

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
APR 4 2016

COVER PAGE

APR 4 2016

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Garcetti Eric M. RECEIVED

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Office of the Mayor, City of Los Angeles

Division, Board, Department, District, if applicable

Your Position

Mayor

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached.

Position: See attached.

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County See attached.

County of _____

City of Los Angeles

Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.

Leaving Office: Date Left ____/____/_____
(Check one)

-or-

The period covered is ____/____/_____, through December 31, 2015.

The period covered is January 1, 2015, through the date of leaving office.

-or-

Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

The period covered is ____/____/_____, through the date of leaving office.

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7

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

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 4/1/16
(month, day, year)

Signature

Eric Garcetti
Form 700 – 2015 Annual Statement
Cover Page Attachment

Office, Agency or Court & Jurisdiction of Office

Name: Southern California Association of Governments
Division, Board, District: n/a
Position: Boardmember
Jurisdiction of Office: Los Angeles, Ventura, Riverside, San Bernardino, Orange & Imperial Counties

Name: Metropolitan Transportation Authority
Division, Board, District: n/a
Position: Boardmember
Jurisdiction of Office: Los Angeles County

Name: Santa Monica Bay Restoration Commission
Division, Board, District: n/a
Position: Boardmember
Jurisdiction of Office: State

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Eric M. Garcetti

NAME OF BUSINESS ENTITY: Starbucks
GENERAL DESCRIPTION OF THIS BUSINESS: Coffee
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
ACQUIRED: 15, DISPOSED: 15

NAME OF BUSINESS ENTITY: Ross Stores Inc.
GENERAL DESCRIPTION OF THIS BUSINESS: Retail Clothing
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Stock
ACQUIRED: 15, DISPOSED: 15

NAME OF BUSINESS ENTITY: IPDR Associates
GENERAL DESCRIPTION OF THIS BUSINESS: Hotel at 435 Culver Blvd., Los Angeles
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Partnership
ACQUIRED: 15, DISPOSED: 15

NAME OF BUSINESS ENTITY: Del Rey Vista Associates
GENERAL DESCRIPTION OF THIS BUSINESS: Apartments at 11519 Culver Blvd., Los Angeles
FAIR MARKET VALUE: \$10,001 - \$100,000
NATURE OF INVESTMENT: Partnership
ACQUIRED: 15, DISPOSED: 15

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: 15, DISPOSED: 15

NAME OF BUSINESS ENTITY:
GENERAL DESCRIPTION OF THIS BUSINESS:
FAIR MARKET VALUE:
NATURE OF INVESTMENT:
ACQUIRED: 15, DISPOSED: 15

Comments:

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Eric M. Garcetti

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2120 Avon St.

CITY
Los Angeles, CA 90026

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 / / 15 DISPOSED / / 15

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Jacob Soboroff

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
9687 Wilshire Blvd.

CITY
Beverly Hills, CA 90210

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 / / 15 DISPOSED / / 15

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
Galvert Hair Salon

* You are not required to report loans from commercial lending institutions 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 _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Eric M. Garcetti

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 IPDR Associates

ADDRESS (Business Address Acceptable)
 435 Culver Blvd., Los Angeles, CA 90293

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Hotel

YOUR BUSINESS POSITION
 Limited Partner

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Del Rey Vista Associates

ADDRESS (Business Address Acceptable)
 11519 Culver Blvd., Los Angeles, CA 90066

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Apartment Building

YOUR BUSINESS POSITION
 Limited Partner

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (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* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address

 City
 Guarantor _____
 Other _____
 (Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
Eric M. Garcetti

▶ NAME OF SOURCE (Not an Acronym)
Columbia University

ADDRESS (Business Address Acceptable)
116th St & Broadway, New York, NY 10027

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 19 / 15	\$ 150.00	Assorted Souvenirs
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Congressman Jeff Miller

ADDRESS (Business Address Acceptable)
336 Cannon H.O.B., Washington, DC 20515

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 16 / 15	\$ 75.00	Cufflinks
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
Special Olympics World Winter Games Austria 2017

ADDRESS (Business Address Acceptable)
Ramsauerstraße 129, 8970 Schladming/Austria

BUSINESS ACTIVITY, IF ANY, OF SOURCE
N/A

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 25 / 15	\$ 100.00	Assorted Souvenirs
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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)

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)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

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

Name
Eric M. Garcetti

- 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 or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
Columbia University

ADDRESS (Business Address Acceptable)
116th St & Broadway

CITY AND STATE
New York, NY 10027

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

DATE(S): 04 / 16 / 15 - 04 / 17 / 15 AMT: \$ 2,555.20
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
New York

▶ NAME OF SOURCE (Not an Acronym)
The Aspen Institute

ADDRESS (Business Address Acceptable)
One Dupont Circle, NW, 7th Fl.

CITY AND STATE
Washington, DC 20036

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

DATE(S): 08 / 08 / 15 - 08 / 09 / 15 AMT: \$ 1,334.97
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Participated in Seminar

▶ If Gift, Provide Travel Destination _____
Portland

▶ NAME OF SOURCE (Not an Acronym)
Columbia University

ADDRESS (Business Address Acceptable)
116th St & Broadway

CITY AND STATE
New York, NY 10027

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

DATE(S): 05 / 15 / 15 - 05 / 21 / 15 AMT: \$ 3,105.80
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
New York

▶ NAME OF SOURCE (Not an Acronym)
C40 Cities Climate Leadership Group

ADDRESS (Business Address Acceptable)
120 Park Ave., 23rd Fl.

CITY AND STATE
New York, NY 10017

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

DATE(S): 12 / 02 / 15 - 12 / 05 / 15 AMT: \$ 12,922.75
(if gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Paris

Comments: _____