



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Brien William W

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

City Council

Division, Board, Department, District, if applicable

Your Position

Councilmember

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

Agency: SEE ATTACHED LIST

Position:

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of

City of Beverly Hills

Other

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

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

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.

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: 11

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

herein and in any attached schedules is true and complete. I ackn

I certify under penalty of perjury under the laws of the State o

Date Signed 04/01/2015 12:08 PM  
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
EXPANDED STATEMENT LIST

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
Name  
William Brien

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
County Sanitation District #4 of Los Angeles County	Director	City of Beverly Hills	Annual	01/01/14 - 12/31/14
Westside Cities Council of Governments	Boardmember	City of Beverly Hills	Annual	01/24/14 - 12/31/14

**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	
William Brien	

▶ NAME OF BUSINESS ENTITY  
abbvie

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Amerisource Bergen

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Abbott Labs

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Beckman Coulter

GENERAL DESCRIPTION OF THIS BUSINESS  
medical devices

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      09 / 01 / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Allergan

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Bristol Myers

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

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

**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	
William Brien	

▶ NAME OF BUSINESS ENTITY  
Chevron

GENERAL DESCRIPTION OF THIS BUSINESS  
petroleum

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
First Century Bank

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Cisco Systems

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS  
manufacturing

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
First Century Bank

GENERAL DESCRIPTION OF THIS BUSINESS  
Financial industry

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:  
 12 / 01 / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

▶ NAME OF BUSINESS ENTITY  
Glaxo Smith Kline

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 14      \_\_\_\_\_ / \_\_\_\_\_ / 14  
 ACQUIRED                                  DISPOSED

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

# 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

William Brien

▶ NAME OF BUSINESS ENTITY  
ING mutual fund

GENERAL DESCRIPTION OF THIS BUSINESS  
real estate

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:  
\_\_\_\_/\_\_\_\_/14      04/02/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Medco

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Intel

GENERAL DESCRIPTION OF THIS BUSINESS  
Chip Manufacturer

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Merck

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Johnson & Johnson

GENERAL DESCRIPTION OF THIS BUSINESS  
pharmaceutical

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Microsoft

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

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

# 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

William Brien

▶ NAME OF BUSINESS ENTITY  
Pfizer

GENERAL DESCRIPTION OF THIS BUSINESS  
Pharmaceutical

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Zimmer

GENERAL DESCRIPTION OF THIS BUSINESS  
medical devices

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Royal Dutch

GENERAL DESCRIPTION OF THIS BUSINESS  
petroleum

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Transocean

GENERAL DESCRIPTION OF THIS BUSINESS  
drilling 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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Schlumberger

GENERAL DESCRIPTION OF THIS BUSINESS  
petroleum

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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
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:  
\_\_\_\_/\_\_\_\_/14      \_\_\_\_/\_\_\_\_/14  
ACQUIRED      DISPOSED

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



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name William Brien
--

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 1st century bank

ADDRESS (Business Address Acceptable)  
 1875 century park east, los angeles, CA 90067

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

YOUR BUSINESS POSITION  
 board of directors

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 non wage pay  
 \_\_\_\_\_  
 (Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 cedars-sinai medical center

ADDRESS (Business Address Acceptable)  
 8700 beverly blvd, los angeles, CA 90048

BUSINESS ACTIVITY, IF ANY, OF SOURCE

---

YOUR BUSINESS POSITION  
 vice chairman surgery

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: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
William Brien

▶ NAME OF SOURCE (Not an Acronym)  
Playboy enterprises  
 ADDRESS (Business Address Acceptable)  
9346 civic center dr suite 200  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 14 / 14</u>	<u>\$ 320</u>	<u>2 concert tickets &amp; parking</u>
<u>06 / 14 / 14</u>	<u>\$ 70</u>	<u>2 box dinners</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Robert Anderson  
 ADDRESS (Business Address Acceptable)  
604 n arden dr beverly hills  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
commissioner and resident

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 01 / 14</u>	<u>\$ 100</u>	<u>centennial book</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
BH fire association dinner  
 ADDRESS (Business Address Acceptable)  
po box 1720 bh 90213  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 07 / 14</u>	<u>\$ 150</u>	<u>Fire assoc dinner 2 dinners</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
Gores Group  
 ADDRESS (Business Address Acceptable)  
9800 wilshire blvd  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
business opening

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 11 / 14</u>	<u>\$ 50</u>	<u>reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
coach  
 ADDRESS (Business Address Acceptable)  
327 n rodeo dr bh 90210  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
reception

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 11 / 14</u>	<u>\$ 50</u>	<u>reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)  
infiniti  
 ADDRESS (Business Address Acceptable)  
olympic blvd bh 90212  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 09 / 14</u>	<u>\$ 50</u>	<u>opening reception</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

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

## SCHEDULE D Income – Gifts

Name  
William Brien

▶ NAME OF SOURCE (Not an Acronym)  
John and Cathi Bendheim  
ADDRESS (Business Address Acceptable)  
1152 sunset vail ave, la 90069  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 17 / 14</u>	<u>\$ 200</u>	<u>birthday party</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Todd Orlich GM  
ADDRESS (Business Address Acceptable)  
225 Beverly Dr. BH 90210  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Montage

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 28 / 14</u>	<u>\$ 30</u>	<u>lunch</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Ferrari  
ADDRESS (Business Address Acceptable)  
120 demerest ave, englewood cliffs Nj  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 14</u>	<u>\$ 404</u>	<u>dinner</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Tom Gordon  
ADDRESS (Business Address Acceptable)  
150 n robertson blvd bh 90212  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
fundraiser dr. gold

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 20 / 14</u>	<u>\$ 30</u>	<u>reception wolfgangs</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
spaghettini  
ADDRESS (Business Address Acceptable)  
184 n canon  
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 23 / 14</u>	<u>\$ 30</u>	<u>opening</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)  
2 rodeo  
ADDRESS (Business Address Acceptable)  
9480 dayton way  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
property manager

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 14</u>	<u>\$ 150</u>	<u>gift basket</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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

**SCHEDULE D**  
**Income – Gifts**

Name  
William Brien

▶ NAME OF SOURCE *(Not an Acronym)*  
Bh Chamber  
 ADDRESS *(Business Address Acceptable)*  
9400 s santa monica blvd 2nd fl bh 90210  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 08 / 14</u>	\$ <u>30</u>	<u>board holiday party</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
BH CVB  
 ADDRESS *(Business Address Acceptable)*  
9400 s santa monica #102 BH 90210  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 10 / 14</u>	\$ <u>30</u>	<u>Holiday party</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)*  
 \_\_\_\_\_  
 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)*  
 \_\_\_\_\_  
 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)*  
 \_\_\_\_\_  
 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: \_\_\_\_\_