



Los Angeles City Ethics Commission

July 2, 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 13-0913  
Appointment of Monica Rodriguez to the Board of Public Works**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Monica Rodriguez was appointed by the Mayor to the Board of Public Works on June 24, 2014. The Ethics Commission received Ms. Rodriguez's pre-confirmation financial disclosure statement on July 2, 2014. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Rodriguez'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

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

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received  
JUL 2 2014

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Rodriguez Monica

### 1. Office, Agency, or Court

LOS ANGELES CITY  
ETHICS COMMISSION

Agency Name

Board of Public Works

JUL 2 2014

Division, Board, Department, District, if applicable

Your Position

Board Member

RECEIVED

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

### 2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County \_\_\_\_\_
- City of Los Angeles
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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 06/24/14 (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 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 Document)

200 N. SPRING ST ROOM 361 LA CA 90012

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 6/25/14  
(month, day, year)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

▶ NAME OF BUSINESS ENTITY  
KB Home

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
STOCK / HOME DEVELOPER

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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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  
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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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

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 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                      DISPOSED

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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                      DISPOSED

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IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE  
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 \$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:  
 \_\_\_\_\_ / \_\_\_\_\_ / 13      \_\_\_\_\_ / \_\_\_\_\_ / 13  
 ACQUIRED                                      DISPOSED

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

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
 (Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
California Assn of Realtors

ADDRESS (Business Address Acceptable)  
525 S. Virgil Ave LA, CA 90020

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Real Estate

YOUR BUSINESS POSITION  
Director / Staff Exec

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Galpin Motors, Inc

ADDRESS (Business Address Acceptable)  
15430 Roscoe Blvd, North Hills

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Auto Sales CA  
91406

YOUR BUSINESS POSITION  
Sales Consultant

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		_____
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	City
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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



**SCHEDULE D  
Income - Gifts**

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name
Monica Rodriguez

▶ NAME OF SOURCE (Not an Acronym)  
Armand Hammer Foundation

ADDRESS (Business Address Acceptable)  
3501 Via Real, Carpinteria CA 93013

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Foundation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 04 / 13</u>	\$ <u>100.00</u>	<u>Food/Bev</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Keyes Motors, Inc

ADDRESS (Business Address Acceptable)  
5855 Van Nuys Blvd, Van Nuys, CA 91401

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Automotive Dealership

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 25 / 13</u>	\$ <u>75.00</u>	<u>Valley Cultural Arts Gala</u>
<u>10 / 25 / 13</u>	\$ <u>75.00</u>	<u>Valley Cultural Arts Gala - spouse tix</u>
<u>4 / 23 / 14</u>	\$ <u>50.00</u>	<u>TEDDY Bear Ball Dinner</u>

▶ NAME OF SOURCE (Not an Acronym)  
Western Union

ADDRESS (Business Address Acceptable)  
12500 E. Belford Ave., Englewood, CO 80112

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
international money transfer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 14 / 13</u>	\$ <u>50.00</u>	<u>MALDEF Dinner tix</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Hispanas Organized for Political Equality

ADDRESS (Business Address Acceptable)  
634 S. Spring Street, Suite 920, LA CA 90014

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
non profit - latina advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 05 / 13</u>	\$ <u>50.00</u>	<u>HOPE Dinner</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Los Angeles Civic Alliance

ADDRESS (Business Address Acceptable)  
11355 W. Olympic Blvd, LA 90064

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Nonprofit promoting community advancement

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 07 / 13</u>	\$ <u>50.00</u>	<u>buffet - holiday party</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

▶ NAME OF SOURCE (Not an Acronym)  
Southern California Minority Supplier Development Council

ADDRESS (Business Address Acceptable)  
800 W. 6th Street, Suite 850, LA CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3 / 5 / 14</u>	\$ <u>50-</u>	<u>Dinner/Reception</u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>          </u>	<u>                  </u>

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

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

▶ NAME OF SOURCE  
Homeless Healthcare LA

ADDRESS (Business Address Acceptable)  
2330 Beverly Blvd, LA CA 90057

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Non Profit Advocate.

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 4, 14</u>	<u>\$ 50-</u>	<u>Plato de Oro Dinner</u> <u>TIX.</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
\_\_\_\_\_

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
\_\_\_\_\_

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
\_\_\_\_\_

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
\_\_\_\_\_

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE  
\_\_\_\_\_

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

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

# 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

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 7 / 1 / 2014)

Total Pages: **LOS ANGELES CITY ETHICS COMMISSION**

Name: **Rodriguez, Monica**  
(Last, First, Middle)

**JUL 2 2014**

Agency: **Board of Public Works**

Position: **Board Member**

**RECEIVED**

Phone: [REDACTED]

Email: [REDACTED]

Type of Statement:  Pre-confirmation Date of nomination: 06 / 24 / 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.