



Los Angeles City Ethics Commission

July 17, 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 14-0751
Appointment of Ingrid Estrada to the
Commission for Community and Family Services**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Ms. Ingrid Estrada was appointed by the Mayor to the Commission for Community and Family Services on June 6, 2014. The Ethics Commission received Ms. Estrada's pre-confirmation financial disclosure statement on July 16, 2014. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Estrada's financial disclosure statement is enclosed.

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

Sincerely,

Alexandria Latragna
Ethics Program Analyst

Enclosures:

CA Form 700

CEC Form 60

cc: Mayor Eric Garcetti

PRE-CONFIRMATION

LOS ANGELES CITY
ETHICS COMMISSION
Date Received
JUL 16 2014

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

RECEIVED

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Estrada Ingrid

1. Office, Agency, or Court

Agency Name
Commission for Community and Family Services
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.
-or-
The period covered is _____ through December 31, 2013.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2013, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
 Pre-confirmation 06/06/14 (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
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (OPTIONAL)

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 7/8/14 Signature _____
(Month, day, year) (If the electronically signed signature does not show, sign your name manually.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Ingrid Estrada

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>Clinica Max. Oscar A. Romero</u></p> <p>ADDRESS (Business Address Acceptable) <u>123 S. Alvarado St. LA, CA 90057</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>NON profit / Medical</u></p> <p>YOUR BUSINESS POSITION <u>Community Relations and Development Director</u></p> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)</p>	<p>NAME OF SOURCE OF INCOME <u>Vista Del Mar Child & Family Services</u></p> <p>ADDRESS (Business Address Acceptable) <u>3200 Motor Ave, LA, CA 90034</u></p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>NON profit / Mental Health</u></p> <p>YOUR BUSINESS POSITION <u>Social Worker</u></p> <p>GROSS INCOME RECEIVED</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ (Describe)</p>

▶ 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:

<p>NAME OF LENDER* _____</p> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE _____% <input type="checkbox"/> None</p> <p>TERM (Months/Years) _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ Street address _____ City</p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ (Describe)</p>
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Comments: _____

JUL 16 2014



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

Restricted Source
Financial Disclosure Statement
CEC Form 60

RECEIVED

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.

[X] Original Filing [] Amended Filing (original filed on ___/___/20___)

Total Pages: 3

Name: Estrada, Ingrid
(Last, First, Middle)

Agency: Commission for Community and Family Services Position: Commissioner

Phone: [Redacted] Email: [Redacted]

Type of Statement: [X] Pre-confirmation Date of nomination: 06 / 06 / 20 14
[] Assuming Office First day in position: ___ / ___ / 20 14
[] Annual ___ / ___ / 20 13 through December 31, 20 13
[] Leaving Office Last day in office: ___ / ___ / 20 14

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
 City Hall — 24th Floor
 Los Angeles, CA 90012
 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: Clinica USY. OSCAR A. DOMERO

Address of restricted source: 123 S. Alvarado St. LA, CA 90057

Business activity of source: NOT profit Medical

Your business position: Community Relations & Development Director

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

Other: _____

Do you have additional income to report? No Yes, and 1 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 complete.

7/8/14

 Date





City Ethics Commission
 200 N Spring Street
 City Hall — 24th Floor
 Los Angeles, CA 90012
 Mail Stop 129
 (213) 878-1980

Restricted Source Financial Disclosure Statement GEC Form 60

3. INCOME

The following income was received from a restricted source.

Name of restricted source: Vista Del Mar Child & Family Services

Address of restricted source: 3200 S MARY AVE. LA, CA 90034

Business activity of source: NON-PROFIT MENTAL HEALTH

Your business position: SOCIAL WORKER

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

Other: _____

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 provided is true and complete.

Date 7/8/14

Signature