



Los Angeles City Ethics Commission

May 6, 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 14-0427**
Appointment of Robert A. Bitonte to the
Commission on Disability

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Dr. Robert A. Bitonte was appointed by the Mayor to the Commission on Disability on April 4, 2014. The Ethics Commission received Dr. Bitonte's complete pre-confirmation financial disclosure statement on May 6, 2014. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Dr. Bitonte's financial disclosure statement is enclosed.

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

Sincerely,

Shannon Prior
Ethics Program Manager

Enclosures:

CA Form 700
CEC Form 60

cc: Mayor Eric Garcetti

MAY 06 2014

RECEIVED

Pre-confirmation Statement
STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Bitonte Robert A

1. Office, Agency, or Court

Agency Name

Commission on Disability

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.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2013.

☐ The period covered is January 1, 2013, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☒ Pre-confirmation 4/4/14 (Date appointed or reappointed)

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☒ 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 (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

Date Signed

4-23-14

(month, day, year)

Signature

Pre-confirmation Statement

LOS ANGELES CITY
ETHICS COMMISSION

MAY 06 2014



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

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: Bitonte, Robert
(Last, First, Middle)

Agency: Commission on Disability

Position: Commissioner

[Redacted]

Email: [Redacted]

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



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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.

4.23.14
Date

