GENERAL DESCRIPTION OF THIS BUSINESS
IT

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
NIKE

GENERAL DESCRIPTION OF THIS BUSINESS
Shoes/apparel

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

GENERAL DESCRIPTION OF THIS BUSINESS

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
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IF APPLICABLE, LIST DATE:
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 ACQUIRED DISPOSED

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 \$100,001 - \$1,000,000 Over \$1,000,000

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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

Comments: _____

SCHEDULE D
Income – Gifts

Name
John Mirisch

▶ NAME OF SOURCE (Not an Acronym)
Beverly Hills Firemen's Association

ADDRESS (Business Address Acceptable)
Beverly Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Safety Union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 13	\$ 125.00	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Two Rodeo

ADDRESS (Business Address Acceptable)
Rodeo Dr., Beverly Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Property owner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 13	\$ 125.00	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Bouchon

ADDRESS (Business Address Acceptable)
Beverly Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Restaurant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 13	\$ 100.00	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)
Tariq Fattani

ADDRESS (Business Address Acceptable)
North Hollywood

BUSINESS ACTIVITY, IF ANY, OF SOURCE
VFX, Visual Special Effects

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / / 13	\$ 70.00	Gift Basket
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

▶ 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)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
John Mirisch

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
Metropolitan Water District

ADDRESS (Business Address Acceptable)
700 North Alameda Street

CITY AND STATE
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Water supply

DATE(S): 11 / 08 / 13 - 11 / 09 / 13 AMT: \$ 360.29
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description Informational tour; City is Member Agency

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____