



Los Angeles City Ethics Commission

May 21, 2016

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 14-0751  
Reappointment of Ingrid Estrada to the  
Commission for Community and Family Services**


***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Ingrid Estrada was appointed by the Mayor to the Commission for Community and Family Services on April 28, 2016. The Ethics Commission received Ms. Estrada's pre-confirmation financial disclosure statement on May 16, 2016. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Estrada'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: 05/16/2016 06:07 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Estrada Ingrid

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

Agency Name (Do not use acronyms)  
Community and Family Services, Commission for  
Division, Board, Department, District, if applicable Your Position  
Commissioner

► 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, 2015, through December 31, 2015.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2015, through the date of leaving office.
- or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate:** Election year 04/28/2016 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**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)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( )

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 05/16/2016 06:07 PM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Ingrid Estrada

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Clinica Msr. Oscar A. Romero

ADDRESS (Business Address Acceptable)  
 Los Angeles, CA 90057

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Community Health Clinic

YOUR BUSINESS POSITION  
 Development Director

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
 Vista Del Mar Child and Family Services

ADDRESS (Business Address Acceptable)  
 CA 90034

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Mental Health/Child Development Services

YOUR BUSINESS POSITION  
 Social Worker

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
 (Describe)

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: \_\_\_\_\_

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 \_\_\_\_\_  
 Ingrid Estrada

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Salvadoran American Leadership and Educational Fund (SALEF)

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Non-Profit/Youth Development

YOUR BUSINESS POSITION  
 Grant Writing 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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

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: \_\_\_\_\_



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:** 2

**Name:** Estrada, Ingrid  
(Last, First, Middle)

**Agency:** Community and Family Services, Commission for

**Position:** Commissioner

**Phone:**

**Email:**

**Type of Statement:**     **Pre-confirmation**    Date of nomination: 04 / 28 / 2016  
 **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.*

05/16/2016 05:57 PM

Electronic Submission

Date

Signature



**Ethics Commission**  
 200 N Spring Street  
 City Hall — 24th Floor  
 Los Angeles, CA 90012  
 (213) 978-1960  
 ethics.lacity.org

# Form 60

## Section 3 -- Income

**Name:** Estrada, Ingrid  
(Last, First, Middle)

The following income was received from a restricted source.

Name of restricted source:  
 Clinica Msr. Oscar A. Romero

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Address of restricted source:  
 [REDACTED] A, CA 90057

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Business activity of restricted source:  
 Non-Profit/Community Health Clinic

---

Position title:  
 Development Director

---

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: \_\_\_\_\_

Name of restricted source:  
 Vista Del Mar Child & Family Services

---

Address of restricted source:  
 [REDACTED] A, CA 90034

---

Business activity of restricted source:  
 Non-Profit/Mental Health

---

Position title:  
 Social Worker

---

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: \_\_\_\_\_

Name of restricted source:  
 Salvadoran American Leadership and Educational Fund (SALEF)

---

Address of restricted source:  
 [REDACTED] Los Angeles, CA 90017

---

Business activity of restricted source:  
 Non-Profit/Youth Development

---

Position title:  
 Grant Writing Consultant

---

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: \_\_\_\_\_

Name of restricted source:  
 \_\_\_\_\_

---

Address of restricted source:  
 \_\_\_\_\_

---

Business activity of restricted source:  
 \_\_\_\_\_

---

Position title:  
 \_\_\_\_\_

---

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: \_\_\_\_\_