C	ecipient Committee ampaign Statement over Page			Date Stamp		LIFORNIA 460
		Statement covers period from 10/13/2023	Date of election if applicable: (Month, Day, Year)	2/7/2024		e of E FORMINITUSE COUNT Y CLE 2024 JAN 29 PM4 5
SE	E INSTRUCTIONS ON REVERSE	through 12/31/2023	03/05/2024	+41		ZUZA CHM ZII HHAL
1.	Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	State Candidate Election Committee Recall (Alea Complete Pert 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored No Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Use Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	nt ermination)	Quarterly St Special Odd	atement I-Year Report
3.	Committee Information	NUMBER 463516	Treasurer(s)			
	COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	703310	NAME OF TREASURER			
	Tiffany Davis for Beverly Hills City Council 2024		Nancy Davis Lagden MAILING ADDRESS			
			4170 Way # 22	13		
	STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIPCODE	AREA CODE/PHONE
	CITY STATE ZIP CO	DE AREA CODE/PHONE	Marina del Rey NAME OF ASSISTANT TREASUR	CA	90292	713_530_5012
		_	NAME OF ASSISTANT TREASUR	RER, IF ANY		
	MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	310-904-9860	MAILING ADDRESS			
	same					
	CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
	OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDR	ESS		
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 01/24/2024 Executed on Date Executed on Date Executed on Date	California that the foregoing is true and By		roponent or responsible Officer State Measure Proponent		is true and complete. I

FPPC Form 460 (Jan/2016))

COVER PAGE

Desirient Committee				COVER PAGE
Recipient Committee Campaign Statement Cover Page			Date Stamp	california 460
	Statement covers period from 10/13/2023	Date of election if applicable: (Month, Day, Year)		Page of 5
SEE INSTRUCTIONS ON REVERSE	through <u>12/31/2023</u>	03/05/2024		
1. Type of Recipient Committee: All Committees - Co	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5)	Primarily Formed Ballot Measure Committee Controlled Sponsored Aso Compile Pari 8)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te	rmination)	Quarterly Statement Special Odd-Year Report
General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Candidate/ Officeholder Committee			
	D. NUMBER 463516	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Tiffany Davis for Beverly Hills City Council 2024	100010	NAME OF TREASURER Nancy Davis Lagden MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZI	P CODE AREA CODE/PHONE
CITY STATE ZIP CC	_	NAME OF ASSISTANT TREASUR	ER, IF ANY	713-539-5012
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO.	310-904-9860	MAILING ADDRESS		
SAME CITY STATE ZIP CO	DE AREA CODE/PHONE	CITY	STATE ZI	P CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRE	SS	
Verification I have used all reasonable diligence in preparing and review certify under penalty of perjury under the laws of the State of			herein and in the attached	schedules is true and complete. I
Executed on 01/24/2024	Ву			
Executed on Date	BySignature of Cont	Signature of Treasurer or Assistant		ponsor
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	State Measure Proponent	
Executed on	Ву	Signature of Controlling Officeholder, Candidate, S	tate Measure Proponent	

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA 460
FORM

5.	Officeholder or Candidate Controlled Comm	ittee	6.	Primarily Formed Ballo	t Measure	Committee			
	NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE						
	Tiffany Davis								
	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR	RICT NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER JURISDICTI		ION		SUPPORT	
	City Council Member - City of Beverly Hills							OPPOSE	
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) C	ITY STATE ZIP							
	320 North Palm Dr. #107	orth Palm Dr. #107 Beverly Hills CA 90210					measure prop	onent, if any.	
	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT								
	Related Committees Not Included in this Sta not included in this statement that are controlled by you or contributions or make expenditures on behalf of your cand	are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	IFANY	
	COMMITTEE NAME	I.D. NUMBER							
	NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s) or candidate(s)	idate/Offic	eholder Co	mmittee Li	st names of	
	NAME OF TREASURER	YES NO		omicenoider(s) or candidate(s)	ror wnich this	committee is j	rimarily forme	a.	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I			NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
	CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT	
		Leavenes						OPPOSE	
	COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE	
	NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOU	IGHT OR HELD	☐ SUPPORT	
	COMMITTEE ADDRESS STREET ADDRESS (NO P.O. I							OPPOSE	
	CITY STATE ZIP C	ODE AREA CODE/PHONE		Atta	ch continuatio	on sheets if n	ecessary		

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Amounts may be rounded to whole dollars.

SUMMARY PAGE Statement covers period CALIFORNIA from 10/13/2023 **FORM** through 12/31/2023 LD NUMBER

NAME OF FILER 1463516 Tiffany Davis Calendar Year Summary for Candidates Column A Column B **Contributions Received** TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROM ATTACHED SCHEDULES) TOTAL TO DATE General Elections 1,010. 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 0 2. Loans Received Schedule B. Line 3 20. Contributions 1,010. 1,010. Received 0 4. Nonmonetary Contributions...... Schedule C, Line 3 21. Expenditures Made 1,010. 1,010. **Expenditures Made Expenditure Limit Summary for State** 501.18 501.18 6. Payments Made...... Schedule E, Line 4 Candidates 0 0 22. Cumulative Expenditures Made* 501.18 501.18 8. SUBTOTAL CASH PAYMENTS...... Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date 0 (mm/dd/yy) 501.18 501.18 **Current Cash Statement** 0 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B. 1.010. add amounts in Column A to the corresponding *Amounts in this section may be different from amounts 0 14. Miscellaneous Increases to Cash Schedule I, Line 4 amounts from Column B reported in Column B. 501.18 of your last report. Some 15. Cash Payments Column A, Line 8 above amounts in Column A may 508.82 be negative figures that should be subtracted from If this is a termination statement. Line 16 must be zero. previous period amounts. If this is the first report being 17. LOAN GUARANTEES RECEIVED....... Schedule B. Part 2 \$ 0 filed for this calendar year. only carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts...... Add Line 2 + Line 9 in Column B above \$ 0 FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

www.fppc.ca.gov

Monetary	Contributions Received		Wildle dollars.	from 10/13/2023	ers period	CAL F	orm 460
SEE INSTRUCTION	ONS ON REVERSE			through 12/31/20	23	Page	5 of 15
NAME OF FILER Tiffany Davi						1.D. Ni 14635	UMBER 16
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
10/16/2023	Tiffany Davis	IND COM OTH PTY	Event Producer Quay Entertainment	100	100		
11/18/2023	Kamran Ghassemieh	IND COM OTH PTY	President First Credit Bank	10	10		
11/28/2023	Yvette Spina	ZIND COM OTH PTY SCC	Manager Asprey	100	100		
12/14/2023	Victor Weiner	IND COM	Vice President Blake Wire And CableCorporation	500	500		
12/22/2023	Dr. Allison Adams 250 N Robertson Blvd Beverly Hills, CA 90211	IND COM OTH PTY SCC	Owner ChiroLife Family Wellness	100	100		
			SUBTOTAL	\$ 810.			
1. Amount re (Include a	A Summary eceived this period – itemized monetary contributions. II Schedule A subtotals.)	• • • • • • • • • • • • • • • • • • • •			OTH PTY	(other - Other - Politic	ual bient Committee r than PTY or SCC) (e.g., business entity)
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1	.)TOTAL \$ 1,0)10. F	PPC Advice: advi		PC Form 460 (Jan/2016)) c.ca.gov (866/275-3772)

Schedule A (Continuation Sheet) SCHEDULE A (CONT.) Amounts may be rounded **Monetary Contributions Received** to whole dollars. Statement covers period CALIFORNIA from 10/13/2023 **FORM** through 12/31/2023 NAME OF FILER I.D. NUMBER 1463516 **Tiffany Davis AMOUNT** CUMULATIVE TO DATE PER ELECTION FULL NAME, STREET ADDRESS AND ZIP CODE OF IF AN INDIVIDUAL, ENTER DATE CONTRIBUTOR OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME) CONTRIBUTOR RECEIVED THIS CALENDAR YEAR TO DATE CODE * RECEIVED PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) **IND** System Technologist 50 50 12/29/2023 Tracy Davis COM **PRO Software** ОТН ☐ PTY scc **IND** 50 50 Manager 12/29/2023 **Amy Spriggs** COM North Houston Потн Veterinarian Optomology □ PTY Scc **IND** 50 50 Head Cook 12/29/2023 Jason Evans

Cardinal Culinary

Vice President

Quay Entertainment

50

SUBTOTAL \$ 200

50

Сом

OTH PTY SCC

Сом

OTH
PTY
SCC
IND
COM
OTH
PTY
SCC

*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

Nancy Davis

12/29/2023

	Am	ounts may be ro	unded				SCHEE	OULE B - PART 1
Schedule B – Part 1	A	to whole dollars			Statement cov	ers period	CALIFORN	HA 460
Loans Received					from 10/13/2023		FORM	" 40U
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/20</u>		Page 1	of 15
NAME OF FILER							I.D. NUMBER	
Tiffany Davis							1463516	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	BALANCE AT	(e) INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
				\$	\$	RATE	\$	\$
				FORGIVEN		KAIE		PER ELECTION**
TO IND COM COTH PTY SCC		5	\$	\$	DATE DUE	\$	DATE INCURRED	\$
band to the good and the good to the good				PAID				CALENDAR YEAR
				\$	\$	%	\$	s
				FORGIVEN		RATE	8	PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	S	UBTOTALS \$		3	\$	\$		
Schedule B Summary						(Enter (e) on Sche	dule E, Line 3)	
				. 0				
Loans received this period (Total Column (b) plus unitemized loar	s of less than \$100)	,						
2. Loans paid or forgiven this period				\$ 0		3 '	Contributor Codes VD – Individual	•
(Total Column (c) plus loans under \$10	00 paid or forgiven.)						OM – Recipient C	ommittee
(Include loans paid by a third party tha	t are also itemized on Sche	dule A.)		NET 6 0			(other than I	PTY or SCC)
 Net change this period. (Subtract Lin Enter the net here and on the Summar 				NET \$		P	TH – Other (e.g., l TY – Political Part CC – Small Contri	y
				(Ma	ay be a negative number)	_		

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

	Am	ounts may be rou	unded				SCHEE	OULE B - PART 1
Schedule B – Part 1	A.III	to whole dollars			Statement cov	ers period	CALIFORN	10 460
Loans Received					from 10/13/2023		FORM	'^ 46U
					110111		4	
SEE INSTRUCTIONS ON REVERSE					through 12/31/20)23	Page 3	of 15
NAME OF FILER							I.D. NUMBER	
Tiffany Davis							1463516	
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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	THIS PERIOD	N BALANCE AT	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
				PAID				CALENDAR YEAR
11				\$. \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION"
TO ME TO SOLUTION TO STATE OF SOLUTIONS		\$	\$	s	DATE DUE	\$	DATE INCURRED	\$
TO IND COM OTH PTY SCC				PAID	5/112 5/05		DATE INCOMINED	CALENDAR YEAR
1.5								
						RATE		3
				FORGIVEN				PER ELECTION**
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$. \$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
								TEN ELECTION
TO IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
	9	SUBTOTALS \$		\$	\$	\$		
Sahadula B Summani						(Enter (e) on Sched	ule E, Line 3)	
Schedule B Summary				. 0				
1. Loans received this period	o of lose than \$100 \		*******************	\$				
(Total Column (b) plus unitemized loan Loans paid or forgiven this period	is offess than \$100.)			s 0			Contributor Codes	
(Total Column (c) plus loans under \$10	00 paid or forgiven.)		***************************************				ID – Individual OM – Recipient C	ommittee
(Include loans paid by a third party that	t are also itemized on Sche	dule A.)		^		ľ		PTY or SCC)
3. Net change this period. (Subtract Line	e 2 from Line 1.)			.NET \$ 0			TH - Other (e.g.,	
Enter the net here and on the Summar	ry Page, Column A, Line 2.						TY – Political Part CC – Small Contri	
				(1	Viay be a negative number)	٢		

*Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

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

Schedul Nonmon	e C netary Contributions Received		Amounts may be rounded to whole dollars.	Statement covers period			CALIFORNIA 460		
	\				fror	n 10/13/2023		FOI	
SEE INSTRUCT	TIONS ON REVERSE				thro	ough 12/31/2023		Page	of 15
Tiffany Davi								I.D. NUME 1463516	
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)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULA DA CALENDA (JAN 1 -	TE AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
		□IND □COM □OTH □PTY □SCC							
Attach add	itional information on appropriately labeled	continuation	sheets.	SUBTO	DTAL :				
Schedule	C Summary							tributor Cod	des
1. Amount r	recelved this period – itemized nonmonetar all Schedule C subtotals.)	y contribution	S		\$)	COM	(other the	at Committee an PTY or SCC)
	received this period – unitemized nonmone		ions of less than \$100		\$_)	PTY	- Political P	g., business entity) Party entributor Committee
3. Total non	monetary contributions received this periodes 1 and 2. Enter here and on the Summar	l. v Page, Colur	nn A. Lines 4 and 10.)	TOTA	\L \$ _)	_		

Supporting	D of Expenditures g/Opposing Other s, Measures and Committees	Amounts may b to whole do		Statement cover from 10/13/2023	s period	CALIFORNIA 460 FORM Page 10 of 15 I.D. NUMBER 1463516	
SEE INSTRUCTIONAME OF FILER Tiffany Davis	·			through 12/31/202	3		
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	CUMULATIV CALENDA (JAN. 1 -	AR YEAR	PER ELECTION TO DATE (IF REQUIRED)
	Support Oppose Support Oppose Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Monetary Contribution Independent Expenditure Monetary Contribution Nonmonetary Contribution Independent Expenditure Independent Expenditure					
			SUBTOTAL	\$ 0			
2. Unitemized	Summary Intributions and independent expenditures made contributions and independent expenditures made this butions and independent expenditures made this	ade this period of u	nder \$100			\$ <u>-</u>)

0.11.1.1.17	A					SCHEDULE
Schedule E	Amounts may to whole			Statement covers period	CALIF	ORNIA 460
Payments Made				from 10/13/2023	FO	RM TOO
SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tiffany Davis				through 12/31/2023	Page	MBER
Tilially Davis					14033	10
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 M O O O CTB PI D Independent expenditure supporting/opposing others (explain)* PI LEG legal defense	BR member of meetings a FC office expe ET petition circled phone ban OL polling and OS postage, d	ommunications and appearance inses culating ks	s h senger services	RAD radio airtime and production of returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the candidate travel, lodging, and transfer between committees VOT voter registration WEB information technology costs	uction costs d meals and meals of the sam	ne candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	DR DESC	CRIPTION OF PAYMENT		AMOUNT PAID
Squarespace, Inc. 8 Clarkson St New York, NY 10014		WEB				46.
Google G-Suite 1600 Amphitheatre Parkway Mountain View, CA 94043		WEB				25.58
FedEx Office 9334 Wilshire Blvd Beverly Hills, CA 90212		LIT				52.01
* Payments that are contributions or independent expenditures must also be sur	nmarized on Sc	hedule D.		SUI	BTOTAL	123.59
Schedule E Summary						
Itemized payments made this period. (Include all Schedule E	subtotals.)				\$	01.18
Unitemized payments made this period of under \$100						
3. Total interest paid this period on loans. (Enter amount from So						
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter						

Schedule E (Continuation Sheet) Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Tiffany Davis	Amounts may to whole			Statement covers perior 10/13/2023 from through 12/31/2023		
CODES: If one of the following codes accurately described CMP 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 of meetings OFC office expenses PET petition of phone bate POL polling and POS postage.	ommunications and appearance anses culating aks d survey researd	s h senger services	RAD radio airtime and process	duction costs s laries nd production costs ling, and meals dging, and meals umittees of the sam	e candidate/sponsor
NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID
City of Beverly Hills 455 North Rexford Drive Beverly Hills, CA 90210		FIL				25.
DRI Printing Services 8000 Haskell Ave. Van Nuvs CA 91406		СМР				352.59

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

Schedule F Accrued Expenses (Unpaid Bills)	Amounts may be round to whole dollars.	ded	Statement coverage from 10/13/2023		CALIFO FOR	~ ~ ~ ~ ~ ~ ~ ~ ~
SEE INSTRUCTIONS ON REVERSE			through 12/31/20)23	Page	13 of 15
NAME OF FILER Tiffany Davis					1.D. NUME 1463516	
CODES: If one of the following codes accurately described CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations Fil. candidate filing/ballot fees FND fundralsing events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	es the payment, you may MBR member communicatio MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and r PRO professional services (PRT print ads	ns nces earch nessenger services	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave TRS staff/spouse tra	nd production co butions kers' salaries time and produc el, lodging, and i avel, lodging, an en committees o on	ction costs meals d meals of the same	candidate/sponsor nail)
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 F THIS PER (ALSO REPORT	IOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 0	\$ 0	\$	0
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all S accrued expenses of \$100 or more, plus total unitemized	accrued expenses under S	\$100.)		RRED TOTA	ALS \$	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtot payments on accrued exp	als for payments on enses under \$100.).		PAID TOTA	ALS \$	
Net change this period. (Subtract Line 2 from Line 1. Entoon the Summary Page, Column A, Line 9.)	er the difference here and				May FPPC F	be a negative number

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) SEE INSTRUCTIONS ON REVERSE NAME OF FILER	Amour to	nts may be r whole dolla			Statement covers period om 10/13/2023 rough 12/31/2023	CALIFO FOR	of 15
Tiffany Davis						1463516	
NAME OF AGENT OR INDEPENDENT CONTRACTOR			_				
N/A							
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filling/ballot fees FND fundralising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings * Payments that are contributions or independent expenditures must also be	MBR member co MTG meetings a OFC office experiments of the con- PET petition circ PHO phone band polling and postage, de PRO professions print ads	mmunication nd appearan nses sulating ks survey reses allvery and m al services (le	ns ces	RAD RFD SAL TEL TRC TRS	radio airtime and production of returned contributions campaign workers' salaries t.v. or cable airtime and produ candidate travel, lodging, and staff/spouse travel, lodging, a transfer between committees voter registration	ection costs meals nd meals of the same o	•
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTI	ON OF PAYMENT		AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 0

^{*} 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.

	SCH							
Schedule H Loans Made to Others*		Amounts may be rounded to whole dollars.			Statement covers period from 10/13/2023		CALIFORN	11A 460
							FORM TOO	
SEE INSTRUCTIONS ON REVERSE				through		Page 15	of 15	
NAME OF FILER	The state of the s						I.D. NUMBER	
Tiffany Davis							1463516	
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	S CLOSE OF THE	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
				\$	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
				☐ PAID				CALENDAR YEAR
				s	\$	%	\$	\$
				FORGIVEN		RATE		PER ELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
*Loans that are contributions to another candidate or committee must					DATE DOE		DATE INCORRED	
also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. SUBTOTALS			\$0	\$ 0	\$ 0	\$ 0		
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary					0			
1. Loans made this period								**If Required
2. Payments received on loans				s <u>0</u>			L	
(Total Column (c) plus unitemized payments of less than \$100.) 3. Net change this period. (Subtract Line 2 from Line 1.)					NET ¢ 0			
(Enter the net here and on the Summar			******************	•••••	INL1 #			

(May be a negative number)