Tickets Provided by					
Agency Report		A Pub	lic Docume	ntreceived	TICKETS PROVIDED BY AGENCY REPORT
1. Agency Name			Ulli	Date Stamp	California Q02
City of Beverly Hills			201	0CT - I P 5: IC	Form OUZ
Division, Department, or Reg	ion (if applicable)			1 001 1 1 1 0 1 1 0	For Official Use Only
			CIT	Y CLERK'S OFFICE	
Street Address			-		
455 N. Rexford Drive					
Area Code/Phone Number	E-mail			Amendment (Must exp	alain in Part 5.)
310-285-1012	maluzri@beverlyh	nills.org		<del></del>	10/1/2010
Agency Contact (name and title	)			Date of Original Filing:	(month, day, year)
2. Event For Which Tickets					
Date(s) of Event: 9	3 <u>/ 10</u> Desc	ription of Eve	nt: Taste of Be	verly Hills	
9 ,	4 /10 Face	· Value of Tick	et s Se	e.attcd	
915	4 / 10 Face	value of flor	Сс. Ф		
Agency Event Yes	⊠ No (Identify s	ource of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided t	to Agency: Do	C Berridge dba	Best Events	·
	04				
Number of Tickets Received	· ———	Ticket(s) Pro	vided to Agenc	y: ⊠ Gratuitously	☐ Pursuant to Contract
3. Agency Official(s) Recei	ving Ticket(s) (u	se a continuatio	nn sheet for addi	tional names)	
				her the Distribution is Inco	ome to the Official or
Name of Offic (Last, First)	ıaı	Number of Tickets		ner the Distribution is that be the Public Purpose for	
<del></del>				· · · · · · · · · · · · · · · · · · ·	
See attached					
···					
4 In 45 54 1 0 1 45	- Bereinian Tie	land/nl /Door	1-1-1-13-1-1		
4. Individual or Organization	_		ded at the benes	t of an agency oπicial.)	
Name of Behesting Agency	Official: Cheryl Frie	edling			<u> </u>
Name of Individual or Organ	ization: See Attacr	1ea	·	Numbe	r of Tickets:
Description of Connections					
Description of Organization:					
Address of Organization:				_	
Nur	nber and Street		City		State Zip Code
Purpose for Distribution: (De	escribe the public pur	pose for the di	stribution to the o	organization.)	
See attached					
5. Verification					
I have determined that the distr	ibution of tickets set f	forth above is ii	n accordance wit	h the provisions of FPPC	Regulation 18944.1.
1 the	)				10-1-2010
Signatule of Agency Head or Design	Mahdi Aluzr	T Print Name	ASSIS	stant City Manager	(month, day, year)
Comment: (Use this space or a			nn includina emen		foreign many harmy
John Marie (Ose the space of al	rationment for any du	- Liviu invilla	on moleculary direction	minori unpromunom/	

Alison Maxwell	1 (Friday- \$150; Sat-\$150; Sun- \$150)	7.C.2, 12, 15, 20	
Tania Schwartz	1 (Friday - \$150)	7.C. 12, 15	
Huma Ahmed	1 (Sat-\$125; Sun-\$125)	7.C. 12, 15	
Genevieve Row	1	7.C. 12, 15	
Pamela Mottice Mueller	1 (Sat-\$125; Sun-\$150)	7.C.2, 12, 15	
Chad Lynn	1 (Sat-\$125; Sun-\$150)	7.C. 2, 12, 15	
Nicole McClinton	1 (Sat-\$150)	7.C.12, 15	
Pamela Mottice-Mueller	1 (Sat-\$125; Sun-\$150)	7.C. 2, 12, 15	
Jeff Kolin	2 (Sun-\$125)	7.C. 2, 12, 20	
Shana Epstein	2 (Sun-\$125)	7.C. 12, 15, 20	
Mahdi Aluzri	1 (Sun-\$150)	7.C.2, 12, 15	
David Lightner	1 (Sun-\$150)	7. C, 2, 12, 15	
Cheryl Friedling	1 (Sat-\$150; Sun-\$125)	7.C, 2, 12, 15	
Steve Zoet	4 (Sat-\$150)	7.C. 2, 7, 8, 12, 20)	
Individuals			
Jaclyn Kubik	1(Sat-\$125)	7.C.15	
Roberta Kass	1 (Friday -\$150)	7.C.15	