

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
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 Eric Garcetti

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

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.

-or-

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

☐ 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 <u>Anna Hovasapian</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Anser Advisory</u>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) [REDACTED]	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Consulting</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>Sr. Director/VP, Energy & Education</u>	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	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)	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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % ☐ None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	☐ None ☐ Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	☐ Guarantor _____	
☐ \$500 - \$1,000	☐ Other _____	(Describe)
☐ \$1,001 - \$10,000		
☐ \$10,001 - \$100,000		
☐ OVER \$100,000		

Comments: _____

SCHEDULE D

Income – Gifts

NAME OF SOURCE (Not an Acronym) NBCUniversal ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE Entertainment <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>09 / 27 / 24</td> <td>\$ 100</td> <td>movie tickets</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	09 / 27 / 24	\$ 100	movie tickets	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	NAME OF SOURCE (Not an Acronym) ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE <table> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>__ / __ / __</td> <td>\$ _____</td> <td>_____</td> </tr> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____	__ / __ / __	\$ _____	_____
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__ / __ / __	\$ _____	_____																							
__ / __ / __	\$ _____	_____																							

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

Date

[REDACTED]
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:

[REDACTED]

Business activity of restricted source:

Consulting

Position title:

Sr. Director/VP, Energy 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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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 ___ \$ ___