



Los Angeles City Ethics Commission

April 6, 2017

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 17-0275  
Appointment of Doane Liu as the  
Executive Director of the Los Angeles Department of Convention & Tourism  
Development**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Doane Liu was appointed by the Mayor as the Executive Director of the Los Angeles Department of Convention & Tourism Development on March 9, 2017. The Ethics Commission received Mr. Liu's pre-confirmation financial disclosure statement on March 29, 2017. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Liu'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 Manager

*Enclosures:*

*Form 700*

*Form 60*

cc: Mayor Eric Garcetti

**COVER PAGE**

Filed Date: 03/29/2017 03:43 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Liu Doane J

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Convention and Tourism Development, Department of  
Division, Board, Department, District, if applicable Your Position  
Executive Director

► 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, 2016, through December 31, 2016.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
  - The period covered is January 1, 2016, through the date of leaving office.
  - or-
  - The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year 03/09/2017 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2**

**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)  
1201 S. Figueroa Street Los Angeles CA 90015  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( [REDACTED] ) [REDACTED] [REDACTED]

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 03/29/2017 03:43 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 \_\_\_\_\_  
Doane Liu

**▶ 1. BUSINESS ENTITY OR TRUST**

**DR BAD INVESTMENTS**

Name \_\_\_\_\_  
\_\_\_\_\_ . California . 94563

Address (Business Address Acceptable) \_\_\_\_\_

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

**GENERAL DESCRIPTION OF THIS BUSINESS**  
investment club

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION partner

**▶ 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.)**

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

**Newton Fund**

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

Description of Business Activity or City or Other Precise Location of Real Property \_\_\_\_\_

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 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**

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:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 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)**

\$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.)**

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:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 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:** Liu, Doane J  
(Last, First, Middle)

**Agency:** Convention and Tourism Development, Department of

**Position:** Executive Director

**Phone:** [REDACTED]

**Email:** [REDACTED]

**Type of Statement:**

**Pre-confirmation**    Date of nomination: 03 / 09 / 2017

**Assuming Office**    First day in position: \_\_\_ / \_\_\_ / 20\_\_\_

**Annual**    \_\_\_ / \_\_\_ / 20\_\_\_ through December 31, 20\_\_\_

**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.*

03/29/2017 03:54 PM

Electronic Submission

Date

Signature