



Los Angeles City Ethics Commission

November 5, 2014

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 14-1446
Appointment of Wendy Grace Macy as the
General Manager of the Personnel Department**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Wendy Grace Macy was appointed by the Mayor as the General Manager of the Personnel Department on October 23, 2014. The Ethics Commission received Ms. Macy's pre-confirmation financial disclosure statement on November 4, 2014. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Macy'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 Analyst

Enclosures:

CA Form 700
CEC Form 60

cc: Mayor Eric Garcetti

PRE-CONFIRMATION

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) **LOS ANGELES CITY ETHICS COMMISSION**
Macy Wendy Grace **NOV 4 2014**

1. Office, Agency, or Court

Agency Name

Personnel Department

Division, Board, Department, District, if applicable

Your Position

General Manager

► If filing for multiple positions, list below or on an attachment.

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, 2013, through December 31, 2013.

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

-or-

The period covered is ____/____/____ through December 31, 2013.

☐ The period covered is January 1, 2013, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

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

☒ Pre-confirmation 10/23/14 (Date appointed or reappointed)

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☒ 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

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 11/4/14
(month, day, year)

Signature _____

SCHEDULE A-1
Investments

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF BUSINESS ENTITY

GoPro

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

- ☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
ACQUIRED DISPOSED

► NAME OF BUSINESS ENTITY

Salix Pharmaceutical

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

- ☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

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IF APPLICABLE, LIST DATE:

____/____/13 ____/____/13
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

► NAME OF SOURCE (Not an Acronym)

RIMS - the Risk Management Society

ADDRESS (Business Address Acceptable)

1065 Avenue of the Americas, NY, NY

BUSINESS ACTIVITY, IF ANY, OF SOURCE

risk management professional association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12/23/13</u>	<u>\$ 299</u>	<u>ipad mini</u>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>

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Comments: _____

PRE-CONFIRMATION



City Ethics Commission
200 N Spring Street
City Hall — 24th Floor
Los Angeles, CA 90012
Mail Stop 129
(213) 978-1960

Restricted Source Financial Disclosure Statement CEC Form 60

LOS ANGELES CITY
ETHICS COMMISSION

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.

4 2014

☒ Original Filing ☐ Amended Filing (original filed on ___/___/20___)

Total Pages: **RECEIVED**

Name: **Macy, Wendy Grace**
(Last, First, Middle)

Agency: **Personnel Department**

Position: **General Manager**

Phone: _____

Email: _____

Type of Statement: ☒ Pre-confirmation Date of nomination: 10 / 23 / 2014
☐ Assuming Office First day in position: ___ / ___ / 2014
☐ Annual ___ / ___ / 2013 through December 31, 2013
☐ Leaving Office Last day in office: ___ / ___ / 2014

I had the following interests associated with restricted sources during this reporting period:

☐ 1. REAL PROPERTY

The following interest in real property was leased from or to, co-owned by, purchased from, or sold to a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Address or assessor's parcel number of real property: _____

Interest co-owned/purchased/sold by/leased by or to: ☐ Me ☐ My spouse/registered domestic partner
☐ My dependent child

Interest was: ☐ Leased ☐ Co-owned ☐ Purchased (date: ___ / ___ / 20___) ☐ Sold (date: ___ / ___ / 20___)

Nature of interest: ☐ Ownership/Deed or Trust ☐ Easement ☐ Leasehold (years remaining: ___)
☐ Other: _____

Value of interest: ☐ \$2,000—\$10,000 ☐ \$10,001—\$100,000 ☐ \$100,001—\$1,000,000 ☐ Over \$1,000,000

Do you have additional real property interests to report? ☐ No ☐ Yes, and ___ additional pages are attached.

☐ 2. INVESTMENTS

The following investments (other than real property) were co-owned by, purchased from, or sold to a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Name of investment: _____

Nature of investment: ☐ Stock ☐ Partnership ☐ Other _____

Investment co-owned/purchased/sold by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child

Investment was: ☐ Co-owned ☐ Purchased (date: ___ / ___ / 20___) ☐ Sold (date: ___ / ___ / 20___)

Value of investment: ☐ \$2,000—\$10,000 ☐ \$10,001—\$100,000 ☐ \$100,001—\$1,000,000 ☐ Over \$1,000,000

Do you have additional investments to report? ☐ No ☐ Yes, and ___ additional pages are attached.



City Ethics Commission
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Restricted Source Financial Disclosure Statement CEC Form 60

☐ 3. INCOME

The following income was received from a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Business activity of source: _____

Your business position: _____

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: _____

Do you have additional income to report? ☐ No ☐ Yes, and _____ additional pages are attached.

☐ 4. GIFTS

The following gifts cumulatively valued at \$50 or more were received from a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Business activity of source: _____

Gifts received by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child

Dates received: ____ / ____ / 20____; ____ / ____ / 20____ Value of gifts: _____

Description of gifts: _____

Do you have additional gifts to report? ☐ No ☐ Yes, and _____ additional pages are attached.

☐ 5. BOARD POSITIONS

The following position was held on the board of a restricted source.

Name of restricted source: _____

Address of restricted source: _____

Position title: _____

Position held by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child

Do you have additional positions to report? ☐ No ☐ Yes, and _____ additional pages are attached.

☐ 6. NO INTERESTS

I had no reportable 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

Signature