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COVER PAGE
FAIR POLITICAL
PRACTICES COMMISSION

ETHICS COMMISSION

2013 APR 26 PM 1:19

2013 APR - 1 (MIDDLE)
PM 5:16

Please type or print in ink.

NAME OF FILER (LAST) LABONGE
THOMAS
2013 APR 26 PM 1:19

1. Office, Agency, or Court

Agency Name
CITY COUNCIL
Division, Board, Department, District, if applicable
DISTRICT 4
Your Position
COUNCILMAN

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

Agency: _____ Position: _____

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

- State
- Multi-County _____
- City of LOS ANGELES
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual: The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is ____/____/____, through December 31, 2012.
- Leaving Office: Date Left ____/____/____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." ► Total number of pages including this cover page: 3
- Schedule A-1 - Investments - schedule attached
 - Schedule A-2 - Investments - schedule attached
 - Schedule B - Real Property - schedule attached
 - Schedule C - Income, Loans, & Business Positions - schedule attached
 - Schedule D - Income - Gifts - schedule attached
 - Schedule E - Income - Gifts - Travel Payments - schedule attached
- or-
- None - No reportable interests on any schedule

5. V _____
 M _____
 (_____
 D _____
 (_____
 I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge the accuracy of the information.
 I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
 Date Signed 03/28/2013
 (month, day, year)

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

Name
 LABONGE, THOMAS J.

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
National League of Cities Institute

ADDRESS (Business Address Acceptable)
1301 Pennsylvania Avenue NW Suite 500

CITY AND STATE
Washington, District of Columbia

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 18 / 12 - 04 / 21 / 12 AMT: \$ 2,291.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles World Airports

ADDRESS (Business Address Acceptable)
#1 World Way

CITY AND STATE
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 04 / 16 / 12 - 04 / 17 / 12 AMT: \$ 540.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
Get to Know Program

ADDRESS (Business Address Acceptable)
201 – 2040 Springfield Road

CITY AND STATE
Kelowna, British Columbia, Canada

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Not-For-Profit

DATE(S): 06 / 06 / 12 - 06 / 11 / 12 AMT: \$ 950.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
Sister Cities, Inc.

ADDRESS (Business Address Acceptable)
200 N. Spring Street Rm 255

CITY AND STATE
Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 06 / 26 / 12 - 07 / 01 / 12 AMT: \$ 1,811.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 City of Bordeaux, France

ADDRESS (Business Address Acceptable)
 Place Pey Berland 33000 Bordeaux

CITY AND STATE
 Bordeaux, France

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Government

DATE(S): 06 / 26 / 12 - 07 / 01 / 12 AMT: \$ 1,500.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 Sister Cities, Inc.

ADDRESS (Business Address Acceptable)
 200 N. Spring Street Rm 255

CITY AND STATE
 Los Angeles, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 10 / 23 / 12 - 10 / 29 / 12 AMT: \$ 2,659.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 City of Bordeaux, France

ADDRESS (Business Address Acceptable)
 Place Pey Berland 33000 Bordeaux

CITY AND STATE
 Bordeaux, France

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Government

DATE(S): 10 / 25 / 12 - 10 / 27 / 12 AMT: \$ 750.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ___/___/___ - ___/___/___ AMT: \$ ___
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____