

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
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 FAIR POLITICAL PRACTICES COMMISSION  
 COVER PAGE



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NAME OF FILER (LAST) 2012 APR -4 PM 12: 17 (FIRST) 2012 FEB 14 PM 3: 00 (MIDDLE)  
Friedman Laura S

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

Agency Name  
Glendale City Council  
 Division, Board, Department, District, if applicable  
 Your Position  
Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: Metropolitan Water District of Southern California Position: Board Member

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

State  Judge or Court Commissioner (Statewide Jurisdiction)  
 Multi-County Metropolitan Water District of Southern CA  County of Los Angeles  
 City of Glendale  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2011, through December 31, 2011.  
 -or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2011.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)  
 The period covered is January 1, 2011, through the date of leaving office.  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None." **► Total number of pages including this cover page: 6**

**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

5. [Redacted area]

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is  
 I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/13/12  
 (month, day, year)

Signature \_\_\_\_\_

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  
Laura Friedman

▶ NAME OF BUSINESS ENTITY  
Amgen

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Pharmaceutical Manufacture

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:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Procter & Gamble

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Home Goods

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:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Hologic Inc

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Pharmaceutical Manufacture

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:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Bank of America

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
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:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
International Business Machines Corp

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
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:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Capital World Growth

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Income Fund

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 mutual fund \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/11      \_\_\_\_/\_\_\_\_/11  
 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.

Name  
Laura Friedman

▶ NAME OF BUSINESS ENTITY  
Pfizer Inc.

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Pharmaceutical Manufacture

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:  
       /        / 11             /        / 11  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
       /        / 11             /        / 11  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
Washington Mutual Investors

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
Fund Class A

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:  
       /        / 11             /        / 11  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
       /        / 11             /        / 11  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
       /        / 11             /        / 11  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
\_\_\_\_\_

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:  
       /        / 11             /        / 11  
 ACQUIRED                      DISPOSED

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

# SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
Laura Friedman

**1. BUSINESS ENTITY OR TRUST**

PlanetGlass.net  
Name  
300 Brockmont Dr., Glendale, CA 91202  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
website

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/11	___/___/11
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION owner / operator

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property

\_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/11	___/___/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

**1. BUSINESS ENTITY OR TRUST**

Picture This Land  
Name  
300 Brockmont Dr., Glendale CA 91202  
Address (Business Address Acceptable)

Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Landscape Design Firm

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	___/___/11	___/___/11
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input checked="" type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION Spouse of Owner

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499     \$10,001 - \$100,000  
 \$500 - \$1,000     OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

\_\_\_\_\_

\_\_\_\_\_

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

\_\_\_\_\_

Description of Business Activity or City or Other Precise Location of Real Property

\_\_\_\_\_

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000	___/___/11	___/___/11
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

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

**SCHEDULE D**  
**Income – Gifts**

Name

Laura Friedman

▶ NAME OF SOURCE  
Armenian American Medical Society  
 ADDRESS (Business Address Acceptable)  
PO Box 32, Glendale CA 91209  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501c3 non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 11 / 11</u>	<u>\$ 250</u>	<u>2 tickets to performance</u>
<u>    /    /    </u>	<u>\$</u>	<u>"Beneath the Veil"</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Path Achieve  
 ADDRESS (Business Address Acceptable)  
437 Fernando Ct., Glendale CA 91204  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501c3 non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 10 / 11</u>	<u>\$ 150</u>	<u>ticket to fundraiser</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Independant Cities Association  
 ADDRESS (Business Address Acceptable)  
335 B Center St., El Segundo CA 90245  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501c3 non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 5 / 11</u>	<u>\$ 125</u>	<u>tickets to disney hall</u>
<u>    /    /    </u>	<u>\$</u>	<u>won in raffle</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
Otto Environmental Systems N. America  
 ADDRESS (Business Address Acceptable)  
12700 General Dr., charlotte NC 28273  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Waste Packaging

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 23 / 11</u>	<u>\$ 129</u>	<u>raffle prize at CA League</u>
<u>    /    /    </u>	<u>\$</u>	<u>of Cities conference</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
AEG Worldwide  
 ADDRESS (Business Address Acceptable)  
800 W. Olympic Blvd., Los Angeles CA 90015  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Sporting Events

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8 / 25 / 11</u>	<u>\$ 92</u>	<u>Dinner for Independant</u>
<u>    /    /    </u>	<u>\$</u>	<u>Cities Association Board</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

▶ NAME OF SOURCE  
GreenbergTraurig, LLP  
 ADDRESS (Business Address Acceptable)  
2450 Colorado Ave., Glendale CA 90404  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9 / 22 / 11</u>	<u>\$ 140</u>	<u>2 dinners at CA League</u>
<u>    /    /    </u>	<u>\$</u>	<u>of Cities Conference</u>
<u>    /    /    </u>	<u>\$</u>	<u></u>

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

**SCHEDULE D**  
**Income – Gifts**

Name

Laura Friedman

▶ NAME OF SOURCE  
Glendale Healthy Kids  
ADDRESS (Business Address Acceptable)  
223 N. Jackson, Glendale CA 91206  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501c3 non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 1 / 11</u>	<u>\$ 250</u>	<u>ticket to fundraiser</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
\_\_\_\_\_  
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  
Glendale Memorial Health Foundation  
ADDRESS (Business Address Acceptable)  
1420 S. Central Ave., Glendale CA 21204  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501c3 non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 2 / 11</u>	<u>\$ 250</u>	<u>ticket to fundraiser</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
\_\_\_\_\_  
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  
Homenetmen Glendale  
ADDRESS (Business Address Acceptable)  
3347 N. San Fernando Rd., Glendale CA 90065  
BUSINESS ACTIVITY, IF ANY, OF SOURCE  
501c3 non profit

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 22 / 11</u>	<u>\$ 100</u>	<u>Ticket to fundraiser</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE  
\_\_\_\_\_  
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: \_\_\_\_\_