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City of Beverly Hills
Legislative Advocate Registration

CITY CLERK'S OFFICE

Contact Information for the Legislative Advocate

Name Linda J. Briskman	Telephone 310-383-8969
Business address 511 North Sierra Drive	E-mail lalins@aol.com
(Line 2)	Fax 310-859-1266
City, State & Zip BH CA 90210	
Employer (if applicable) LJB Consulting	

Description of Matter that Legislative Advocate is Attempting to Influence

Description of Municipal Legislation that is subject of Advocacy Minor Accomodation
Desired Outcome Permit to construct an accessory structure
Initial Date of Engagement September 2013

Client Information

Client name Gus Duffy, architect on behalf of the applicant	Telephone 818-985-0015
Client Address 509 Sierra Drive	Website Address (if any)
(Line 2)	
City, State, Zip Beverly Hills, CA 90210	
Specific business of client Residence	



City of Beverly Hills Legislative Advocate Registration

Legislative Advocate Employer

Employer Name
LJB Consulting/Self

Business Address

(Line 2)

Same as above

City, State, Zip

Website Address (if applicable)

Telephone

Recent Legislative Advocacy Activity

Other than the matter described above, please describe in detail each matter for which you or your employer has been hired involving the City of Beverly Hills during the previous twelve months, as well as the date thereof. Please identify the outcome that the Client is seeking to achieve with respect to each matter that has been described. (Append additional sheets as necessary.) Information that has already been provided by submitting this form in connection with a previous legislative advocacy matter need not be repeated.

Item 1 No issue that required interaction with CC or any commission

Client Name

Telephone

Business Address

Web site address (if any)

City, State, Zip

Specific Business of Client

Description of the subject of the Advocacy

Date of engagement

Desired Outcome

Outcome (f any)



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Item 2	
Client Name	Telephone
Business Address	Web site address (if any)
City, State, Zip	
Specific Business of Client	
Description of the subject of the Advocacy	Date of engagement
Desired Outcome	
Outcome (f any)	

Sign and Date

I declare under penalty of perjury that the information which has been included in this Registration Form is true and correct.

Signed

Date

6-20-14