Los Angeles City
ETHICS COMMISSION

6/22/2026

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

Re: <u>Council File Number 26-0892</u>
Appointment of Joone Kim-Lopez as
Executive Director of the Bureau of Sanitation

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Joone Kim-Lopez was appointed by the Mayor as permanent Executive Director of the Bureau of Sanitation on June 17, 2026. The Ethics Commission received notice of the appointment on June 18, 2026. The Ethics Commission notified Ms. Kim-Lopez on June 18, 2026 of their filing requirement and received Ms. Kim-Lopez's pre-confirmation financial disclosure statement on June 19, 2026. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Kim-Lopez's financial disclosure statement is enclosed.

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

Sincerely,

Carlos Patzi

Carlos Patzi
Ethics Program Analyst

Enclosures:
Form 700
Form 60

cc: Mayor Karen Bass

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Date Initial Filing Received
Filing Official Use Only

Filed Date: 06/19/2026 02:59 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kim-Lopez	Joone	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Public Works - Bureau of Sanitation

Division, Board, Department, District, if applicable

Your Position
Director Bureau of Sanitation

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem 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, 2025, through December 31, 2025.

-or-

The period covered is ____/____/_____, through December 31, 2025.

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

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

○ The period covered is January 1, 2025, through the date of leaving office.

-or-

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

☒ **Candidate:** Date of Election 06/17/2026 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 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
- ☐ **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)
[redacted]

DAYTIME TELEPHONE NUMBER: [redacted]
EMAIL ADDRESS: [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 06/19/2026 02:59 PM
(month, day, year)

Signature [redacted]
(File the originally signed paper statement with your filing official.)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: Joone Kim-Lopez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*: Sundt Construction
ADDRESS *(Business Address Acceptable)*: [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Construction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 20 / 25	$146.73	Dinner
09 / 29 / 25	$249.93	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: HDR Inc.
ADDRESS *(Business Address Acceptable)*: [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Engineering Consulting Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 03 / 25	$88.38	Dinner
05 / 06 / 26	$140.00	Dinner
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Xylem Inc.
ADDRESS *(Business Address Acceptable)*: [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Technology Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 19 / 25	$154.17	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Global Water Leaders Group
ADDRESS *(Business Address Acceptable)*: [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE:

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 28 / 25	$120.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*: Arcadis U.S. Inc.
ADDRESS *(Business Address Acceptable)*: [redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE: Engineering Consulting Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 20 / 26	$108.00	Dinner
/ /	$	
/ /	$	

► 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:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Initial Filing Received
Filing *Official Use Only*

Filed Date: 06/19/2026 03:25 PM
SAN: 011300006-STH-0006

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Kim-Lopez	Joone	

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*
Public Works - Bureau of Sanitation

Division, Board, Department, District, if applicable

Your Position
Director Bureau of Sanitation

► 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 (Supreme, Appellate, Superior Court), Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
☐ County of _____
☐ Other _____

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-or-
The period covered is ____/____/_____, through December 31, 2025.

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

☐ **Leaving Office:** Date Left ____/____/_____
(Check one circle below.)
○ The period covered is January 1, 2025, through the date of leaving office.
-or-
○ The period covered is ____/____/_____, through the date of leaving office.

☒ **Candidate:** Date of Election 06/17/2026 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
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☐ **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
☐ **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)

[redacted]

DAYTIME TELEPHONE NUMBER | E-MAIL ADDRESS

[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 06/19/2026 03:25 PM
(month, day, year)

Signature [redacted]
(File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

► NAME OF SOURCE *(Not an Acronym)*
Arcadis U.S. Inc.
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Engineering Consultant

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02/24/26	$40.00	Dinner
/ /	$	
/ /	$	

► 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)
/ /	$	
/ /	$	
/ /	$	

► 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

Print Name Joone Kim-Lopez

Office, Agency or Court Public Works - Bureau of Sanitation

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

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 06/19/2026 03:25 PM
(month, day, year)

Filer's Signature [redacted]

Comments:

Filed Date: 06/19/2026 03:22 PM
SAN: 011300006-STH-0006

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:** 3

General Information

Name (Last, First, Middle)
Kim-Lopez, Joone

Agency
Public Works - Bureau of Sanitation

Position
Director Bureau of Sanitation

Email Address
[redacted]

Phone Number
[redacted]

Type of Statement:

☒ **Pre-confirmation** Date of nomination: 06 / 17 / 20 26

☐ **Assuming Office** First day in position: ____ / ____ / 20____

☐ **Annual** ____ / ____ / 20____ through December 31, 20____

☐ **Leaving Office** Last day in office: ____ / ____ / 20____

Schedule Summary *(check attached schedules)*

☐ 1. **REAL PROPERTY**
Interests in real property leased from or to, co-owned by, purchased from, or sold to a restricted source.

☐ 2. **INVESTMENTS**
Investments (other than real property) co-owned by, purchased from, or sold to a restricted source.

☐ 3. **INCOME**
Income received from a restricted source.

☒ 4. **GIFTS**
Gifts, cumulatively valued at $50 or more, received from a restricted source.

☐ 5. **BOARD POSITIONS**
Positions held on the board of a restricted source.

☐ **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.

[redacted]
Signature

06/19/2026 03:22 PM
Date

FORM 60

Schedule 4 - Gifts

Los Angeles City ETHICS COMMISSION

Name (Last, First, Middle) Kim-Lopez, Joone

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

Name of restricted source: Sundt Construction

Address of restricted source: [redacted]

Business activity of source: Construction

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

Date received:	Value:	Description of gift(s):
08/20/25	$146.73	Dinner
09/29/25	$249.93	Dinner
__/__/20__	$_____	_____
__/__/20__	$_____	_____

Name of restricted source: HDR Inc.

Address of restricted source: [redacted]

Business activity of source: Engineering Consulting Firm

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

Date received:	Value:	Description of gift(s):
12/03/25	$88.38	Dinner
05/06/26	$140.00	Dinner
__/__/20__	$_____	_____
__/__/20__	$_____	_____

Name of restricted source: Xylem Inc.

Address of restricted source: [redacted]

Business activity of source: Technology Company

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

Date received:	Value:	Description of gift(s):
08/19/25	$154.17	Dinner
__/__/20__	$_____	_____
__/__/20__	$_____	_____
__/__/20__	$_____	_____

Name of restricted source: Global Water Leaders Group

Address of restricted source: [redacted]

Business activity of source: Conference organizer

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

Date received:	Value:	Description of gift(s):
09/28/25	$120.00	Dinner
__/__/20__	$_____	_____
__/__/20__	$_____	_____
__/__/20__	$_____	_____

FORM 60

Schedule 4 - Gifts

Los Angeles City ETHICS COMMISSION

Name (Last, First, Middle) Kim-Lopez, Joone

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

Name of restricted source: Arcadis U.S. Inc.

Address of restricted source: [redacted]

Business activity of source: Engineering Consultant

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

Date received:	Value:	Description of gift(s):
05/20/20 26	$108.00	Dinner
02/24/20 26	$40.00	Dinner
___/___/20___	$_____	_____
___/___/20___	$_____	_____

Name of restricted source:

Address of restricted source:

Business activity of 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 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 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___	$_____	_____