



Los Angeles City Ethics Commission
April 1, 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 14-0303
Appointment of Negest (Nikki) Legesse to the
Commission for Community and Family Services**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Nikki Legesse was appointed by the Mayor to the Commission for Community and Family Services on March 10, 2014. The Ethics Commission received Ms. Legesse's pre-confirmation financial disclosure statement on March 28, 2014.

The City's new Governmental Ethics Ordinance (GEO) went into effect on February 10, 2014, and it has changed the process for pre-confirmation filings. Nominees are still required to file financial disclosure statements within the Ethics Commission within 21 days of the date their appointments are transmitted to the City Council. However, rather than providing a report on the pre-confirmation filings that are submitted by nominees, the Ethics Commission is now required to provide copies of the filings, themselves, to the City Council within five business days of receiving them from nominees. In addition, a nominee's financial disclosure statement now includes both the state's Form 700 and the Ethics Commission's Form 60, which provides additional information about interests associated with restricted sources. See Los Angeles Municipal Code § 49.5.10.

In compliance with the new GEO, a copy of Ms. Legesse'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
Negest (Nikki) Legesse

PRE-CONFIRMATION

LOS ANGELES CITY
ETHICS COMMISSION

MAR 28 2014



City Ethics Commission
200 N Spring Street
City Hall — 24th Floor
Los Angeles, CA 90012
Mail Stop 129
(213) 975-1960

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: _____

Name: **Legesse, Negest (Nikki)**
(Last, First, Middle)

Agency: Commission for Community and Family Services

Position: Commissioner

Phone: _____

Email: _____

Type of Statement: Pre-confirmation Date of nomination: 03 / 10 / 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.



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.

Position title: _____

Name of restricted source: _____

Address of restricted source: _____

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 the information in this form is true and complete.

3/27/14

 Date

 Signature

PRE-CONFIRMATION

LOS ANGELES CITY
ETHICS COMMISSION

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

MAR 28 2014
Date Received
Official Use Only

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Legesse NEGEST (NIKKI) Malcolm

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 3/10/14 (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)

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

03/27/2014
(month, day, year)

Signature

(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)

Name _____

1. BUSINESS ENTITY OR TRUST

LEGESSE ENTERPRISES, INC

Name
1034 SO. FAIRFAX AVE LOS ANGELES, CA 90019

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.)

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

5017-007-005, 7127-017-015, 6037-026-039/40 (50%)

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

Comments: _____

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	____/____/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.)

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

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

LEGESSE ENTERPRISES, INC
 Name
 1034 SO. FAIRFAX AVE LOS ANGELES, CA 90019
 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)

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

 5016-21-26
 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 ONE Other _____
 Yrs. remaining

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 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)

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 _____ Other _____
 Yrs. remaining

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

Comments: _____

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

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

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
LIQUORETTE

ADDRESS (Business Address Acceptable)
1400 CENTINELA AVENUE INGLEWOOD, CA 90302

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONVENIENT STORE

YOUR BUSINESS POSITION
SPOUSE OF OWNER

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE TERM (Months/Years)
 _____% None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

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
LEGESSE BUSINESS INVESTMENTS & REALTY

ADDRESS (Business Address Acceptable)
6040 W. 85TH PLACE LOS ANGELES, CA 90045

BUSINESS ACTIVITY, IF ANY, OF SOURCE
OWNER/BROKER

YOUR BUSINESS POSITION

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD

\$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

Comments: _____