

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT



Agency, or Court	IAME OF FILER (LAST)	(FIRST)			(H)JODIM)	23 NOV 20 PM 12	52
Agency, nor Court Agency, Name (Do not use acronyms) Los Angeles Board of Supervisors Division, Board, Department, District, if applicable If filing for multiple positions. list below or on an attachment. (Do not use acronyms) Agency. Position: Jurisdiction of Office (Check at least one box) State Judge, Relired Judge, Pro Tem Judge, or Court Commissio (Statewide Jurisdiction) Multi-County City of Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. Assuming Office: Date assumed	Hahn	Janice			n.		
Dissinct 4 ■ If filing for multiple positions. list below or on an attachment. (Do not use acronyms) Agency: Position: Jurisdiction of Office (Check at least one box) State Judge, Relived Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Multi-County City of Annual: The period covered is January 1, 2022, through December 31, 2022. Office Period covered is January 1, 2022, through December 31, 2022. Assuming Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) The period covered is January 1, 2022, through December 31, 2022. Assuming Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, or Court Commission (Statewide Jurisdiction) Leaving Office: Date Left Judge, Pro Tem Judge, Pro Tem Judge, or Court Commission (Statewide Judge, Pro Tem J	. Office, Agency, or Cou	irt				KOLODITION BU	14!]
District 4 If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency:		• •					
If filing for multiple positions. list below or on an attachment. (Do not use acronyms) Agency:	Division, Board, Department, D	istrict, if applicable		Your Pos	sition		
Jurisdiction of Office (Check at least one box) State	District 4			Super	visor		
Jurisdiction of Office (Check at least one box)	▶ If filing for multiple positions	, list below or on an attachment	t. (Do not use a	acronyms)			
State	Agency:			Position:			
Multi-County County of Los Angeles	Jurisdiction of Office	(Check at least one box)					
City of	State			Judg	_		ssioner
Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through December 31, 2022. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through the date leaving office. The period covered is January 1, 2022, through leaving office. The period covered is January 1, 2022, through leaving	Multi-County			Cour	nty of Los Angeles		
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Schedule Summary (required) Schedules attached Schedule A-1 - Investments – schedule attached Schedule A-2 - Investments – schedule attached Schedule B - Real Property – schedule attached Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached Schedule E - Income – Gifts – Travel Payments	Assuming Office: Date	assumed/		TI			through
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NAILING ADDRESS STREET CITY STATE ZIP CODE (Business or Agency Address Recommended - Public Document) Los Angeles CA 90012 DAYTIME TELEPHONE NUMBER (213) 974-4444 I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contain 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.	Schedule A-2 - Investi	ments - schedule attached		Schedule D -	Income - Gifts - sched	lule attached	
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 contain 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.	or- 🗌 None - No report	able interests on any sche	edule				
Los Angeles CA 90012							
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Date Signed 11/20/23 Signature	· ·	·		•	/	rect.	
(minh day, year) (File the originally signed paper statement with your filing official.)	11/2	0/23					

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.

CAL	.IFORNI	A FORM	700
			COMMISSION

Janice Hahn

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Hannon Armstrong Sustainable Infrastructure Capital	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Climate Solutions Investments	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100.000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, 22 , 22	/ /22 / /22
ACQUIRED / /22 DISPOSED	/ /22 / /22 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
·	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499	(Describe) Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /22 / /22 ACQUIRED / /22	/ /22 / /22 ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	NAME OF PHICHECO ENTITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 S10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Descripe)	Stock Other (Describe)
Partnership Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ /22 / /22	/ /22 / /22
ACQUIRED DISPOSED	ACQUIRED DISPOSED
1	11
Comments:	

SCHEDULE D Income - Gifts



Sun Riders	L.A.'s Best	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE Nutrition/Health	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION O	OF GIFT(S)
12 / 23 / 22 \$1,90.00 Reusable bag and	6 13 23 55.00 Glasses, Mug, S	Seed kit,
personal care products	Canteen	
/ / s	/ / s	
NAME OF SOURCE (Not an Acronym) Winnie Jackson	▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION C	OF GIFT(S)
1 / 4 / 23 s 30.00 Cookies		
1 / 4 / ²³ s 30.00 Bread		
/ / s	/ / s	
NAME OF SOURCE (Not an Acronym) Hilda Solis	▶ NAME OF SOURCE (Not an Acronym)	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
BUSINESS ACTIVITY, IF ANY, OF SOURCE N/A	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION (OF GIFT(S)
4 / 3 / 23 50.00 Edible Arrangement		
/ / s		
/ / s	/ / s	