

March 30, 2023

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 23-1200-S38  
Appointment of Akiko Tagawa to the  
Commission on Disability**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Akiko Tagawa was appointed by the Mayor to the Commission on Disability on March 21, 2023. The Ethics Commission received notice of the appointment from the Mayor's Office on March 22, 2023. The Ethics Commission notified Ms. Tagawa on March 22, 2023 of their filing requirement and received Ms. Tagawa's pre-confirmation financial disclosure statement on March 27, 2023. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Tagawa'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*

Date Initial Filing Received  
Filing Official Use Only

Filed Date: 03/27/2023 11:23 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Tagawa Akiko

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

Disability, Commission on

Division, Board, Department, District, if applicable

Your Position

Commissioner

► 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, 2022, through  
December 31, 2022.

☐ Leaving Office: Date Left / /  
(Check one circle.)

-or-

The period covered is / /, through  
December 31, 2022.

☐ The period covered is January 1, 2022, 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 03/21/2023 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 03/27/2023 11:23 PM  
(month, day, year)

Signature  
(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)

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name  <b>Akiko Tagawa</b>

<b>1. BUSINESS ENTITY OR TRUST</b>	
Quality FACTS, LLC	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input checked="" type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS Food Consulting (Currently not in business)	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input checked="" type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____    ____/____/____ ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION <b>Principal</b>	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input checked="" type="checkbox"/> \$0 - \$499 <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

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<input checked="" type="checkbox"/> None    or <input type="checkbox"/> Names listed below	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> 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 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____    ____/____/____ ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold    Yrs. remaining <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

<b>1. BUSINESS ENTITY OR TRUST</b>	
Name	
Address (Business Address Acceptable)	
Check one <input type="checkbox"/> Trust, go to 2 <input type="checkbox"/> Business Entity, complete the box, then go to 2	
GENERAL DESCRIPTION OF THIS BUSINESS	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____    ____/____/____ ACQUIRED    DISPOSED
NATURE OF INVESTMENT <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other	
YOUR BUSINESS POSITION	

<b>2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)</b>	
<input type="checkbox"/> \$0 - \$499 <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

<b>3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)</b>	
<input type="checkbox"/> None    or <input type="checkbox"/> Names listed below	

<b>4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST</b>	
Check one box: <input type="checkbox"/> INVESTMENT <input type="checkbox"/> 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 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	IF APPLICABLE, LIST DATE: ____/____/____    ____/____/____ ACQUIRED    DISPOSED
NATURE OF INTEREST <input type="checkbox"/> Property Ownership/Deed of Trust <input type="checkbox"/> Stock <input type="checkbox"/> Partnership	
<input type="checkbox"/> Leasehold    Yrs. remaining <input type="checkbox"/> Other	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

Comments:

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Akiko Tagawa</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>LA County</u>	NAME OF SOURCE OF INCOME <u>CSU Los Angeles</u>
ADDRESS (Business Address Acceptable) [REDACTED]	ADDRESS (Business Address Acceptable) [REDACTED]
BUSINESS ACTIVITY, IF ANY, OF SOURCE  	BUSINESS ACTIVITY, IF ANY, OF SOURCE  
YOUR BUSINESS POSITION <u>Chief Deputy</u>	YOUR BUSINESS POSITION <u>Adjunct Lecturer</u>
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	GROSS INCOME RECEIVED <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$500 - \$1,000 <input checked="" type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe)	CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> 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)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
BUSINESS ACTIVITY, IF ANY, OF LENDER	<input type="checkbox"/> Real Property _____	Street address
_____		City
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000		
<input type="checkbox"/> OVER \$100,000		

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: **Tagawa, Akiko**  
(Last, First, Middle)

Agency: **Disability, Commission on**    Position: **Commissioner**

Phone: [REDACTED]

Email: [REDACTED]

Type of Statement:    ☒ **Pre-confirmation**    Date of nomination: 03 / 21 / 2023  
                                 ☐ **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.*

03/27/2023 11:24 PM

Date

Signature