



Los Angeles City Ethics Commission

May 19, 2016

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

**Re: Council File Number 14-0755
Reappointment of Jacquelynn Hawthorne to the
Commission for Community and Family Services**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Jacquelynn Hawthorne was appointed by the Mayor to the Commission for Community and Family Services on April 27, 2016. The Ethics Commission received Ms. Hawthorne's pre-confirmation financial disclosure statement on May 18, 2016. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Hawthorne's financial disclosure statement is enclosed.

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

Sincerely,

Nicole Enriquez
Ethics Program Assistant

Enclosures:

Form 700

Form 60

cc: Mayor Eric Garcetti

COVER PAGE

Filed Date: 05/18/2016 05:21 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hawthorne Jacquelynn

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Community and Family Services, Commission for
Division, Board, Department, District, if applicable Your Position
Commissioner

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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, 2015, through December 31, 2015.
-or-
The period covered is ____/____/____, through December 31, 2015.
- Assuming Office:** Date assumed ____/____/____
- Leaving Office:** Date Left ____/____/____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
- or-
 The period covered is ____/____/____, through the date of leaving office.
- Candidate:** Election year 04/27/2016 and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

Schedules attached

- 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
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
()

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 05/18/2016 05:21 PM Signature Electronic Submission
(month, day, year) (File the originally signed statement with your filing official.)

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
Jacquelynn Hawthorne

▶ 1. BUSINESS ENTITY OR TRUST

Leon J Coleman Irrevocable Trust

Name
[REDACTED]

Address (Business Address Acceptable)
[REDACTED]

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input checked="" type="checkbox"/> \$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.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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
 Los Angeles, CA 90044-2710

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	____/____/____	____/____/____
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input checked="" 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 1 of 3 heirs to the Trust

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 THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999	____/____/____	____/____/____
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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.)

None or Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED 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	____/____/____	____/____/____
<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: _____



Ethics Commission
200 N Spring Street
City Hall — 24th Floor
Los Angeles, CA 90012
(213) 978-1960
ethics.lacity.org

Restricted Source Financial Disclosure Statement 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: 1

Name: Hawthorne, Jacquelynn
(Last, First, Middle)

Agency: Community and Family Services, Commission for

Position: Commissioner

Phone:

Email:

Type of Statement:	<input checked="" type="checkbox"/> Pre-confirmation	Date of nomination: 04 / 27 / 2016
	<input type="checkbox"/> Assuming Office	First day in position: ___ / ___ / 20___
	<input type="checkbox"/> Annual	___ / ___ / 20___ through December 31, 20___
	<input type="checkbox"/> Leaving Office	Last day in office: ___ / ___ / 20___

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

- 1. REAL PROPERTY** — *section attached.*
Interests in real property leased from or to, co-owned by, purchased from, or sold to a restricted source.
- 2. INVESTMENTS** — *section attached.*
Investments (other than real property) co-owned by, purchased from, or sold to a restricted source.
- 3. INCOME** — *section attached.*
Income received from a restricted source.
- 4. GIFTS** — *section attached.*
Gifts, cumulatively valued at \$50 or more, received from a restricted source.
- 5. BOARD POSITIONS** — *section attached.*
Positions held on the board of a restricted source.

- Or -

- 6. NO INTERESTS**
I had no 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.

05/18/2016 05:24 PM
Date

Electronic Submission
Signature