

June 14, 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-S120
Appointment of James Jensvold to the
Board of Animal Services**


FOR COUNCIL CONSIDERATION

Dear Councilmembers:

James Jensvold was appointed by the Mayor to the Board of Animal Services on June 6, 2023. The Ethics Commission received notice of the appointment from the Mayor's Office on June 6, 2023. The Ethics Commission notified Mr. Jensvold on June 7, 2023 of their filing requirement and received Mr. Jensvold's pre-confirmation financial disclosure statement on June 7, 2023. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Jensvold's financial disclosure statement is enclosed.

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

Sincerely,


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: 06/07/2023 02:46 PM
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Jensvold James Philip

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Animal Services, Department of

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 06/06/2023 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 4

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 06/07/2023 02:46 PM
(month, day, year)

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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

James Jensvold

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

West Hills, CA 91307

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

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

Portland, Oregon 97210

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

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
Yrs. remaining ☐ _____
Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

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

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☒ None

* You are not required to report loans from a commercial lending institution 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

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

TERM (Months/Years)

_____% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

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

☐ Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <div>James Jensvold</div>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <div>Woodland Hills Oral & Maxillofacial Surgeons</div>	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable) <div></div>	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE <div>Oral & Maxillofacial Surgery</div>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <div>Oral & Maxillofacial Surgeon</div>	YOUR BUSINESS POSITION
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 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 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: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

James Jensvold

► NAME OF SOURCE (Not an Acronym)

Jean Jensvold (my mother)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 25 / 22	\$ 15,000.00	Christmas present
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

► 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: _____



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: **Jensvold, James Philip**
(Last, First, Middle)

Agency: Animal Services, Department of Position: **Commissioner**

Phone: [REDACTED] Email: [REDACTED]

Type of Statement: ☒ **Pre-confirmation** Date of nomination: 06 / 06 / 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.

06/07/2023 02:42 PM

Date

[REDACTED]
Signature