



Los Angeles City Ethics Commission

July 11, 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 14-0763
Appointment of Dr. Mariedel Leviste to the Commission for Community and
Family Services**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Dr. Mariedel Leviste was appointed by the Mayor to the Commission for Community and Family Services on June 6, 2014. The Ethics Commission received Ms. Tovar's pre-confirmation financial disclosure statement on July 8, 2014. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Dr. Leviste'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

JUL 8 2014

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received
Official Use Only

Please type or print in ink

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Leviste Mariedel

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 _____ (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
(Minimum of 5-digit ZIP Code Recommended - Public Document)
E-MAIL 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 6/20/2014
(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: Lavisto M.D., Inc
Address (Business Address Acceptable): 541 W. Colorado St. Ste. 202, Glendale, CA 91204

Check one:
 Trust, go to 2 Business Entity, complete the box, then go to 7

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Medical Consultation

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13 ACQUIRED ____/____/13 DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other _____

YOUR BUSINESS POSITION: Medical Director

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
<input type="checkbox"/> \$0 - \$1,999	
<input type="checkbox"/> \$2,000 - \$10,000	____/____/13 ACQUIRED ____/____/13 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
 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)

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

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 (Include separate filers if relevant)

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Include separate filers if relevant)

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	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/13 ACQUIRED ____/____/13 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

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	
<input type="checkbox"/> \$10,001 - \$100,000	____/____/13 ACQUIRED ____/____/13 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: _____

JUL 8 2014

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City Ethics Commission
200 N Spring Street
City Hall — 24th Floor
Los Angeles, CA 90012
Mail Stop 128
(213) 878-1960

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: ___

Name: Leviste, Mariedel
(Last, First, Middle)

Agency: Commission for Community and Family Services Position: Commissioner

Phone: [REDACTED] Email: [REDACTED]

Type of Statement: Pre-confirmation Date of nomination: 06 / 06 / 2014
 Assuming Office First day in position: ___ / ___ / 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.

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City Ethics Commission
200 N Spring Street
City Hall — 24th Floor
Los Angeles, CA 90012
Mail Stop 128
(213) 978-1980

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 _____
(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 I have provided is true and complete.

06/20/14
Date

Signature