



Los Angeles City Ethics Commission

August 16, 2018

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 16-1172
Reappointment of Angelica Solis-Montero to the
Human Relations Commission**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Angelica Solis-Montero was reappointed by the Mayor to the Human Relations Commission on August 13, 2018. The Ethics Commission received Ms. Solis-Montero's pre-confirmation financial disclosure statement on August 14, 2018. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Solis-Montero's financial disclosure statement is enclosed.

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

Sincerely,

Samantha Rodriguez
Ethics Program Analyst

Enclosures:
Form 700
Form 60

cc: Mayor Eric Garcetti

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

Filed Date: 08/14/2018 03:12 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Solis-Montero Angelica

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Human Relations Commission

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, 2017, through December 31, 2017.

-or-

The period covered is / , through December 31, 2017.

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

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

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

☐ Assuming Office: Date assumed / /

☒ Candidate: Date of Election 08/13/2018 and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

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 08/14/2018 03:12 PM
(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)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Angelica Solis-Montero

▶ 1. BUSINESS ENTITY OR TRUST

Youth Policy Institute

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

Non profit organization

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 ☒ Employee
Other _____

YOUR BUSINESS POSITION Non-profit Executive

▶ 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

▶ 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

Youth Policy Institute

▶ 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

▶ 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: _____



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: Solis-Montero, Angelica

(Last, First, Middle)

Agency: Human Relations Commission

Position: Commissioner

Phone:

Email:

Type of Statement: ☒ **Pre-confirmation** Date of nomination: 08 / 13 / 2018
 ☐ **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.

08/14/2018 03:19 PM

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: Solis-Montero, Angelica
(Last, First, Middle)

The following income was received from a restricted source.

Name of restricted source:

Youth Policy Institute

Address of restricted source:

Business activity of restricted source:

Non-profit organization

Position title:

Chief Community Development Officer

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: _____

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: _____

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: _____