



**Los Angeles City Ethics Commission**

September 15, 2017

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 17-0032  
Reappointment of Jason Seward to the  
Innovation and Performance Commission**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Jason Seward was reappointed by the Mayor to the Innovation and Performance Commission on August 29, 2017. The Ethics Commission received Mr. Seward's pre-confirmation financial disclosure statement on September 15, 2017. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Seward's financial disclosure statement is enclosed.

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

Sincerely,

Molly Greene  
Senior Ethics Analyst

*Enclosures:*  
*Form 700*  
*Form 60*

cc: Mayor Eric Garcetti

COVER PAGE

SEP 15 2017

Please type or print in ink.

NAME OF FILER (LAST) Seward (FIRST) Jason (MIDDLE) L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Innovation & Performance 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: Commissioner JS

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☐ City of \_\_\_\_\_ ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ **Annual:** The period covered is January 1, 2016, through December 31, 2016.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.  
☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
non-elected/Commission only JS  
☒ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2016, 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**

**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 _____

► 1. BUSINESS ENTITY OR TRUST

Name Your Turn Intern Expo & Celebrity Fest  
Address (Business Address Acceptable) 5042 Wilshire Blvd, #291, Los Angeles, CA 90036  
Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Internship Expo / Consumer Show  
FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$0 - \$1,999      \_\_\_\_\_/\_\_\_\_\_/16  
☐ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/16  
☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☒ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT

☐ Partnership    ☐ Sole Proprietorship    ☐ LLC    Other \_\_\_\_\_

YOUR BUSINESS POSITION Funder / Managing Partner

► 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      \_\_\_\_\_/\_\_\_\_\_/16  
☐ \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/16  
☐ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ 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 Allegiance Initiatives  
Address (Business Address Acceptable) 5482 Wilshire Blvd, #115, LA, CA 90036  
Check one  
☐ Trust, go to 2    ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

nonprofit consulting  
FAIR MARKET VALUE      IF APPLICABLE, LIST DATE:  
☐ \$0 - \$1,999      \_\_\_\_\_/\_\_\_\_\_/16  
☒ \$2,000 - \$10,000      \_\_\_\_\_/\_\_\_\_\_/16  
☐ \$10,001 - \$100,000      ACQUIRED      DISPOSED  
☐ \$100,001 - \$1,000,000  
☐ Over \$1,000,000

NATURE OF INVESTMENT

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

YOUR BUSINESS POSITION President / owner

► 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      \_\_\_\_\_/\_\_\_\_\_/16  
☐ \$10,001 - \$100,000      \_\_\_\_\_/\_\_\_\_\_/16  
☐ \$100,001 - \$1,000,000      ACQUIRED      DISPOSED  
☐ 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: \_\_\_\_\_

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name _____
---

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>millionaire foundation</u>	NAME OF SOURCE OF INCOME _____
ADDRESS (Business Address Acceptable) <u>5482 Wilshire Blvd, #115, LA 90036</u>	ADDRESS (Business Address Acceptable) _____
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Scholarships, Leadership training, &amp; internship program</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE _____
YOUR BUSINESS POSITION <u>Founder / CEO</u>	YOUR BUSINESS POSITION _____
GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$100,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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*	INTEREST RATE	TERM (Months/Years)
_____	_____% <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____ Street address _____ City _____	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____ (Describe)	
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

Comments: \_\_\_\_\_





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

LOS ANGELES CITY  
ETHICS COMMISSION  
SEP 15 2017  
RECEIVED

# 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: \_\_\_

Name:

(Last, First, Middle)

Jason L. Seward

Agency:

Innovation & Performance Commission

Position:

Commissioner

Phone:

(323) 252-7894

Email:

yourturn.jasonseward@gmail.com

Type of Statement:

☒ Pre-confirmation

Date of nomination: 8 / 29 / 2017

☐ Assuming Office

First day in position: \_\_\_ / \_\_\_ / 2017

☐ Annual

\_\_\_ / \_\_\_ / 2016 through December 31, 2016

☐ 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

9-15-17

Sig

[Redacted Signature]