

May 20, 2026

The Honorable City Council
c/o Patrice Lattimore, City Clerk
200 North Spring Street
City Hall – 3rd Floor
Los Angeles CA 90012

**Re: Council File Number 26-0569
Appointment of Gabrielle Amster as the
Permanent General Manager to the Department of Animal Services**

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Gabrielle Amster was appointed by the Mayor as the Permanent General Manager to the Department of Animal Services on April 17, 2026. The Ethics Commission received notice of the appointment from the Mayor's Office on April 17, 2026. The Ethics Commission notified Ms. Amster on April 17, 2026 of their filing requirement and received Ms. Amster's pre-confirmation financial disclosure statement on May 19, 2026. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Amster's financial disclosure statement is enclosed.

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

Sincerely,

Nicole Enriquez
Nicole Enriquez
Ethics Program Analyst

Enclosures:

Form 700

Form 60

cc: Mayor Karen Bass

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 05/19/2026 01:28 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Amster Gabrielle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
Animal Services, Department of
Division, Board, Department, District, if applicable Your Position
General Manager

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/_____
(Check one circle below.)
-or- The period covered is ____/____/_____, through
 The period covered is January 1, 2025, 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 04/17/2026 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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
- Attachment 700-P - Prospective Employment (87200 Filers Only) – 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 05/19/2026 01:28 PM Signature _____
(month, day, year) (File the originally signed paper statement with your filing official.)

AMENDMENT

COVER PAGE

Filed Date: 05/19/2026 04:07 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Amster Gabrielle

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Animal Services, Department of

Division, Board, Department, District, if applicable

Your Position

General Manager

► 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 (Supreme, Appellate, Superior Court), 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, 2025, through December 31, 2025. Leaving Office: Date Left ____/____/____ (Check one circle below.)
- or- The period covered is ____/____/____, through December 31, 2025. The period covered is January 1, 2025, through the date of leaving office.
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- 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
- Attachment 700-P - Prospective Employment (87200 Filers Only) – 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 E-MAIL 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 05/19/2026 04:07 PM Signature _____
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
DocuPet Corp.

ADDRESS (Business Address Acceptable)
[REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Pet Licensing Vendor

YOUR BUSINESS POSITION
Vice President, Shelter Relations

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)

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)

Comments: _____

▶ 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)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	
<input type="checkbox"/> \$500 - \$1,000	<small>Street address</small>	
<input type="checkbox"/> \$1,001 - \$10,000	_____	
<input type="checkbox"/> \$10,001 - \$100,000	<small>City</small>	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____	
	<small>(Describe)</small>	

Filer's Verification

Print Name Gabrielle Amster Office, Agency or Court Animal Services, Department of

Statement Type 2025/2026 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 05/19/2026 04:07 PM Filer's Signature [REDACTED]
(month, day, year)

FORM
60

Restricted Source Financial Disclosure Statement

Los Angeles City
ETHICS COMMISSION

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 Amendment (original filed on ____/____/20____) Total pages, including this cover: 2

General Information

Name (Last, First, Middle) Amster, Gabrielle	
Agency Animal Services, Department of	
Position General Manager	
Email Address [REDACTED]	Phone Number [REDACTED]
Type of Statement:	
<input checked="" type="checkbox"/> Pre-confirmation	Date of nomination: <u>04</u> / <u>17</u> / 20 <u>26</u>
<input type="checkbox"/> Assuming Office	First day in position: ____ / ____ / 20____
<input type="checkbox"/> Annual	____ / ____ / 20____ through December 31, 20____
<input type="checkbox"/> Leaving Office	Last day in office: ____ / ____ / 20____

Schedule Summary *(check attached schedules)*

<input type="checkbox"/> 1. REAL PROPERTY Interests in real property leased from or to, co-owned by, purchased from, or sold to a restricted source.
<input type="checkbox"/> 2. INVESTMENTS Investments (other than real property) co-owned by, purchased from, or sold to a restricted source.
<input checked="" type="checkbox"/> 3. INCOME Income received from a restricted source.
<input type="checkbox"/> 4. GIFTS Gifts, cumulatively valued at \$50 or more, received from a restricted source.
<input type="checkbox"/> 5. BOARD POSITIONS Positions held on the board of a restricted source.
<input type="checkbox"/> NO REPORTABLE INTERESTS

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.

<div style="background-color: black; height: 15px; width: 100%;"></div> Signature	05/19/2026 03:15 PM Date
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Name (Last, First, Middle)

Amster, Gabrielle

The following income was received from a restricted source.

Name of restricted source:
Dogs Playing For Life

Address of restricted source:
[REDACTED]

Business activity of source:
Canine Enrichment Programming

Your business position:
Advisor

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 source:

Your business position:

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 source:

Your business position:

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 source:

Your business position:

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: _____