

October 14, 2024

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 24-1193 - REVISED
Appointment of Anna Hovasapian as the
Executive Director of the Charter Reform Commission**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Anna Hovasapian was appointed by the Mayor as the Executive Director of the Charter Reform Commission on October 3, 2024. The Ethics Commission received Ms. Hovasapian's pre-confirmation financial disclosure statement on October 14, 2024. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Hovasapian's financial disclosure statement is enclosed.

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

Sincerely,



Carlos Patzi
Ethics Program Analyst

Enclosures:

Form 700

Form 60

cc: Mayor Karen Bass

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 10/14/2024 11:38 AM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hovasapian Anna

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Charter Reform Commission
Division, Board, Department, District, if applicable Your Position
Executive Director

► 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, Retired Judge, Pro Tem 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, 2023, through December 31, 2023. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2023. The period covered is January 1, 2023, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- The period covered is ____/____/____, through the date of leaving office.
- Candidate: Date of Election 10/03/2024 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

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)

DAYTIME TELEPHONE NUMBER EMAIL 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 10/14/2024 11:38 AM
(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)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Anna Hovasapian

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME</p> <p style="color: blue;">Anser Advisory</p> <hr/> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <div style="background-color: black; height: 20px; width: 100%;"></div> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <p style="color: blue;">Consulting</p> <hr/> <p>YOUR BUSINESS POSITION</p> <p style="color: blue;">Sr. Director/VP, Energy & Education</p> <hr/> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME</p> <hr/> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE</p> <hr/> <p>YOUR BUSINESS POSITION</p> <hr/> <p>GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only</p> <p><input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</p> <p><input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <small>(For self-employed use Schedule A-2.)</small></p> <p><input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</p> <p><input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small></p> <p><input type="checkbox"/> Loan repayment</p> <p><input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more</p> <p>_____ (Describe)</p> <p><input type="checkbox"/> Other _____ <small>(Describe)</small></p>

▶ 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:

<p>NAME OF LENDER*</p> <hr/> <p>ADDRESS <i>(Business Address Acceptable)</i></p> <hr/> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <hr/> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE TERM (Months/Years)</p> <p>_____ % <input type="checkbox"/> None _____</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small></p> <p>_____ <small style="margin-left: 150px;">City</small></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <small style="margin-left: 150px;">(Describe)</small></p>
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Comments: _____

SCHEDULE D Income – Gifts

Name
Anna Hovasapian

▶ NAME OF SOURCE *(Not an Acronym)*
NBCUniversal

ADDRESS *(Business Address Acceptable)*
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Entertainment

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 27 / 24</u>	<u>\$ 100</u>	<u>movie tickets</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ 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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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: 3

Name: **Hovasapian, Anna**
(Last, First, Middle)

Agency: **Charter Reform Commission** Position: **Executive Director**

Phone: [REDACTED] Email: [REDACTED]

Type of Statement: Pre-confirmation Date of nomination: 10 / 03 / 2024
 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.

10/14/2024 11:42 AM [REDACTED]
Date Signature



Ethics Commission
 200 N Spring Street
 City Hall — 24th Floor
 Los Angeles, CA 90012
 (213) 978-1960
 ethics.lacity.org

Form 60

Section 3 -- Income

Name: Hovasapian, Anna
(Last, First, Middle)

The following income was received from a restricted source.

Name of restricted source:
Anser Advisory

Address of restricted source:

Business activity of restricted source:
Consulting

Position title:
Sr. Director/VP, Energu and Education

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: _____

Name of restricted source:

Address of restricted source:

Business activity of restricted source:

Position title:

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: _____

Name of restricted source:

Address of restricted source:

Business activity of restricted source:

Position title:

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: _____

Name of restricted source:

Address of restricted source:

Business activity of restricted source:

Position title:

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: _____



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 (213) 978-1960
 ethics.lacity.org

Form 60

Section 4 -- Gifts

Name: Hovasapian, Anna
(Last, First, Middle)

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

Name of restricted source:
 NBCUniversal

Address of restricted source:
 [REDACTED]

Business activity of restricted source:
 Entertainment

Gift(s) received by:
 Me My spouse/registered domestic partner
 My dependent child

Date received:	Value:	Description of gift(s):
09 / 27 / 20 24	\$ 100	movie tickets
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____

Name of restricted source:

Address of restricted source:

Business activity of restricted source:

Gift(s) received by:
 Me My spouse/registered domestic partner
 My dependent child

Date received:	Value:	Description of gift(s):
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____

Name of restricted source:

Address of restricted source:

Business activity of restricted source:

Gift(s) received by:
 Me My spouse/registered domestic partner
 My dependent child

Date received:	Value:	Description of gift(s):
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____

Name of restricted source:

Address of restricted source:

Business activity of restricted source:

Gift(s) received by:
 Me My spouse/registered domestic partner
 My dependent child

Date received:	Value:	Description of gift(s):
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____
___ / ___ / 20___	\$ ___	_____