



Los Angeles City Ethics Commission

May 19, 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 12-0094
Reappointment of Charmaine Jefferson to the
Cultural Affairs Commission**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Charmaine Jefferson was reappointed by the Mayor to the Cultural Affairs Commission on May 12, 2017. The Ethics Commission received Ms. Jefferson's pre-confirmation financial disclosure statement on May 17, 2017. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Jefferson's financial disclosure statement is enclosed.

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

Sincerely,

Alexandria Latragna
Ethics Program Manager

Enclosures:

Form 700

Form 60

cc: Mayor Eric Garcetti

COVER PAGE

Filed Date: 05/17/2017 07:25 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Jefferson Charmaine

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Cultural Affairs, Department of

Division, Board, Department, District, if applicable

Your Position

Cultural Affairs 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, 2016, through December 31, 2016.

-or-

The period covered is ____/____/____, through December 31, 2016.

☐ 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.

☐ Assuming Office: Date assumed ____/____/____

☒ Candidate: Election year 05/12/2017 and office sought, if different than Part 1: _____

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

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 05/17/2017 07:25 PM
(month, day, year)

Signature Electronic Submission
(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 <div style="text-align: center;">Charmaine Jefferson</div>

▶ 1. BUSINESS ENTITY OR TRUST

Kélan Resources

Name

████ S. Victoria Avenue, Los Angeles, CA █████

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

nonprofit and art and culture consulting services

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 Owner (dba)

▶ 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

Tom & Ethel Bradley Foundation

▶ 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

Underground Sound Artist Management

Name

████ S. Victoria Avenue, Los Angeles, CA █████

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Artists Management Services

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 (only spouse)

▶ 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)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Charmaine Jefferson

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME Tom & Ethel Bradley Foundation	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) Welland Avenue, Los Angeles, CA	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501(c)(3) nonprofit - maintaining Bradley legacy	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION Executive Consultant	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000
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.)	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"/> 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"/> Sale of _____ (Real property, car, boat, etc.)
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more independent consulting services fees re TEBF Center at CSUN & strategic planning (Describe)	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more (Describe)
<input checked="" type="checkbox"/> Other independent consulting services fees re Bradley Center at CSUN & strategic planning (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)		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____ Street address	
<input type="checkbox"/> \$500 - \$1,000	_____ City	
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____ (Describe)	
<input type="checkbox"/> OVER \$100,000		

Comments: _____

SCHEDULE D

Income – Gifts

<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div>Lincoln Heights Arts Youth Center</div> <div>ADDRESS (Business Address Acceptable)</div> <div>Altura Street, LA, CA</div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div>501(c)(3) nonprofit arts center</div> </div> <table> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>12 / 09 / 16</td> <td>\$ 20</td> <td>Food at holiday party for DCA; spoke with guests & staff at table</td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12 / 09 / 16	\$ 20	Food at holiday party for DCA; spoke with guests & staff at table	/ /	\$		/ /	\$		<div> <div>NAME OF SOURCE (Not an Acronym)</div> <div></div> <div>ADDRESS (Business Address Acceptable)</div> <div></div> <div>BUSINESS ACTIVITY, IF ANY, OF SOURCE</div> <div></div> </div> <table> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> <tr> <td>/ /</td> <td>\$</td> <td></td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	/ /	\$		/ /	\$		/ /	\$	
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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: 3

Name: Jefferson, Charmaine
(Last, First, Middle)

Agency: Cultural Affairs, Department of **Position:** Cultural Affairs Commissioner

Phone:

Email:

Type of Statement: ☒ **Pre-confirmation** Date of nomination: 05 / 12 / 2017
 ☐ **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.

05/17/2017 07:39 PM

Electronic Submission

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: Jefferson, Charmaine
(Last, First, Middle)

The following income was received from a restricted source.

Name of restricted source:

Tom & Ethel Bradley Foundation

Address of restricted source:

Welland Avenue

Business activity of restricted source:

Nonprofit 501(c)(3) nonprofit dedicated to legacy of Mayor Tom & wife Ethel Bradley

Position title:

Executive Consultant

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: independent consulting fees re TEBF Center at CSUN

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: _____



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Form 60

Section 5 -- Board Positions

Name: Jefferson, Charmaine
(Last, First, Middle)

The following positions were held on the board of a restricted source.

Name of restricted source:

Arts for LA

Address of restricted source:

█ S. Hill Street, Suite H-100, Los Angeles, CA █

Position Title:

Board Director - tenure ended March 31, 2016

Position held by:

☒ Me ☐ My spouse/registered domestic partner
☐ My dependent child

Name of restricted source:

California Institute of the Arts

Address of restricted source:

█ McBean Parkway, Valencia, CA █

Position Title:

Board Trustee

Position held by:

☒ Me ☐ My spouse/registered domestic partner
☐ My dependent child

Name of restricted source:

L.A. County Art Commission - Cultural Equity & Inclusion Initiative

Address of restricted source:

█ Wilshire Blvd, LA, CA █

Position Title:

Committee member

Position held by:

☒ Me ☐ My spouse/registered domestic partner
☐ My dependent child

Name of restricted source:

Our Authors Study Club

Address of restricted source:

P.O. Box █, Los Angeles, CA █

Position Title:

Dues paying member - cultural awareness club

Position held by:

☒ Me ☐ My spouse/registered domestic partner
☐ My dependent child

Name of restricted source:

PBS SoCal African American Community Council

Address of restricted source:

█ Bristol St., Suite 100, Costa mesa, CA █ 6

Position Title:

Co-Chair - This is an advisory council

Position held by:

☒ Me ☐ My spouse/registered domestic partner
☐ My dependent child

Name of restricted source:

Address of restricted source:

Position Title:

Position held by:

☐ Me ☐ My spouse/registered domestic partner
☐ My dependent child