



Los Angeles City Ethics Commission

June 9, 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 14-0861
Reappointment of Barry Milofsky to the
Cultural Heritage Commission**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Barry Milofsky was reappointed by the Mayor to the Cultural Heritage Commission on May 8, 2017. The Ethics Commission received Mr. Milofsky's complete pre-confirmation financial disclosure statement on June 6, 2017. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Milofsky's financial disclosure statement is enclosed.

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

Sincerely,


Nicole Enriquez
Ethics Program Assistant

Enclosures:

Form 700

Form 60

cc: Mayor Eric Garcetti

COVER PAGE

Filed Date: 06/06/2017 03:55 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Milofsky Barry

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Planning Department

Division, Board, Department, District, if applicable

Your Position

Member, Cultural Heritage Commission

► 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.
☐ Assuming Office: Date assumed / /
☒ Candidate: Election year 05/08/2017 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: 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)

Los Angeles CA 90012

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 06/06/2017 03:55 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: right;">Barry Milofsky</div>

1. BUSINESS ENTITY OR TRUST	
M2A Milofsky and Michali Architects LLP	
Name [REDACTED] LA, 90014	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS Architecture	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____ ____/____/____ ACQUIRED DISPOSED
NATURE OF INVESTMENT <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <u>Partner</u>	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None or <input checked="" type="checkbox"/> Names listed below	
Hollywood Community Housing Corp., Neman Investments, Parrallel Properties, Investment Consultants, Heritage Housing Partners, Casa d Rosas	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> 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 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____ ____/____/____ ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

1. BUSINESS ENTITY OR TRUST	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____ ____/____/____ ACQUIRED DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION _____	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <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

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	
<input type="checkbox"/> None or <input type="checkbox"/> Names listed below	

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> 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 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____ ____/____/____ ACQUIRED DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold _____ Yrs. remaining <input type="checkbox"/> Other _____	
<input type="checkbox"/> 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: 1

Name: Milofsky, Barry
(Last, First, Middle)

Agency: Planning Department **Position:** Member, Cultural Heritage Commission

Phone: [REDACTED] **Email:** [REDACTED]

Type of Statement: ☒ **Pre-confirmation** Date of nomination: 05 / 08 / 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.

06/06/2017 03:56 PM

Electronic Submission

Date

Signature