



Los Angeles City Ethics Commission

June 27, 2014

The Honorable City Council
c/o Holly Wolcott, Interim City Clerk
200 North Spring Street
City Hall – 3rd Floor
Los Angeles CA 90012

**Re: Council File Number 14-0605
Appointment of Joselyn Geaga-Rosenthal to the
Board of Building and Safety Commissioners**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Joselyn Geaga-Rosenthal was appointed by the Mayor to the Board of Building and Safety Commissioners on May 8, 2014. The Ethics Commission received Ms. Geaga-Rosenthal's complete pre-confirmation financial disclosure statement on June 17, 2014. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Geaga-Rosenthal's financial disclosure statement is enclosed.

If you have questions, please feel free to contact me at (213) 978-1960.

Sincerely,

Shannon Prior
Ethics Program Manager

Enclosures:

CA Form 700
CEC Form 60

cc: Mayor Eric Garcetti

Pre-confirmation Statement
STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

MAY 28 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Geaga-Rosenthal Joselyn

RECEIVED

1. Office, Agency, or Court

Agency Name

Board of Building and Safety Commissioners

Division, Board, Department, District, if applicable

Your Position

Commissioner

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

Agency: _____

Position: _____

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County _____

County of _____

City of Los Angeles

Other _____

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

Annual: The period covered is January 1, 2013, through December 31, 2013.

Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2013.

The period covered is January 1, 2013, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Pre-confirmation 05/08/14 (Date appointed or reappointed)

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

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

-or-

None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed May 21, 2014
(month, day, year)

Signature

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 _____

1. BUSINESS ENTITY OR TRUST

Name Joselyn Geaga-Rosenthal, L.C.S.W.
 Address (Business Address Acceptable) 146 N. Coronado St., L.A., CA

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Licensed Psychotherapy Private Practice

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION 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.)

Mosaic Medical Clinic
Search to Involve Filipino Americans

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:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 13 / / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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

1. BUSINESS ENTITY OR TRUST

Name _____
 Address (Business Address Acceptable) _____

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$0 - \$1,999
 \$2,000 - \$10,000 / / 13 / / 13
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

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:
 \$2,000 - \$10,000
 \$10,001 - \$100,000 / / 13 / / 13
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 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 B
Interests in Real Property
(Including Rental Income)

Name _____

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
[REDACTED]

CITY
Los Angeles, CA 90026

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 13 DISPOSED 13

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Other _____
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Jason Geaga Yap

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
[REDACTED]

CITY
Los Angeles, CA 90026

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

ACQUIRED 13 DISPOSED 13

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Other _____
Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____ TERM (Months/Years) _____
 None

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Mosaic Medical Clinic

ADDRESS (Business Address Acceptable) 90032
4857 N. Huntington Dr. #A

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical + mental health services

YOUR BUSINESS POSITION
Subcontractor providing mental health services

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other 1099 - payment for services as billed
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
S.I.P.A. (Search to Involve Filipino Americans)

ADDRESS (Business Address Acceptable)
3200 W. Temple Street

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Non profit - social services provider

YOUR BUSINESS POSITION
Clinical supervisor of psych therapists and social work interns

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment Partnership
 Sale of _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

Other 1099 - payment for services as billed
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	<small>Street address</small>
		<small>City</small>
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	<small>(Describe)</small>
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: _____

Pre-confirmation Statement



City Ethics Commission
200 N Spring Street
City Hall — 24th Floor
Los Angeles, CA 90012
Mail Stop 129
(213) 978-1960

Restricted Source Financial Disclosure Statement CEC Form 60

Elected City officials, general managers and chief administrative officers of City agencies, members of City boards and commissions, and individuals nominated to positions subject to City Council approval must file this form in conjunction with the state Form 700. Please refer to the attached instructions for additional information.

Original Filing Amended Filing (original filed on ___/___/20___)

Total Pages: 2

Name: Geaga-Rosenthal, Joselyn
(Last, First, Middle)

Agency: Board of Building and Safety Commissioners Position: Commissioner

Phone: [REDACTED] Email: [REDACTED]

Type of Statement: Pre-confirmation Date of nomination: 05 / 08 / 2014
 Assuming Office First day in position: 06 / 11 / 2014
 Annual ___ / ___ / 2013 through December 31, 2013
 Leaving Office Last day in office: ___ / ___ / 2014

I had the following interests associated with restricted sources during this reporting period:

1. REAL PROPERTY

The following interest in real property was leased from or to, co-owned by, purchased from, or sold to a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Address or assessor's parcel number of real property: _____

Interest co-owned/purchased/sold by/leased by or to: Me My spouse/registered domestic partner
 My dependent child

Interest was: Leased Co-owned Purchased (date: ___ / ___ / 20___) Sold (date: ___ / ___ / 20___)

Nature of interest: Ownership/Deed or Trust Easement Leasehold (years remaining: ___)
 Other: _____

Value of interest: \$2,000—\$10,000 \$10,001—\$100,000 \$100,001—\$1,000,000 Over \$1,000,000

Do you have additional real property interests to report? No Yes, and ___ additional pages are attached.

2. INVESTMENTS

The following investments (other than real property) were co-owned by, purchased from, or sold to a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Name of investment: _____

Nature of investment: Stock Partnership Other _____

Investment co-owned/purchased/sold by: Me My spouse/registered domestic partner My dependent child

Investment was: Co-owned Purchased (date: ___ / ___ / 20___) Sold (date: ___ / ___ / 20___)

Value of investment: \$2,000—\$10,000 \$10,001—\$100,000 \$100,001—\$1,000,000 Over \$1,000,000

Do you have additional investments to report? No Yes, and ___ additional pages are attached.



City Ethics Commission
 200 N Spring Street
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 Mail Stop 129
 (213) 978-1960

Restricted Source Financial Disclosure Statement CEC Form 60

3. INCOME

The following income was received from a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Business activity of source: _____

Your business position: _____

Income received by: Me My spouse/registered domestic partner My dependent child

Value of income: \$500—\$1,000 \$1,001—\$10,000 \$10,001—\$100,000 Over \$100,000

Income was: Salary/Commission Loan repayment Rental income Sale of _____

Other: _____ (e.g., car, boat, etc.)

Do you have additional income to report? No Yes, and _____ additional pages are attached.

4. GIFTS

The following gifts cumulatively valued at \$50 or more were received from a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Business activity of source: _____

Gifts received by: Me My spouse/registered domestic partner My dependent child

Dates received: ____ / ____ / 20____; ____ / ____ / 20____ Value of gifts: _____

Description of gifts: _____

Do you have additional gifts to report? No Yes, and _____ additional pages are attached.

5. BOARD POSITIONS

The following position was held on the board of a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Position title: _____

Position held by: Me My spouse/registered domestic partner My dependent child

Do you have additional positions to report? No Yes, and _____ additional pages are attached.

6. NO INTERESTS

I had no reportable interests in real property, investments, income, gifts, or board positions associated with restricted sources during this reporting period.

Certification

I declare under penalty of perjury under the laws of the City of Los Angeles and the state of California that I have read the instructions for this form, and the information I have provided is true and correct.

June 13, 2014
 Date

