



Los Angeles City Ethics Commission

February 20, 2018

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 18-1200-S6  
Appointment of Anna Menedjian to the  
South Valley Area Planning Commission**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Anna Menedjian was appointed by the Mayor to the Central Area Planning Commission on February 1, 2018. The Ethics Commission received Ms. Menedjian's preconfirmation financial disclosure statement on February 20, 2018. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Ms. Menedjian'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 Assistant

*Enclosures:*

*Form 700*

*Form 60*

cc: Mayor Eric Garcetti

**COVER PAGE**

Filed Date: 02/20/2018 01:29 PM  
SAN: 011300006-STH-0006

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Menedjian Anna

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

Agency Name (Do not use acronyms)

Planning Department

Division, Board, Department, District, if applicable

Your Position

Member, Area Planning Commission

► 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 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, 2017, through December 31, 2017.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2017.

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
and office sought, if different than Part 1: \_\_\_\_\_

☒ Candidate: Date of Election 02/01/2018 and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► 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)

200 N. Spring St.

Los Angeles

CA

90012

DAYTIME TELEPHONE NUMBER

( )

E-MAIL 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 02/20/2018 01:29 PM  
(month, day, year)

Signature Electronic Submission  
(File the originally signed 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 Anna Menedjian

**1. BUSINESS ENTITY OR TRUST**

2020 Inc.

Name

██████████ Ave. #1177, Los Angeles, CA 90027

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Emergency Mgmt. (formerly Litigation Mgmt.)

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$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 INVESTMENT**

☐ Partnership    ☐ Sole Proprietorship    ☒ C-Corp.    Other \_\_\_\_\_

YOUR BUSINESS POSITION Former Founder/CEO

**1. BUSINESS ENTITY OR TRUST**

ARKA MEDICAL SYSTEMS (formerly ARKA MEDICAL INC.)

Name

██████████ Valley Spring Ln. #108, North Hollywood, CA 91602

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2    ☒ Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

Medical Waste Disposal Company

**FAIR MARKET VALUE**

- ☐ \$0 - \$1,999  
☐ \$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 INVESTMENT**

☐ Partnership    ☒ Sole Proprietorship    ☐ Other \_\_\_\_\_

YOUR BUSINESS POSITION Owner

**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

Martinian & Associates, Inc.

**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**

- ☐ \$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**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

**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**

- ☐ \$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**

☐ Property Ownership/Deed of Trust    ☐ Stock    ☐ Partnership

☐ Leasehold \_\_\_\_\_  
Yrs. remaining

☐ Other \_\_\_\_\_

☐ Check box if additional schedules reporting investments or real property are attached

Comments: As of 2/11/2018, I hold no positions or investments in 2020 Inc.

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

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name <u>Anna Menedjian</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>2020 Inc.</u>	NAME OF SOURCE OF INCOME <u>ARKA MEDICAL SYSTEMS (formerly ARKA MEDICAL INC.)</u>
ADDRESS (Business Address Acceptable) <u>██████████ Ave. #1177, Los Angeles, CA 90027</u>	ADDRESS (Business Address Acceptable) <u>██████████ Valley Spring Ln. #108, North Hollywood, CA 91602</u>
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Litigation Management</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Medical Waste Disposal Company</u>
YOUR BUSINESS POSITION <u>Former Founder/CEO until 2/10/2018</u>	YOUR BUSINESS POSITION <u>Owner</u>
GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> OVER \$100,000	GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> No Income - Business Position Only <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> OVER \$100,000
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 checked="" type="checkbox"/> Other <u>See Schedule A-2.</u> (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 checked="" type="checkbox"/> Other <u>See Schedule A-2.</u> (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

\* You are not required to report loans from commercial lending institutions, 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)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$500 - \$1,000	_____	City
<input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Other _____	(Describe)
<input type="checkbox"/> OVER \$100,000		

Comments: As of 2/11/2018, I hold no positions or investments in 2020 Inc.



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:** Menedjian, Anna  
(Last, First, Middle)

**Agency:** Planning Department    **Position:** Member, Area Planning Commission

**Phone:** (\_\_\_\_) \_\_\_\_\_    **Email:** \_\_\_\_\_

**Type of Statement:**    ☒ **Pre-confirmation**    Date of nomination: 02 / 01 / 2018  
                                  ☐ **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.*

02/20/2018 01:33 PM

Electronic Submission

Date

Signature