

August 25, 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 15-0514  
Reappointment of Iran Hopkins to the  
Commission on Disability**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Iran Hopkins was reappointed by the Mayor to the Commission on Disability on August 09, 2023. The Ethics Commission received notice of the appointment from the Mayor's Office on August 10, 2023. The Ethics Commission notified Ms. Hopkins on August 15, 2023 of their filing requirement and received Ms. Hopkins' pre-confirmation financial disclosure statement on August 24, 2023. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Hopkins' 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: 08/24/2023 05:50 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Hopkins Iran C

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 \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through (Check one circle.)  
 Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_.  The period covered is January 1, 2022, through the date of leaving office.  
-or-  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.  
 Candidate: Date of Election 08/09/2023 and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

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 08/24/2023 05:50 PM  
(month, day, year)

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



