

April 10, 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-S62
Appointment of Erin Pak to the
Board of Transportation Commissioners**

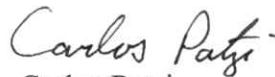
FOR COUNCIL CONSIDERATION

Dear Councilmembers:

Erin Pak was appointed by the Mayor to the Board of Transportation Commissioners 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. Pak on March 22, 2023 of their filing requirement and received Ms. Pak's pre-confirmation financial disclosure statement on April 5, 2023. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Pak's financial disclosure statement is enclosed.

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

Sincerely,



Carlos Patzi
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: 04/05/2023 04:01 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pak Erin K

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Transportation, Department of

Division, Board, Department, District, if applicable

Your Position

Commissioner (Transportation)

► 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: 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 04/05/2023 04:01 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)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Erin Pak

1. BUSINESS ENTITY OR TRUST	
2CGPAK	
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 Architecture Design & Planning Services	
FAIR MARKET VALUE <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" 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 checked="" type="checkbox"/> LLC Other _____	
YOUR BUSINESS POSITION None	

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	
<input type="checkbox"/> \$0 - \$499 <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> 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.)	
<input type="checkbox"/> None or <input checked="" type="checkbox"/> Names listed below SEE ATTACHED	

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

1. BUSINESS ENTITY OR TRUST	
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 _____	

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

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

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	
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 A-2

Attachment

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	Erin Pak

BUSINESS ENTITY OR TRUST : 2CGPAK

LIST OF REPORTABLE SINGLE SOURCES OF INCOME OF \$10,000 OR MORE
4433 S. Alameda, JNK Builders, 3040 E. 12 Owner, Nela Development 1, 3240 Wilshire Bl Mid Rise, Hoover 920, Cherry On Top, Harridge Cadillac Group,
Nehorai Construction, Wilton Manor Group, 10 Golf & Glenwood,
Geneva Cho, SF Development, 4041 Wilshire, 2450 Lakeshore, 182-186 Virgil

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <div>Erin Pak</div>

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

2CGPAK

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Architecture Design & Planning Services

YOUR BUSINESS POSITION

Spouse

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: _____



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: 4

Name: **Pak, Erin K**
(Last, First, Middle)

Agency: **Transportation, Department of**

Position: **Commissioner (Transportation)**

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.

04/05/2023 04:11 PM

Date

[REDACTED]
Signature



Ethics Commission
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Form 60

Section 2 -- Investments

Name: Pak, Erin K
(Last, First, Middle)

The following investments (other than real property) were co-owned by, purchased from, or sold to a restricted source.

Name of restricted source:

2CGPAK

Address of restricted source:

Name of investment:

2CGPAK

Nature of investment:

Stock Partnership

☒ Other LLC

Investment co-owned/purchased/sold by:

Me ☒ My spouse/registered domestic partner
My dependent child

Investment was:

☒ Co-owned Purchased (date: ____ / ____ / 20____)
Sold (date: ____ / ____ / 20____)

Value of investment:

\$2,000—\$10,000 ☒ \$10,001—\$100,000
\$100,001—\$1,000,000 Over \$1,000,000

Name of restricted source:

Address of restricted source:

Name of investment:

Nature of investment:

Stock Partnership

Other

Investment co-owned/purchased/sold by:

Me My spouse/registered domestic partner
My dependent child

Investment was:

Co-owned Purchased (date: ____ / ____ / 20____)
Sold (date: ____ / ____ / 20____)

Value of investment:

\$2,000—\$10,000 ____ \$10,001—\$100,000
\$100,001—\$1,000,000 Over \$1,000,000

Name of restricted source:

Address of restricted source:

Name of investment:

Nature of investment:

Stock Partnership

Other

Investment co-owned/purchased/sold by:

Me My spouse/registered domestic partner
My dependent child

Investment was:

Co-owned Purchased (date: ____ / ____ / 20____)
Sold (date: ____ / ____ / 20____)

Value of investment:

\$2,000—\$10,000 \$10,001—\$100,000
\$100,001—\$1,000,000 Over \$1,000,000

Name of restricted source:

Address of restricted source:

Name of investment:

Nature of investment:

Stock Partnership

Other

Investment co-owned/purchased/sold by:

Me My spouse/registered domestic partner
My dependent child

Investment was:

Co-owned Purchased (date: ____ / ____ / 20____)
Sold (date: ____ / ____ / 20____)

Value of investment:

\$2,000—\$10,000 \$10,001—\$100,000
\$100,001—\$1,000,000 Over \$1,000,000



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Form 60

Section 3 -- Income

Name: **Pak, Erin K**
(Last, First, Middle)

The following income was received from a restricted source.

Name of restricted source:

Kheir Clinic

Address of restricted source:

[REDACTED]

Business activity of restricted source:

Nonprofit Community Health Center

Position title:

CEO

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:

2CGPAK

Address of restricted source:

[REDACTED]

Business activity of restricted source:

Architecture Design & Planning Services

Position title:

Spouse

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:

Hollywood Presbyterian Medical Center

Address of restricted source:

[REDACTED]

Business activity of restricted source:

Hospital

Position title:

Community Board Director

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: Stipend/Honorarium

Name of restricted source:

Address of restricted source:

Business activity of restricted source:

Position title:

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: _____



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ethics.lacity.org

Form 60

Section 5 -- Board Positions

Name: **Pak, Erin K**
(Last, First, Middle)

The following positions were held on the board of a restricted source.

Name of restricted source:
Hollywood Presbyterian Medical Center
Address of restricted source:
Position Title:
Community Board Director
Position held by:
<input checked="" type="checkbox"/> Me <input type="checkbox"/> My spouse/registered domestic partner <input type="checkbox"/> My dependent child

Name of restricted source:
Address of restricted source:
Position Title:
Position held by:
<input type="checkbox"/> Me <input type="checkbox"/> My spouse/registered domestic partner <input type="checkbox"/> My dependent child

Name of restricted source:
Address of restricted source:
Position Title:
Position held by:
<input type="checkbox"/> Me <input type="checkbox"/> My spouse/registered domestic partner <input type="checkbox"/> My dependent child

Name of restricted source:
Address of restricted source:
Position Title:
Position held by:
<input type="checkbox"/> Me <input type="checkbox"/> My spouse/registered domestic partner <input type="checkbox"/> My dependent child

Name of restricted source:
Address of restricted source:
Position Title:
Position held by:
<input type="checkbox"/> Me <input type="checkbox"/> My spouse/registered domestic partner <input type="checkbox"/> My dependent child

Name of restricted source:
Address of restricted source:
Position Title:
Position held by:
<input type="checkbox"/> Me <input type="checkbox"/> My spouse/registered domestic partner <input type="checkbox"/> My dependent child