

7/12/2023

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 23-1200-S126  
Appointment of Loraine Lundquist to the  
Rent Adjustment Commission**

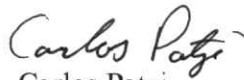
***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Loraine Lundquist was appointed by the Mayor to the Rent Adjustment Commission on June 20, 2023. The Ethics Commission received notice of the appointment from the Mayor's Office on June 21, 2023. The Ethics Commission notified Dr. Lundquist on June 21, 2023 of their filing requirement and received Dr. Lundquist's pre-confirmation financial disclosure statement on July 11, 2023. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Dr. Lundquist's financial disclosure statement is enclosed.

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

Sincerely,



Carlos Patzi  
Ethics Program Analyst

*Enclosures:*

*Form 700*

*Form 60*

cc: Mayor Karen Bass

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**  
*A PUBLIC DOCUMENT*

Date Initial Filing Received  
Filing Official Use Only

Filed Date: 07/11/2023 10:49 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Lundquist Lorraine

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

Agency Name (Do not use acronyms)

Housing and Community Investment Department

Division, Board, Department, District, if applicable

Your Position

Rent Adjustment Commission Member

► 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, Retired Judge, Pro Tem 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, **2022**, through  
December 31, **2022**.

☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
December 31, **2022**.

☐ The period covered is January 1, **2022**, through the date of  
leaving office.

-or-

☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through  
the date of leaving office.

☒ **Candidate:** Date of Election 06/20/2023 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (required)**

► 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 EMAIL 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 07/11/2023 10:49 PM  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  <u>Loraine Lundquist</u>

▶ **1. BUSINESS ENTITY OR TRUST**

Matthew A d'Alessio, consulting services

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**

Educational Consultant

**FAIR MARKET VALUE**

☒ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED

**NATURE OF INVESTMENT**

☐ Partnership    ☒ Sole Proprietorship    ☐ \_\_\_\_\_ Other

YOUR BUSINESS POSITION None. Spouse's consulting work.

▶ **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**

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED

**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**

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED

**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**

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

**IF APPLICABLE, LIST DATE:**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
ACQUIRED

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DISPOSED

**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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Loraine Lundquist</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Green Ninja

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Educational Curriculum Publisher

YOUR BUSINESS POSITION

Science Director

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$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)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$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 a commercial lending institution, 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: 1

Name: **Lundquist, Loraine**  
(Last, First, Middle)

Agency: Housing and Community Investment Department

Position: Rent Adjustment Commission Member

Phone: [REDACTED]

Email: [REDACTED]

Type of Statement:    ☒ **Pre-confirmation**    Date of nomination: 06 / 20 / 2023  
                                 ☐ **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.*

07/11/2023 11:09 PM

Date

Signature