

March 18, 2025

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 25-1200-S9  
Appointment of Carlton Jenkins to the  
Board of Fire and Police Pensions Commission**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Carlton Jenkins was appointed by the Mayor's Office to the Board of Fire and Police Pensions Commission on March 14, 2025. The Ethics Commission received notice of the appointment on March 14, 2025. The Ethics Commission notified Mr. Perkins on March 17, 2025 of their filing requirement and received Mr. Perkins's pre-confirmation financial disclosure statement on March 18, 2025. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Perkins'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: 03/18/2025 01:48 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Jenkins Carlton

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Fire & Police Pensions, Department of

Division, Board, Department, District, if applicable

Your Position

Member, Board of Fire & Police Pension 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, 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, 2024, through December 31, 2024.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle below.)  
 The period covered is January 1, 2024, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election 03/14/2025 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 5

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 03/18/2025 01:48 PM  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed paper statement with your filing official.)

# SCHEDULE A-1

## Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Carlton Jenkins

▶ NAME OF BUSINESS ENTITY  
Kroger Supermarkets

GENERAL DESCRIPTION OF THIS BUSINESS  
Supermarket Chain

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
One United Bank

GENERAL DESCRIPTION OF THIS BUSINESS  
Commercial Bank

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
California Bank of Commerce

GENERAL DESCRIPTION OF THIS BUSINESS  
Commercial Bank

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 ACQUIRED                                      DISPOSED

Comments: \_\_\_\_\_

**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  
Carlton Jenkins

**▶ 1. BUSINESS ENTITY OR TRUST**

Housing Impact Partners, LLC

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**  
Real Estate Investing

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION Partner

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

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

**▶ 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                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

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

**▶ 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                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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                       \$10,001 - \$100,000  
 \$500 - \$1,000                       OVER \$100,000  
 \$1,001 - \$10,000

**▶ 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                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$10,001 - \$100,000                                      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \$100,001 - \$1,000,000                                      ACQUIRED                      DISPOSED  
 Over \$1,000,000

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: None



# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

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Name

Carlton Jenkins

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
<p>NAME OF SOURCE OF INCOME <u>MJC Partners, LLC</u></p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Investment Banking</u></p> <p>YOUR BUSINESS POSITION <u>President</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000              <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <input checked="" 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>_____  <small>(Describe)</small></p> <p><input type="checkbox"/> Other _____  <small>(Describe)</small></p>	<p>NAME OF SOURCE OF INCOME <u>First Citizens Bank</u></p> <p>ADDRESS (Business Address Acceptable) [REDACTED]</p> <p>BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Commercial Bank</u></p> <p>YOUR BUSINESS POSITION <u>VP Loan Underwriter</u></p> <p>GROSS INCOME RECEIVED    <input type="checkbox"/> No Income - Business Position Only  <input type="checkbox"/> \$500 - \$1,000                      <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000              <input checked="" type="checkbox"/> OVER \$100,000</p> <p>CONSIDERATION FOR WHICH INCOME WAS RECEIVED  <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>_____  <small>(Describe)</small></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> <p>ADDRESS (Business Address Acceptable) _____</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER _____</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD  <input type="checkbox"/> \$500 - \$1,000  <input type="checkbox"/> \$1,001 - \$10,000  <input type="checkbox"/> \$10,001 - \$100,000  <input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE                      TERM (Months/Years)</p> <p>_____ %    <input type="checkbox"/> None    _____</p> <p>SECURITY FOR LOAN  <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:** \_\_\_\_\_



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: 1

Name: **Jenkins, Carlton**  
(Last, First, Middle)

Agency: Fire & Police Pensions, Department of    Position: Member, Board of Fire & Police Pension Commissioners

Phone: [REDACTED]    Email: [REDACTED]

Type of Statement:     Pre-confirmation    Date of nomination: 03 / 14 / 2025  
 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.*

03/18/2025 01:26 PM    [REDACTED]  
Date    Signature