



Los Angeles City Ethics Commission

July 21, 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 14-0897  
Appointment of Kathryn Eidmann to the  
Commission for Community and Family Services**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Ms. Kathryn Eidmann was appointed by the Mayor to the Commission for Community and Family Services on June 27, 2014. The Ethics Commission received Ms. Eidmann's pre-confirmation financial disclosure statement today. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Eidmann'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

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

JUL 21 2014

### COVER PAGE

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Eidmann Kathryn Ann

#### 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 6/27/14 (Date appointed or reappointed)

#### 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

Schedule A-1 - Investments - schedule attached  
 Schedule A-2 - Investments - schedule attached  
 Schedule B - Real Property - schedule attached  
 Schedule C - Income, Loans, & Business Positions - schedule attached  
 Schedule D - Income - Gifts - 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 Documents)

DAYTIME TELEPHONE NUMBER 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 7/18/14  
(month, day, year)

Signature \_\_\_\_\_  
(If the electronically signed statement with your filing official.)



**SCHEDULE D  
Income – Gifts**

Name  
EIDMANN, Kathryn

▶ NAME OF SOURCE  
Public Counsel

ADDRESS (Business Address Acceptable)  
610 S. Ardmore Ave., Los Angeles, CA 90005

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal Services

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 18 / 14</u>	<u>\$ 100</u>	<u>Athletic device</u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
<u>  /  /  </u>	<u>\$</u>	<u>  </u>

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u>  </u>
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<u>  /  /  </u>	<u>\$</u>	<u>  </u>

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<u>  /  /  </u>	<u>\$</u>	<u>  </u>

Comments: \_\_\_\_\_

JUL 21 2014

**PRE-CONFIRMATION**



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**

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.

Original Filing  Amended Filing (original filed on \_\_\_/\_\_\_/20\_\_\_)

Total Pages: 2

Name: Eidmann, Kathryn  
(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 / 27 / 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.



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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 complete.*

7/18/14  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature