



Los Angeles City Ethics Commission

August 3, 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 14-0427
Reappointment of Robert Bitonte to the
Commission on Disability**


FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Robert Bitonte was appointed by the Mayor to the Commission on Disability on June 8, 2016. The Ethics Commission received Mr. Bitonte's complete pre-confirmation financial disclosure statement on August 3, 2016. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Bitonte's financial disclosure statement is enclosed.

If you have questions, please feel free to contact me at (213) 978-1960.

Sincerely,


Nicole Enriquez
Ethics Program Assistant

Enclosures:
Form 700
Form 60

cc: Mayor Eric Garcetti

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
LOS ANGELES CITY
ETHICS COMMISSION

COVER PAGE

AUG 03 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
BITOWTE ROBERT ANTHONY

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

COMMISSION ON DISABILITY COMMISSIONER
Division, Board, Department, District, if applicable Your Position

► 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 / /
☒ Candidate: Election year 6-18-16 and office sought, if different than Part 1:
☐ 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.

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

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 8-3-16 Signature
(month, day, year) (File the originally signed statement with your filing official.)

AUG 03 2016

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 _____

RECEIVED

1. BUSINESS ENTITY OR TRUST
ROBERT BITOWTE
Name _____
Address (Business Address Acceptable) LA, CA 90012
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS
MEDICAL/LEGAL PRACTICE

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
☐ \$0 - \$1,999 ☐ 15 / 15 / 15
☐ \$2,000 - \$10,000 ☐ ACQUIRED ☐ DISPOSED
☒ \$10,001 - \$100,000
☐ \$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 ☐ 15 / 15 / 15
☐ \$10,001 - \$100,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$100,001 - \$1,000,000
☐ 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 ☐ 15 / 15 / 15
☐ \$2,000 - \$10,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$10,001 - \$100,000
☐ \$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 ☐ 15 / 15 / 15
☐ \$10,001 - \$100,000 ☐ ACQUIRED ☐ DISPOSED
☐ \$100,001 - \$1,000,000
☐ 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

LOS ANGELES CITY
ETHICS COMMISSION

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.

AUG 03 2016

☒ Original Filing ☐ Amended Filing (original filed on ____/____/20____)

Total Pages: RECEIVED

Name:

(Last, First, Middle)

BITOWTE, ROBERT ANTHONY

Agency:

COMMISSION ON DISABILITY

Position:

COMMISSIONER

[Redacted]

Email:

[Redacted]

Type of Statement:

☒ Pre-confirmation

Date of nomination: 6/8/2016

☐ 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.

Date

8-3-16

Signature

[Redacted Signature]