



Los Angeles City Ethics Commission

June 8, 2015

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 15-0646
Appointment of Samantha Millman to the
Los Angeles City Planning Commission**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Samantha Millman was appointed by the Mayor to the Los Angeles City Planning Commission on May 26, 2015. The Ethics Commission received Ms. Millman's pre-confirmation financial disclosure statement on June 8, 2015. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Millman'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

LOS ANGELES CITY
ETHICS COMMISSION
Date Received
Official Use Only
JUN 08 2015

COVER PAGE

Please type or print in ink.

RECEIVED

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Millman Samantha Lauren

1. Office, Agency, or Court

Agency Name
Planning Department
Division, Board, Department, District, if applicable
City Planning Commission
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 5/26/15 (Date appointed or reappointed)

4. Schedule Summary

Check applicable schedules or "None."

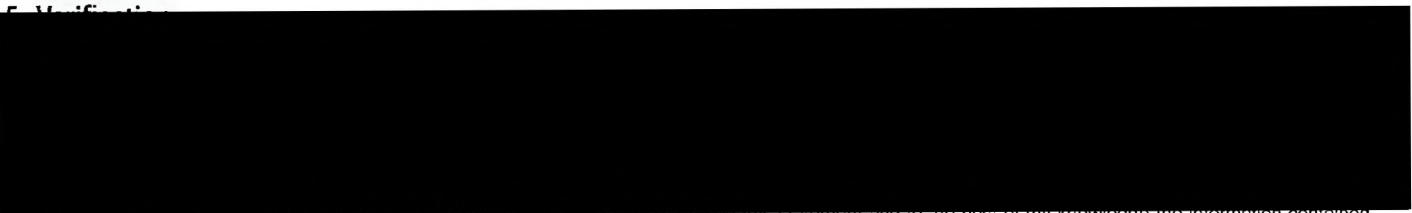
► Total number of pages including this cover page: _____

- 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. Signature

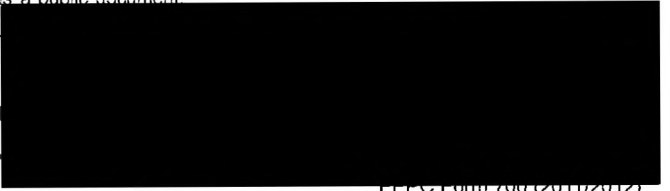


I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 6/5/15 (month, day, year)

Signature



SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Samantha Millman

▶ NAME OF BUSINESS ENTITY
Abbott Laboratories

GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AmerisourceBergen Corp

GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AbbVie

GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
AT&T

GENERAL DESCRIPTION OF THIS BUSINESS
telecommunications

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Allstate Corp

GENERAL DESCRIPTION OF THIS BUSINESS
insurance

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Aviv REIT, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investment Trust

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Samantha Millman</u>

▶ NAME OF BUSINESS ENTITY
BP

GENERAL DESCRIPTION OF THIS BUSINESS
Energy

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/15 _____/_____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Family Dollar Store

GENERAL DESCRIPTION OF THIS BUSINESS
retail

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/15 _____/_____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
City National Corp

GENERAL DESCRIPTION OF THIS BUSINESS
banking

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/15 _____/_____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
General Electric

GENERAL DESCRIPTION OF THIS BUSINESS
conglomerate

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/15 _____/_____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Edison International

GENERAL DESCRIPTION OF THIS BUSINESS
Utility

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/15 _____/_____/15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Honeywell International

GENERAL DESCRIPTION OF THIS BUSINESS
conglomerate

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/15 _____/_____/15
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name

Samantha Millman

▶ NAME OF BUSINESS ENTITY
Hospira, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Omega Healthcare REIT Investors, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Real Estate Investment Trust

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Lincoln National Corp

GENERAL DESCRIPTION OF THIS BUSINESS
insurance / asset management

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Plum Creek Timber Co., Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
timber

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Merck & Company

GENERAL DESCRIPTION OF THIS BUSINESS
pharmaceutical

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Vodafone

GENERAL DESCRIPTION OF THIS BUSINESS
telecommunications

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 15 _____ / _____ / 15
 ACQUIRED DISPOSED

Comments:

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Samantha Millman

▶ NAME OF BUSINESS ENTITY
Waste Management, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
waste management

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Wells Fargo Company

GENERAL DESCRIPTION OF THIS BUSINESS
banking

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Windstream Holdings, Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
communications and technology

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
____/____/15 ____/____/15
ACQUIRED DISPOSED

Comments:

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
Samantha Millman

1. BUSINESS ENTITY OR TRUST

Millman Grandchildren's Trust

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	____/____/13	____/____/13
<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
 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.)

United States Government (Drug Enforcement Administration)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

6336 002 031

Name of Business Entity, if investment, or Assessor's Parcel Number or Street Address of Real Property

Montebello, CA

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	____/____/13	____/____/13
<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 _____

Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Method Campaign Services

Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
consulting

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

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.)

California Charter School Association; Green Tech Coast Inc; Huizar for LA City Council 2015; Steve Veres for City Council 2015

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	____/____/13	____/____/13
<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

Pre-confirmation Statement

LOS ANGELES CITY
ETHICS COMMISSION

JUN 08 2015



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: Millman, Samantha Lauren
(Last, First, Middle)

Agency: City Planning Commission Position: Commissioner

Type of Statement: Pre-confirmation Date of nomination: 05 / 26 / 2015
 Assuming Office First day in position: ___ / ___ / 2015
 Annual ___ / ___ / 2014 through December 31, 2014
 Leaving Office Last day in office: ___ / ___ / 20___

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: _____

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 law that I have read the instructions for this form, and the information provided is true and correct.

06/05/15

 Date

