| Recipient Committee Campaign Statement Cover Page | | | Date Stamp | CALIFORNIA 460 |
|---|---|---|---|--|
| SEE INSTRUCTIONS ON REVERSE | statement covers period from December 1, 2016 through December 3/261 | Date of election if applicable: Y (Month, Day, Year) March 7, 2017 | OF BEVERLY HILLS JAN 31 P 3 35 / CLERK'S OFFILE | For Official Use Only 1/31/17 bp |
| 1. Type of Recipient Committee: All Committees - Con | mplete Parts 1, 2, 3, and 4. | 2. Type of Statement: | | |
| State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee | Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7) | Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te | t | terly Statement ial Odd-Year Report |
| COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) RE-ELECT John Wirisch TBEVELY Hill City Council STREET ADDRESS (NO P.O. BOX) CITY STATE ZIPCO | D. NUMBER 3 9 2 9 3 0 Z > 17 Se # 20 1 DE AREA CODE/PHONE - 90048 3237821144 | Treasurer(s) NAME OF TREASURER MAILING ADDRESS CITY NAME OF ASSISTANT TREASURE MAILING ADDRESS | ngdes CX | #201 90048 3237821144 |
| CITY STATE ZIP CO | DE AREA CODE/PHONE | СІТУ | STATE ZIP CO | DE AREA CODE/PHONE |
| OPTIONAL: FAX / E-MAIL ADDRESS | | OPTIONAL: FAX / E-MAIL ADDRES | - 1/4 | 9 |
| 4. Verification I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury/under the laws of the State of Executed on | California that the foregoing is true and company and | | Treasurer roponent or Responsible Officer of Sponso | |

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Recipient Committee Campaign Statement Cover Page — Part 2

| COVER PAGE - PART 2 | | | | | | |
|---------------------|----------------|-------|--|--|--|--|
| CALI F | IFORNIA ORM | 460 | | | | |
| Page . | 2 | of 17 | | | | |

| Officeholder or Candidate Controlled Comm | ittee | 6. | Primarily Formed Ballo | t Measure C | ommittee | | |
|---|-----------------------------------|-------|---|-----------------|--------------------|-------------|-------------------|
| NAME OF OFFICEHOLDER OR CANDIDATE | 4 | | NAME OF BALLOT MEASURE | | | | |
| OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRIC | ماه شراد در | | BALLOT NO. OR LETTER | JURISDICTION | | | SUPPORT OPPOSE |
| RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C | HZOI LOSAMPEDE | 5, CA | Identify the controlling office | | - | ure propoi | nent, if any. |
| Related Committees Not Included in this Sta | | 48 | NAME OF OFFICEHOLDER, CAN | DIDATE, OR PROI | PONENT | | |
| not included in this statement that are controlled by you o contributions or make expenditures on behalf of your can | r are primarily formed to receive | | OFFICE SOUGHT OR HELD | | DIST | RICT NO. IF | ANY |
| COMMITTEE NAME | I.D. NUMBER | | | | | | |
| NAME OF TREASURER | CONTROLLED COMMITTEE? | 7. | Primarily Formed Canc officeholder(s) or candidate(s) | | | | |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E | | | NAME OF OFFICEHOLDER OR C | ANDIDATE | OFFICE SOUGHT O | R HELD | SUPPORT OPPOSE |
| | CODE AREA CODE/PHONE | | NAME OF OFFICEHOLDER OR C | ANDIDATE | OFFICE SOUGHT C | R HELD | SUPPORT OPPOSE |
| COMMITTEE NAME | I.D. NUMBER | | NAME OF OFFICEHOLDER OR C | ANDIDATE | OFFICE SOUGHT C | R HELD | SUPPORT OPPOSE |
| NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRESS (NO P.O. E | CONTROLLED COMMITTEE? YES NO | | NAME OF OFFICEHOLDER OR C | ANDIDATE | OFFICE SOUGHT C | OR HELD | SUPPORT OPPOSE |
| | CODE AREA CODE/PHONE | | Atta | ch continuation | n sheets if necess | sary | |

Campaign Disclosure Statement Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

| Summary Page SEE INSTRUCTIONS ON REVERSE | to whole dollars. | | catement covers period bec (2617 FORM 460 FORM Page 3 of 1 |
|--|---|--|--|
| NAME OF FILER RE- Elect John Mirisc | h - Bewell | y Hills CityCou | nai 2017 1392930 |
| Contributions Received 1. Monetary Contributions | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) \$ 7599 \$ 7599 \$ 7599 | \$ Column B CALENDAR YEAR TOTAL TO DATE \$ 7 5 9 \$ 7 5 9 \$ 7 5 9 \$ 7 5 9 | Calendar Year Summary for Candidates Running in Both the State Primary and General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$ |
| Expenditures Made 6. Payments Made | \$ 4630.68 \$ 4630.68 \$ 4630.68 | * | Gundados |
| Current Cash Statement 12. Beginning Cash Balance | \$ 0 17599 4630.68 \$ 2968.72 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. this is the first report being filed for this calendar year, | lf . |
| 17. LOAN GUARANTEES RECEIVED | \$ | only carry over the amount from Lines 2, 7, and 9 (if any). | |

| Schedule | Α | |
|----------|----------------------|----------|
| Monetary | Contributions | Received |

Amounts may be rounded to whole dollars.

SCHEDULE A

| Monetary Contributions Received | | | | from Dec 1 | 2016 | california 460 form | | |
|---------------------------------|--|---|--|-----------------------------------|---|--|--|--|
| SEE INSTRUCTION | NS ON REVERSE | | | through Dec 3 | 31,2016 | Page of | | |
| NAME OF FILER | ilet John Mirisch - | -Beward | 4 Hills Coby los | unid Beso | nlyHH | 1.D. NUMBER 1392930 | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO D CALENDAR YEA (JAN. 1 - DEC. 3 | R TO DATE | | |
| 12/21/16 | LARRY LARSON 1025 N. ROXbury Dr. Besenly Hills CA 90210 | OTH | Attorney self employed | 200 | 200 | | | |
| 1212116 | Terri thomas Gordon 1226 Coldwell CANYON Beverly Hills MA 90210 | COM COM OTH PTY SCC | netired | 450 | 45 |) | | |
| 12/21/16 | EARY FOGE CANYON 1226 Coldwell CANYON 1226 Coldwell CANYON Bes Hills, CA 90210 | HIND COM OTH PTY SCC | netired | u50" | 45) | | | |
| 1212/16 | Paul Puno 1285. OAKhursTDR#Z Bru Hills MA 90212 | Ø IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | unliste d | 99 | 99 | | | |
| 12/2/14 | Lauren Nethanson 10372 srethmore DR LACA 90024 | COM COM OTH PTY | Actress | 450 | 450 | | | |
| | | | SUBTOTAL S | 1649 | | | | |
| 1. Amount red (Include all | A Summary ceived this period – itemized monetary contributions. Schedule A subtotals.) | | | 7597 | IND – Ir COM – | outor Codes individual Recipient Committee (other than PTY or SCC) Other (e.g., business entity) | | |
| 3. Total mone | ceived this period – unitemized monetary contribution etary contributions received this period. . 1 and 2. Enter here and on the Summary Page, Col | | | 7599 | PTY - F | Political Party Small Contributor Committee | | |

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period

| Monetary Contributions Received to whole dollars. Statement of from 121 | | | from | 12016 | | FORNIA 460 | |
|--|--|---|--|-----------------------------------|--|------------|--|
| | | | _ | through $l \ge l 3$ | 71/16_ | Page _ | 5 of [7 |
| NAME OF FILER | Elect John Mirisch - | Beve | my Hills City | Councel | 2017 | I.D. NU | MBER 392930 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC. | EAR | PER ELECTION TO DATE (IF REQUIRED) |
| 12/22/16 | LA, CA 90024 | IND COM OTH PTY SCC | Pres. mopleton Investing | 450 * | 450 |) | |
| 12/2/11/ | Beutills /CA 902/2 | OTH PTY SCC | Chair MAN Mepleto 7 Insestments | 450 | 450 | | |
| 12/25/16 | 11949 W. Ox gripic floor | TIND COM OTH PTY | Psychotherapis Seltemployed | 450 | 450 |) | |
| 12/22/ | Andrea GASSMAN 353 s. Swell DR, Beo Hills, OA 90211 | DOM COM COTH COTH COTH COTH COTH COTH COTH COTH | owner writers Block | 450 | 45 | 0 | |
| 12127116 | Andrianne Zarnegin 421 N. Bosenbysk, Des Hills, CA 90210 | IND COM OTH PTY | homemoken | 450 | 45 | 5 | |
| | | | SUBTOTAL | \$2250 | | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH – Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| • | Contributions Received | to whole o | ioliars. | Statement coverage from 12/ | / 2016 F | FORM 460 | | |
|------------------|--|----------------------------------|--|-----------------------------------|---|--|--|--|
| NAME OF FILER | Elect John Mirisch- | Beverlyl | tills City Coun | ici/2017 | | UMBER >92930 | | |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) | | |
| 12/27/16 | Robert Zarnegin 421 N. Bevery & R. B Hills, (A 9021) | COM COM OTH PTY SCC | real estate investor Probity | 450 | 450 | | | |
| allssls | Adrienne Lope 2 1419 Pearless Pl #305 LA CA 90035 | IND COM OTH PTY | Gen Mahager OMC | 450 | 450 | | | |
| 12/27/1/6 | MonicA GABOT 2695. Beverly Dr. #1388 Deu Hills, PA90212 | OTND COM OTH PTY SCC | technology investor | 450 | 450 | | | |
| 2127/16 | Poe WANGSUU DR #1388 269, S. Beverly DR #1388 Bev Hills, CA 90212 | IND COM OTH PTY SCC | In sestor | 450 | 450 | , | | |
| 12/27/16 | Jessich Frem #300 zvon. Bewerly Dr. #300 Deu Hills, CA 902D | IND COM OTH PTY | homemales | 450 | 450 | | | |
| | | | SUBTOTAL | \$ 2250 | | | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY – Political Party SCC – Small Contributor Committee

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

Schedule A (Continuation Sheet) Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

| Monetary Contributions Received to whole dollars. | | | Statement cover from 12 13 | 11/6 | CALIFORNIA 460 Page of | |
|---|---|--------------------------------------|--|-----------------------------------|---|------------------------|
| NAME OF FILER | 25- ELect JohnMiri | sch - | Beverly Wills | City to | | 1.D. NUMBER 1382930 |
| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF.SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO I CALENDAR YEA (JAN. 1 - DEC. 3 | AR TO DATE |
| 2127/16 | zyo N. Beverlyn, #300 Bev Hills, CA90212 | IND COM OTH PTY | owner oms | 450 | 450 | |
| 12/27/16 | Be wills MA gozio | IND COM OTH PTY SCC | Dir. of operations | 300 | 300 | |
| d1/cE/5/ | 300 Hills (249021) | IND COM OTH PTY SCC | employedse real estate | 250 | 5 50 | |
| 12127/11 | PANICAS STJUASTAVA 9500 wilshire Beu Hills, CA 90212 | DIND COM OTH PTY SCC | 5 to don't | u5? | 450 | |
| | | □IND □COM □OTH □PTY □SCC | | | | |
| | | | SUBTOTAL | \$ 1000/450 | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee

Schedule B – Part 1

** If required.

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

| Loans Received | to whole dollars | s. | | Statement coverage from Dec / | vers period 6 | CALIFORNIA 460 FORM | | |
|---|---|---|--|--|---------------------------|--|---|--|
| SEE INSTRUCTIONS ON REVERSE | | | | | through <u>1213</u> | 2/16 | Page _ | of |
| NAME OF FILER RG-5/ed Joh. | n Mirisch | Deval | y Aills | eity Co | uncil Z | 017 | 1.D. NUMBER | 2930 |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAI OR FORGIVE THIS PERIOL | N CLOSE OF THIS | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
| None | | 0 | | PAID \$ FORGIVEN | \$ | % RATE | \$ | \$PER ELECTION** |
| [†] □IND □ COM □ OTH □ PTY □ SCC | | \$ | \$ | \$ | DATE DUE | \$ | DATE INCURRED | s |
| [†] □IND □ COM □ OTH □ PTY □ SCC | | s | s | PAID FORGIVEN \$ | _ \$ DATE DUE | % RATE | \$ DATE INCURRED | S PER ELECTION ** |
| † IND COM OTH PTY SCC | | s | s | PAID \$ FORGIVEN \$ | \$ | % RATE | \$ | CALENDAR YEAR \$ PER ELECTION** \$ |
| | | SUBTOTALS \$ | | \$ | \$ | \$ | | |
| Schedule B Summary 1. Loans received this period | | | | \$ | 0 | (Enter (e) on Schedule E, Line 3) | | aggerage mote (fourth), obtol |
| (Total Column (b) plus unitemized loans Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party that Net change this period. (Subtract Line Enter the net here and on the Summar) | 0 paid or forgiven.) t are also itemized on Sche | edule A.) | | .NET \$ | May be a negative number) | IN CC | Contributor Codes D – Individual DM – Recipient C (other than become TH – Other (e.g., TY – Political Part CC – Small Contri | ommittee PTY or SCC) business entity) y |
| *Amounts forgiven or paid by another party also me | |) | | · | , | | EDDC For | n 460 (lan/2016) |

Statement covers period /

Schedule B – Part 2

Amounts may be rounded to whole dollars.

SCHEDULE B - PART 2

| | | | | Statement covers period from 12 1 16 through 12 31 / / | FORM | 100 |
|--|-------------------------|--|-----------|--|--|-----------------------------------|
| SEE INSTRUCTIONS ON REVERSE | | | | through + + + 1 | Page | of |
| NAME OF FILER RS - Slect | John Mi | risch Bevaly | HillsCity | Souniel Zot. | 7 1.D. NUMBER | 2970 |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
| More | ☐ IND ☐ COM ☐ OTH | | LENDER | | \$ PER ELECTION (IF REQUIRED) | |
| | □ PTY □ SCC | | | | \$CALENDAR YEAR | |
| | ☐ IND ☐ COM | | LENDER | | \$ PER ELECTION | |
| | □OTH □PTY □SCC | | DATE | | (IF REQUIRED) | |
| | ☐ IND | | LENDER | | CALENDAR YEAR | |
| | □OTH □PTY □SCC | | DATE | - | PER ELECTION (IF REQUIRED) | |
| 1 | ☐ IND | | LENDER | | CALENDAR YEAR | |
| | □ OTH □ PTY □ SCC | | DATE | | PER ELECTION (IF REQUIRED) | |
| | 1 | | SUBT | TOTAL \$ | Enter on Summary Page, Line 17 only. | |

Schedule C **Nonmonetary Contributions Received**

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period **CALIFORNIA** 1211 **FORM** SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER RE-Elect John Mirisch Bevery Hills City Counci CUMULATIVE TO IF AN INDIVIDUAL, ENTER AMOUNT/ FULL NAME, STREET ADDRESS AND DATE CONTRIBUTOR PER ELECTION **DESCRIPTION OF** DATE OCCUPATION AND EMPLOYER FAIR MARKET ZIP CODE OF CONTRIBUTOR TO DATE RECEIVED CODE * GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER CALENDAR YEAR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE (IF REQUIRED) NAME OF BUSINESS) (JAN 1 - DEC 31) □IND COM □отн **□** PTY □ SCC ПСОМ Потн **□** PTY SCC ПСОМ OTH **□** PTY SCC □ COM □ OTH □ PTY □scc Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ Schedule C Summary** *Contributor Codes 1. Amount received this period – itemized nonmonetary contributions. IND - Individual (Include all Schedule C subtotals.).... COM - Recipient Committee (other than PTY or SCC) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ OTH - Other (e.g., business entity) PTY - Political Party 3. Total nonmonetary contributions received this period. SCC - Small Contributor Committee

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Amounts may be rounded to whole dollars.

Statement covers period from 2016 CALIFORNIA 460

through 1213111 Page of 1

| SEE INSTRUCTION | NS ON REVERSE | | - | throught ≥ 1.5 | /(| ↓ |
|-----------------|---|--|------------------------------|-----------------------|---|--|
| NAME OF FILER | John Mirisch Beve | | 1.D. NUM | BER 92930 | | |
| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
| - | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | | | |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 0 | | |
| | ☐ Support ☐ Oppose | Monetary Contribution Nonmonetary Contribution Independent Expenditure | | 0 | | |
| | | | SUBTOTAL | \$ | | |
| | D Summary ontributions and independent expenditures ma | de this period. (Includ | le all Schedule D subtotals. |) | \$_ | 0 |
| 2. Unitemized | contributions and independent expenditures r | made this period of ur | nder \$100 | | \$ _ | 0 |
| 3. Total contri | butions and independent expenditures made t | his period. (Add Lines | s 1 and 2. Do not enter on t | he Summary Page. | .) TOTAL \$ _ | 0 |

| Schedule | E |
|-----------------|------|
| Payments | Made |

SEE INSTRUCTIONS ON REVERSE

legal defense

campaign literature and mailings

NAME OF FILER

IND

LEG

LIT

Amounts may be rounded to whole dollars.

Statement covers period

SCHEDULE E **CALIFORNIA FORM**

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating t.v. or cable airtime and production costs candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS independent expenditure supporting/opposing others (explain)*

staff/spouse travel, lodging, and meals POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor TSF

voter registration

PRO professional services (legal, accounting) print ads WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|--------------------------------|-------------|
| 3555 Jon 14 ABIND Suite J Torrance, OF 9050 T | Compaign printing & Mailer | 3725,30 |
| Federal Expres 3131 DenochAT RD Memphis, JAN 36118 | Pos Sec. of State | 31,78 |
| A Raise money POBOX 26466 Little Rode, AR 7222/ | | 12,50 |

 st Payments that are contributions or independent expenditures must also be summarized on Schedule D.

RE- Elect John Mirisch - Beverly Hills

PRT

SUBTOTAL \$ 3769, 58

| Schedule E Summary |
|--------------------|
|--------------------|

1. Itemized payments made this period. (Include all Schedule E subtotals.)

2. Unitemized payments made this period of under \$100......\$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)......\$

| SCHEDU | 11 ⊏ | = | CONT |
|--------|------|---|-------|
| SUMEDI | ノレニ | | IUUNI |

Schedule E (Continuation Sheet) **Payments Made**

Amounts may be rounded to whole dollars.

Statement covers period through

CALIFORNIA FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

RE-ELect John mirisch

Beverly

I.D. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events

independent expenditure supporting/opposing others (explain)* legal defense LEG

campaign literature and mailings

MBR member communications MTG meetings and appearances

OFC office expenses petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

returned contributions RFD SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals

staff/spouse travel, lodging, and meals TRS

transfer between committees of the same candidate/sponsor **TSF**

VOT voter registration

WEB information technology costs (internet, e-mail)

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE C | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|------------------|
| Sharp Image Printing 6230 Wilshire Blud Los Angeles, CA 90048 | LIT | printing Compaig | 861.10 |
| | | | |
| | | | |
| | | | |
| | | | |
| * Payments that are contributions or independent expenditures must also be summarized on Sch | edule D | SIII | BTOTALS X () /C |

SUBTOTAL \$

| | | | | | SCHEDULE |
|--|---|--|---|---|---|
| Schedule F Accrued Expenses (Unpaid Bills) | Amounts may be round to whole dollars. | Amounts may be rounded to whole dollars. | | | FORNIA 460 |
| SEE INSTRUCTIONS ON REVERSE NAME OF FILER | | | unougn | Page | v |
| REELECT John | | | | | 392933 |
| CODES: If one of the following codes accurately descriced campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings | MBR member communication MTG meetings and appearant OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (I PRT print ads | ns nces earch nessenger services | RAD radio airtime air returned contril SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra transfer between VOT voter registration | nd production costs butions kers' salaries time and production cost: el, lodging, and meals avel, lodging, and meals en committees of the sam | ne candidate/sponsor |
| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
| | | | · | - | |
| | | | | | |
| | | | | | |

Schedule F Summary

 * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| 1. | . Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | |
|----|--|----------------------|
| 2. | . Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | |
| | Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | be a negative number |

SUBTOTALS \$

\$

\$

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

\$

Schedule G Payments Made by an Agent or Independent **Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Statement covers period **CALIFORNIA** FORM

| SEE | INSTRI | JCTIONS | ON | REVER | SE |
|------|---------|----------------|----|--------|----|
| JLL. | 1110111 | CHONS | ON | ULARIZ | いに |

NAME OF FILER

RE- Elect John Mirisch-Beverly Hills Cit NAME OF AGENT OR INDEPENDENT CONTRACTOR

I.D. NUMBER

SCHEDULE G

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* CVC civic donations

candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)*

LEG legal defense

campaign literature and mailings

MBR member communications

MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks

POL polling and survey research postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Attach additional information on appropriately labeled continuation sheets. | | | TOTAL* \$ | - |

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (Jan/2016) FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

| | | | | | | | | SCHEDULE H |
|--|---|---|-------------------------------|--|---------------|--------------------------------------|--------------------------------------|---------------------------------------|
| Schedule H Loans Made to Others* | | | ay be rounded le dollars. | | Statement cov | vers period | CALIFORN FORM | ^{IIA} 460 |
| SEE INSTRUCTIONS ON REVERSE | | ~~ | | | anough | 13/1/16 | Page _ | of |
| Redect Johin | Mirisch- | -Bever | y Hills (| City Cou | uil 2 | 017 | I.D. NUMBER | 2930 |
| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT O FORGIVENESS THIS PERIOD | CLOSE OF THIS | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
| | | | | ☐ PAID | | | | CALENDAR YEAR |
| Now | | | | S | \$ | RATE | \$ | \$PER ELECTION** |
| <i>V</i> | | \$ | \$ | \$ | DATE DUE | \$ | DATE INCURRED | \$ |
| | | | | ☐ PAID | | | | CALENDAR YEAR |
| | , | | | S | \$ | RATE | s | \$ PER ELECTION** |
| | | \$ | \$ | S | DATE DUE | \$ | DATE INCURRED | \$ |
| *Loans that are contributions to another candidate of also be summarized on Schedule D. Loans forgiver reported on Schedule E. | | SUBTOTALS | \$ | \$ | \$ | \$ | | |
| | | | | | | (Enter (e) on Schedule I, Line 3) | | |
| Schedule H Summary | | | | | ታ | 0 | | |
| I. Loans made this period (Total Column (b) plus unitemized loans | s of less than \$100.) | | ••••• | • | Ф | | arrana arrana | **If Required |

2. Payments received on loans\$

(Total Column (c) plus unitemized payments of less than \$100.)

(Enter the net here and on the Summary Page, Column A, Line 7.)

(May be a negative number)

| | Amounts ma to whole IREVERSE | dollars. | Statement co | 131/16 | CALIFORNIA 460 Page of |
|--------------------|--|----------|----------------------|------------|--|
| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | | ESCRIPTION OF RECEIP | 2017 | 1392933 AMOUNT OF INCREASE TO CASH |
| NESELVED . | Money | | | | INGNEASE TO GASTI |
| | • | | | | |
| | | | | , | |
| | | | | | |
| | | | | | |
| Attach additiona | I information on appropriately labeled continuation sheets. | | | SUBTOTAL S | \$ |
| 2. Unitemized inci | reases to cash this periodreases to cash of under \$100 this period | | \$ | 0 | , |
| | rest received this period on loans made to others. (Schedule H, Colueous increases to cash this period. (Add Lines 1, 2, and 3. Enter he | | \$ TOTAL \$ | 7 | |