Los Angeles City
ETHICS COMMISSION

March 24, 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 26-1200-S13**
Appointment of John Perez to the
Board of Fire Commissioners

FOR COUNCIL CONSIDERATION

Dear Councilmembers:

John Perez was appointed by the Mayor to the Board of Fire Commissioners on March 13, 2026. The Ethics Commission received notice of the appointment from the Mayor's Office on March 13, 2026. The Ethics Commission notified Mr. Perez on March 17, 2026 of their filing requirement and received Mr. Perez's pre-confirmation financial disclosure statement on March 24, 2026. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Perez'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

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: 03/24/2026 10:15 AM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Perez	John	A.

1. Office, Agency, or Court

Agency Name *(Do not use acronyms)*

Fire Department

Division, Board, Department, District, if applicable

Your Position

Commissioner, Board of Fire Commissioners

► 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.

-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 03/13/2026 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► ***Total number of pages including this cover page:*** 6

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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
[redacted]				

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 03/24/2026 10:15 AM *(month, day, year)*

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

SCHEDULE A-2
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
John Perez

▶ 1. BUSINESS ENTITY OR TRUST

Double Nickel Advisors, LLC
Name
[redacted]
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☒ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS
Consulting

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☒ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☒ LLC Other

YOUR BUSINESS POSITION Principal

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☒ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☒ Names listed below

SEE ATTACHED

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

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▶ 1. BUSINESS ENTITY OR TRUST

Name
Address *(Business Address Acceptable)*

Check one
☐ Trust, *go to 2* ☐ Business Entity, *complete the box, then go to 2*

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INVESTMENT
☐ Partnership ☐ Sole Proprietorship ☐ _____ Other

YOUR BUSINESS POSITION

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None or ☐ Names listed below

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

IF APPLICABLE, LIST DATE:
____/____/____ ACQUIRED
____/____/____ DISPOSED

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership
☐ Leasehold _____ Yrs. remaining ☐ Other _____

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE A-2

Attachment

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

John Perez

BUSINESS ENTITY OR TRUST : Double Nickel Advisors, LLC

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF $10,000 OR MORE

AT&T CA; Ellison Wilson Advocacy-CTTA; Ellison Wilson Advocacy-SANDAG; Fuentes Strategies; STF Consulting-HCA; Triton Management Services LLC; UC Regents; UC Riverside; UC San Diego Health; UC San Francisco; UCLA Health; Vision to Learn; Zum Transportation

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: John Perez

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME: CIM Group

ADDRESS *(Business Address Acceptable)*: [redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE: Real Estate

YOUR BUSINESS POSITION: Managing Director of Government Affairs

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

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 D
Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name: John Perez

► NAME OF SOURCE *(Not an Acronym)*
John Harabedian
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 25	$81.25	Decanter
12 / 08 / 25	$35.00	Lunch
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Young-Gi Harabedian
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 25	$81.25	Decanter
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Phil Ting
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 25	$50.00	Gift Card
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Lisa Calderon
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 07 / 25	$75.00	Book
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
Marty Block
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 11 / 25	$125.00	Dinner
/ /	$	
/ /	$	

► NAME OF SOURCE *(Not an Acronym)*
JB Milliken
ADDRESS *(Business Address Acceptable)*
[redacted]
BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 07 / 25	$120.00	Dinner
/ /	$	
/ /	$	

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name: John Perez

SCHEDULE D
Income – Gifts

► NAME OF SOURCE *(Not an Acronym)*
California Chamber of Commerce

ADDRESS *(Business Address Acceptable)*
[redacted]

BUSINESS ACTIVITY, IF ANY, OF SOURCE
501(c)(6)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 04 / 25	$ 70.00	Scotch
___/___/___	$______	______
___/___/___	$______	______

► 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)
___/___/___	$______	______
___/___/___	$______	______
___/___/___	$______	______

Comments: ______

Filed Date: 03/24/2026 10:16 AM
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:** 1

General Information

Name (Last, First, Middle)
Perez, John A.

Agency
Fire Department

Position
Commissioner, Board of Fire Commissioners

Email Address [redacted]

Phone Number [redacted]

Type of Statement:

☒ **Pre-confirmation** Date of nomination: 03 / 13 / 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

03/24/2026 10:16 AM
Date