

**COVER PAGE**

**A PUBLIC DOCUMENT**

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Le Mons	Antonio	Dartrell

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Citizens Redistricting Commission

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_ Position: Applicant

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

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> State   | <input type="checkbox"/> Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____   |
| <input type="checkbox"/> City of _____      | <input type="checkbox"/> Other _____   |

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

- |   |  |
|---|--|
| <input type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2019, through December 31, 2019.                             | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one circle.)  |
| <b>-or-</b>   | <input type="radio"/> The period covered is January 1, 2019, through the date of leaving office. |
| The period covered is ____/____/____, through December 31, 2019.  | <b>-or-</b>  |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____  | <input type="radio"/> The period covered is ____/____/____, through the date of leaving office.  |
| <input checked="" type="checkbox"/> <b>Candidate:</b> Date of Election <u>2020</u> and office sought, if different than Part 1: _____ |  |

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

**Schedules attached**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input checked="" type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached            | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                                     |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached            | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – 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)				
[REDACTED]		Studio City	CA	91604
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS		
[REDACTED]		[REDACTED]		

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 01-23-2020  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Antonio Dartrell Le Mons</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

FAME Assistance Corporation

ADDRESS (Business Address Acceptable)

[REDACTED], Los Angeles, CA 90018

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Community Development

YOUR BUSINESS POSITION

SVP

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$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

Gowo, Inc

ADDRESS (Business Address Acceptable)

[REDACTED] Los Angeles, CA 90008

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Social Enterprise

YOUR BUSINESS POSITION

Founder/President

GROSS INCOME RECEIVED ☒ No Income - Business Position Only

☐ \$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)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, 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: \_\_\_\_\_



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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Antonio Dartrell Le Mons</u>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

APLA Health

ADDRESS (Business Address Acceptable)

Los Angeles, CA 90005

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Non-Profit Community Health and Wellness

YOUR BUSINESS POSITION

Guest Facilitator/Speaker

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$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 Honorarium

(Describe)

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED ☐ No Income - Business Position Only

☐ \$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)

► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from a commercial lending institution, 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: \_\_\_\_\_

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

*Investments must be itemized.**Do not attach brokerage or financial statements.***CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Antonio Dartrell Le Mons

► NAME OF BUSINESS ENTITY  
Motivating the Masses, Inc

GENERAL DESCRIPTION OF THIS BUSINESS  
Professional Services

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:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 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:  
 \_\_\_\_\_/\_\_\_\_\_/19      \_\_\_\_\_/\_\_\_\_\_/19  
 ACQUIRED      DISPOSED

Comments: \_\_\_\_\_