CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

LOS ANGELES CITY ETHICS COMMISSION
Date Initial Filing Received
APR 01 2015
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FAIR POLITICAL COMMISSION
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Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Price	Curren	DeMille

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
City of Los Angeles

Division, Board, Department, District, if applicable

Your Position
Councilmember

► 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
- ☐ 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, 2014, through December 31, 2014.

-or-

The period covered is ____/____/_____, through December 31, 2014.

☐ **Assuming Office:** Date assumed ____/____/_____

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

○ The period covered is January 1, 2014, through the date of leaving office.

○ The period covered is ____/____/_____, through the date of leaving office.

☐ **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:*** 12

- ☑ **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.

[redacted]

Date Signed 04/01/2015
(month, day, year)

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
Curren D. Price

▶ NAME OF BUSINESS ENTITY
Cuba Travel Service

GENERAL DESCRIPTION OF THIS BUSINESS
Charter & Travel

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 Spouse is an Investor (Describe)
☐ Partnership ○ Income Received of $0 - $499
○ Income Received of $500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
___/___/ 14 ___/___/ 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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:
___/___/ 14 ___/___/ 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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:
___/___/ 14 ___/___/ 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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:
___/___/ 14 ___/___/ 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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:
___/___/ 14 ___/___/ 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

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:
___/___/ 14 ___/___/ 14
ACQUIRED DISPOSED

Comments: _____

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
Curren D. Price

▶ 1. BUSINESS ENTITY OR TRUST

Name: Del Richardson and Associates "DRA"

Address *(Business Address Acceptable)*: 510 S. La Brea Ave., Inglewood CA 90301

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: Right of Way and Community Outreach

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:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Sub S Corp (Other)

YOUR BUSINESS POSITION: Spouse is 100% Shareholder

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☑ 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.)

☐ None or ☐ Names listed below

*Please see attached

▶ 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: DRA, Inc.

Description of Business Activity or City or Other Precise Location of Real Property: 510 S. La Brea Ave., Inglewood CA

FAIR MARKET VALUE
☐ $2,000 - $10,000
☑ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☑ Leasehold 4 (Yrs. remaining) ☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Name: Just Work, Inc.

Address *(Business Address Acceptable)*: 506 La Brea Ave., Inglewood CA 90301

Check one
☐ Trust, *go to 2* ☑ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS: Public Relations

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:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☑ Sub S Corp (Other)

YOUR BUSINESS POSITION: Spouse CEO- 100% shareholder

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☑ $10,001 - $100,000
☐ 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.)

☑ 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:
___/___/14 ACQUIRED ___/___/14 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

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Comments:

SCHEDULE A-2

Investments, Income, and Assets

Of Business Entities/Trusts

Del Richardson and Associates "DBA"

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 or MORE:

LACMTA, City of LA HCID, Retirement Housing Foundation, Reiner Comm., HCHC, Harris & Associates Inc., Turner Construction Co., Beacon Integrated Professional Resources, City of Hawthorne, City of LA Dept. of Public Works, Deep Gree, Hollywood Park Tomorrow, LADWP, Mark Thomas & Company Inc, Old Timer Foundation, OPC- Westside, Serrano, Vistas, West Hollywood Manzanita, West Valley

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curren D. Price

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4519 Don Arturo Place

CITY
Los Angeles, CA 90008

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☑ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
Dr. and Mr. Earl Jones

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
4171, 4171 1/2, 4173, 4173 1/2 Brighton

CITY
Los Angeles CA 90067

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
☑ Ownership/Deed of Trust ☐ Easement
☐ Leasehold _____ Yrs. remaining ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499 ☐ $500 - $1,000 ☐ $1,001 - $10,000
☑ $10,001 - $100,000 ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None
A. Rangel, R. Woodson, Alex & Michelle Escobar, ~~1 Vacant~~

* You are not required to report loans from commercial lending institutions 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE ____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE ____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000 ☐ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Curren D. Price

SCHEDULE B
Interests in Real Property
(Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
372, 374, 376 W. 12th Street

CITY
San Pedro

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None
D. Richardson, D. Hunter, G. Duran

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
506-510 S. La Brea Ave.,

CITY
Inglewood

FAIR MARKET VALUE
- ☐ $2,000 - $10,000
- ☐ $10,001 - $100,000
- ☑ $100,001 - $1,000,000
- ☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
___/___/14 ACQUIRED ___/___/14 DISPOSED

NATURE OF INTEREST
- ☑ Ownership/Deed of Trust
- ☐ Easement
- ☐ Leasehold _____ Yrs. remaining
- ☐ _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
- ☐ $0 - $499
- ☐ $500 - $1,000
- ☑ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

☐ None
DRA, Just Work, TEC

* You are not required to report loans from commercial lending institutions 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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE _____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

☐ Guarantor, if applicable

Comments:

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

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Curren D. Price

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
DRA

ADDRESS *(Business Address Acceptable)*
510 S. La Brea Ave., Inglewood CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Right of Way

YOUR BUSINESS POSITION
CEO

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☑ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- _____ *(Describe)*
- ☐ Other _____ *(Describe)*

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Just Work Inc.

ADDRESS *(Business Address Acceptable)*
506 S. La Brea Ave., Inglewood CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☑ $10,001 - $100,000
- ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
- ☐ Salary
- ☐ Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
- ☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
- ☐ Sale of _____ *(Real property, car, boat, etc.)*
- ☐ Loan repayment
- ☐ Commission or ☐ Rental Income, *list each source of $10,000 or more*
- _____ *(Describe)*
- ☑ Other Spouse's Draw *(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*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
- ☐ $500 - $1,000
- ☐ $1,001 - $10,000
- ☐ $10,001 - $100,000
- ☐ OVER $100,000

INTEREST RATE
_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN
- ☐ None
- ☐ Personal residence
- ☐ Real Property _____ *Street address*
- _____ *City*
- ☐ Guarantor _____
- ☐ Other _____ *(Describe)*

Comments: _____

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Curren D. Price

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Weingart Center for Homeless
ADDRESS *(Business Address Acceptable)*
566 S. San Pedro St., Los Angeles 90013
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/06/14	$125.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
A New Way of Life
ADDRESS *(Business Address Acceptable)*
PO Box 875288, Los Angeles 90087
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12/07/14	$200.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Latino Caucus Foundation
ADDRESS *(Business Address Acceptable)*
777 S. Figueroa St., #4050, Los Angeles 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/15/14	$72.50	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Skid Row Housing Trust
ADDRESS *(Business Address Acceptable)*
1317 E. 7th St., Los Angeles 90021
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/13/14	$55.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
American Jewish Committee
ADDRESS *(Business Address Acceptable)*
9911 W. Pico Blvd., #1062, Los Angeles 90035
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/03/14	$148.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
University of Southern California
ADDRESS *(Business Address Acceptable)*
Los Angeles, CA 90089
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/27/14	$40.00	Meal
05/15/14	$50.00	Meal
/ /	$	

Comments:

CALIFORNIA FORM **700**
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Name
Curren D. Price

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
LA Business Council
ADDRESS *(Business Address Acceptable)*
2029 Century Park East, #1240, Los Angeles 90067
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/28/14	$ 70.00	Meal
03/11/14	$ 125.00	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Planned Parenthood
ADDRESS *(Business Address Acceptable)*
400 W. 30th St., Los Angeles 90007
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/02/14	$ 150.00	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
YWCA of Greater LA
ADDRESS *(Business Address Acceptable)*
1020 S. Olive St., 7th Floor, Los Angeles 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11/14/14	$ 100.00	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Lagrant Communications
ADDRESS *(Business Address Acceptable)*
600 Wilshire Blvd., #1520 Los Angeles 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/23/14	$ 78.50	Meal
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Anschutz Entertainment Group
ADDRESS *(Business Address Acceptable)*
800 W. Olympic Blvd., #305, Los Angeles 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06/16/14	$ 57.00	Sportswear
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Republic Services
ADDRESS *(Business Address Acceptable)*
Phoenix Arizona
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09/04/14	$ 50.00	Meal
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Curren D. Price

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Union Bank
ADDRESS *(Business Address Acceptable)*
445 S. Figueroa St., #1700, Los Angeles
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Financial Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 10 / 14	$ 200.00	Tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
NBC Universal
ADDRESS *(Business Address Acceptable)*
100 Universal City Plaza, Universal City 91608
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 01 / 14	$ 96.00	Tickets
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Zeesman
ADDRESS *(Business Address Acceptable)*
6420 Wilshire Blvd., #1240 Los Angeles 90048
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Marketing Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 10 / 14	$ 150.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
A Better LA
ADDRESS *(Business Address Acceptable)*
1150 S. Olive St., #340, Los Angeles 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 05 / 14	$ 100.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
African Focus Inc
ADDRESS *(Business Address Acceptable)*
2809 Crenshaw Blvd., Los Angeles 90016
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 12 / 14	$ 65.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
LA Fire Dept. Foundation
ADDRESS *(Business Address Acceptable)*
1875 Century Park East, #200, Los Angeles 90067
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 05 / 14	$ 100.00	Meal
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Curren D. Price

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Greater LA African American Chamber
ADDRESS *(Business Address Acceptable)*
5100 W. Goldleaf Circle #203, Los Angeles 90056
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/21/14	$85.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Fashion Institute of Design & Merchandising
ADDRESS *(Business Address Acceptable)*
919 S. Grand Ave., Los Angeles 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Education Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/22/14	$450.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Charles Drew University
ADDRESS *(Business Address Acceptable)*
1731 E. 120th St., Los Angeles 90059
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Institute

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04/24/14	$117.93	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Special Needs Network
ADDRESS *(Business Address Acceptable)*
4401 Crenshaw Blvd., #215, Los Angeles 90043
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10/04/14	$300.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Cerrell Associates
ADDRESS *(Business Address Acceptable)*
320 N. Larchmont Blvd., Los Angeles 90004
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Public Relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/10/14	$50.00	Meal
09/04/14	$25.00	Meal
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Homeboy Industries
ADDRESS *(Business Address Acceptable)*
130 W. Bruno St., Los Angeles 90012
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05/03/14	$250.00	Meal
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name
Curren D. Price

SCHEDULE D
Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
Los Angeles NAACP
ADDRESS *(Business Address Acceptable)*
4929 Wilshire Blvd., #310, Los Angeles
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 14	$ 87.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Salvadoran American Leadership & Educational Fund
ADDRESS *(Business Address Acceptable)*
1625 W. Olympic Blvd., #718, Los Angeles 90015
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy Group

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 24 / 14	$ 250.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Brotherhood Crusade
ADDRESS *(Business Address Acceptable)*
200 Slauson Ave., Los Angeles 90011
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Social Services Org

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 14	$ 150.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
Thomas Safran & Associates
ADDRESS *(Business Address Acceptable)*
11812 San Vicente Blvd., #600, Los Angeles 90049
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Affordable Housing Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 31 / 14	$ 150.00	Meal
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

▶ NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Comments:

AN/AT2014

LOS ANGELES CITY
ETHICS COMMISSION

APR 08 2015

RECEIVED

TN

RECEIVED
POLITICAL
PRACTICES COMMISSION
2015 MAY 11 PM 1:38

SCHEDULE D
Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
Los Angeles Chamber of Commerce
ADDRESS *(Business Address Acceptable)*
350 S. Bixel St., Los Angeles
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Professional Assocaition

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03/10/14	$ 83	Meal
03/11/14	$ 50	Meal
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
ADDRESS *(Business Address Acceptable)*
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	$	
/ /	$	
/ /	$	

Filer's Verification

[redacted]

Date Signed 04/08/2015
(month, day, year)

[redacted]

Comments:

AN/AT 2014

TN

LOS ANGELES CITY
ETHICS COMMISSION

APR 08 2015

RECEIVED

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2015 MAY 11 PM 1:38

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

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

- **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)*
Los Angeles Chamber Foundation

ADDRESS *(Business Address Acceptable)*
350 S. Bixel Street

CITY AND STATE
Los Angeles, CA

☒ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Charity

DATE(S): 11/14/14 - 11/26/14 *(if gift)* AMT: $ 10,830.03

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Transportation, Meals and Lodging

► NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

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

DATE(S): ___/___/___ - ___/___/___ *(if gift)* AMT: $

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

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

DATE(S): ___/___/___ - ___/___/___ *(if gift)* AMT: $

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Filer's Verification

California that the foregoing is true and correct.

Date Signed 04/08/2015 *(month, day, year)*

Comments: