

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**
A PUBLIC DOCUMENT

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Hahn Janice

PROPOSITION B UNIT

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Los Angeles Board of Supervisors

Division, Board, Department, District, if applicable

District 4

Your Position

Supervisor

► 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
- Multi-County _____
- City of _____
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County 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.
- or-
- The period covered is _____ through December 31, 2022.
- Assuming Office:** Date assumed _____
- Leaving Office:** Date Left _____ (Check one circle.)
- 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 3/5/24 and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: 3

Schedules attached

- Schedule A-1 - Investments** – schedule attached
- Schedule A-2 - Investments** – schedule attached
- Schedule B - Real Property** – schedule attached
- Schedule C - Income, Loans, & Business Positions** – schedule attached
- Schedule D - Income - Gifts** – 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)

Los Angeles

CA

90012

DAYTIME TELEPHONE NUMBER

(213) 974-4444

EMAIL ADDRESS

FourthDistrict@bos.lacounty.gov

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

11/20/23
(month, day, year)

Signature

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

Name

Janice Hahn

▶ NAME OF BUSINESS ENTITY
Hannon Armstrong Sustainable Infrastructure Capital

GENERAL DESCRIPTION OF THIS BUSINESS
Climate Solutions Investments

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / /22 / /22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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IF APPLICABLE, LIST DATE:
 / /22 / /22
ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Janice Hahn

▶ NAME OF SOURCE (*Not an Acronym*)
 Sun Riders

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Nutrition/Health

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 23 / 22	\$ 190.00	Reusable bag and personal care products
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (*Not an Acronym*)
 L.A.'s Best

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 13 / 23	\$ 55.00	Glasses, Mug, Seed kit, Canteen
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (*Not an Acronym*)
 Winnie Jackson

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 4 / 23	\$ 30.00	Cookies
1 / 4 / 23	\$ 30.00	Bread
/ /	\$	

▶ 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*)
 Hilda Solis

ADDRESS (*Business Address Acceptable*)

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
4 / 3 / 23	\$ 50.00	Edible Arrangement
/ /	\$	
/ /	\$	

▶ 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: _____