



Los Angeles City Ethics Commission

May 7, 2015

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 13-1057  
Reappointment of Jimmy Hara to the  
Board of Fire Commissioners**

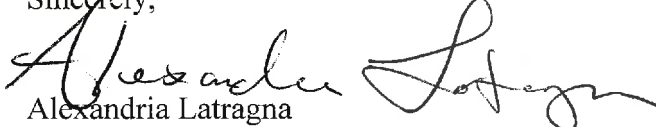
***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Jimmy Hara was reappointed by the Mayor to the City Ethics Commission on April 16, 2015. The Ethics Commission received Mr. Hara's pre-confirmation financial disclosure statement on May 7, 2015. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Mr. Hara's financial disclosure statement is enclosed.

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

Sincerely,

  
Alexandria Latragna  
Ethics Program Analyst

*Enclosures:*

CA Form 700  
CEC Form 60

cc: Mayor Eric Garcetti

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE**

Please type or print in ink.

**MAY 7 2015**

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
**Hara Jimmy**

**RECEIVED**

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

Agency Name  
**Board of Fire Commissioners**  
Division, Board, Department, District, if applicable  
Your Position  
**Commissioner**

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

- State
- Multi-County \_\_\_\_\_
- City of **Los Angeles**
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

- Annual:** The period covered is January 1, 2013, through December 31, 2013.
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)
- The period covered is January 1, 2013, through the date of leaving office.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Pre-confirmation **4/16/15** (Date appointed or reappointed)

**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- 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
- None - No reportable interests on any schedule**

-or-

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
*(Business or Agency Address Recommended - Public Document)*  
[Redacted]  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
[Redacted]

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 **May 1, 2015**  
*(month, day, year)*

Sign [Redacted Signature]  
*(File the originally signed statement with your filing official.)*

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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Jimmy Hara</u>

▶ 1. INCOME RECEIVED	▶ 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>Charles Drew University</u> ADDRESS (Business Address Acceptable) <u>1731 East 120th Street, Los Angeles, CA 90059</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>College of Medicine</u> YOUR BUSINESS POSITION <u>Professor and Associate Dean</u>  GROSS INCOME RECEIVED <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  CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME <u>Kaiser Permanente Southern California</u> ADDRESS (Business Address Acceptable) <u>393 East walnut Street, Pasadena, CA 91188</u> BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Health Care System</u> YOUR BUSINESS POSITION <u>Retiree and Per Diem Physician</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 checked="" 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 <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input checked="" type="checkbox"/> Other <u>Retirement Pension and Per Diem Pay</u> <small>(Describe)</small>

▶ 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* _____ ADDRESS (Business Address Acceptable) _____ BUSINESS ACTIVITY, IF ANY, OF LENDER _____  HIGHEST BALANCE DURING REPORTING PERIOD <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	INTEREST RATE _____ % <input type="checkbox"/> None  SECURITY FOR LOAN <input type="checkbox"/> None <input type="checkbox"/> Personal residence <input type="checkbox"/> Real Property _____ <small>Street address</small> _____ <small>City</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>
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Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
 Jimmy Hara

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE  
 American Board of Family Medicine, Inc.

ADDRESS (Business Address Acceptable)  
 1648 McGrathia Parkway

CITY AND STATE  
 Lexington, KY 40511

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Board of Director for MD Certification

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 6,500  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Stipend for Board Meetings and Travel/Hotel

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE  
 Health Professions Education Foundation

ADDRESS (Business Address Acceptable)  
 400 R Street, Suite 460

CITY AND STATE  
 Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)  
 Provide scholarships and loan repayments

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 350  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
 Travel for Board Meetings in Sacramento (No payment for local meetings)

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$  
 (if gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Comments: \_\_\_\_\_



City Ethics Commission  
200 N Spring Street  
City Hall — 24th Floor  
Los Angeles, CA 90012  
Mail Stop 129  
(213) 978-1960

# Restricted Source Financial Disclosure Statement CEC 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: 2

Name: Hara, Jimmy  
(Last, First, Middle)

LOS ANGELES CITY  
ETHICS COMMISSION

Agency: Board of Fire Commissioners

Position: Commissioner

MAY 7 2015

Phone: [REDACTED]

Email: [REDACTED]

RECEIVED

Type of Statement:  Pre-confirmation Date of nomination: 04 / 16 / 2015  
 Assuming Office First day in position: \_\_\_ / \_\_\_ / 2015  
 Annual \_\_\_ / \_\_\_ / 2014 through December 31, 2014  
 Leaving Office Last day in office: \_\_\_ / \_\_\_ / 20\_\_\_

I had the following interests associated with restricted sources during this reporting period:

1. REAL PROPERTY

The following interest in real property was leased from or to, co-owned by, purchased from, or sold to a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Address or assessor's parcel number of real property: \_\_\_\_\_

Interest co-owned/purchased/sold by/leased by or to:  Me  My spouse/registered domestic partner  
 My dependent child

Interest was:  Leased  Co-owned  Purchased (date: \_\_\_ / \_\_\_ / 20\_\_\_)  Sold (date: \_\_\_ / \_\_\_ / 20\_\_\_)

Nature of interest:  Ownership/Deed or Trust  Easement  Leasehold (years remaining: \_\_\_)  
 Other: \_\_\_\_\_

Value of interest:  \$2,000—\$10,000  \$10,001—\$100,000  \$100,001—\$1,000,000  Over \$1,000,000

Do you have additional real property interests to report?  No  Yes, and \_\_\_ additional pages are attached.

2. INVESTMENTS

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

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

Do you have additional investments to report?  No  Yes, and \_\_\_ additional pages are attached.



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# Restricted Source Financial Disclosure Statement CEC Form 60

**3. INCOME**

The following income was received from a restricted source.

Name of restricted source: Kaiser Permanente Southern California

Address of restricted source: 393 East Walnut Street, Pasadena CA 91188

Business activity of source: Health Care System

Your business position: Retiree and Per Diem Physician

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: Retirement Pension and Per Diem Pay

Do you have additional income to report?  No  Yes, and \_\_\_\_\_ additional pages are attached.

**4. GIFTS**

The following gifts cumulatively valued at \$50 or more were received from a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Business activity of source: \_\_\_\_\_

Gifts received by:  Me  My spouse/registered domestic partner  My dependent child

Dates received: \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_; \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_ Value of gifts: \_\_\_\_\_

Description of gifts: \_\_\_\_\_

Do you have additional gifts to report?  No  Yes, and \_\_\_\_\_ additional pages are attached.

**5. BOARD POSITIONS**

The following position was held on the board of a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Position title: \_\_\_\_\_

Position held by:  Me  My spouse/registered domestic partner  My dependent child

Do you have additional positions to report?  No  Yes, and \_\_\_\_\_ additional pages are attached.

**6. NO INTERESTS**

I had no reportable 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.*

05/06/15  
 Date

\_\_\_\_\_  
 Signature