

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

LOS ANGELES CITY
Date Initial Filing Received
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APR 03 2017

APR 17 PM 4:15

Please type or print in ink.

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

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, 2016, through December 31, 2016.
-or-
The period covered is ____/____/____, through December 31, 2016.
 Assuming Office: Date assumed ____/____/____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____
(Check one)
 The period covered is January 1, 2016, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 10

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. [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 fo

Date Signed 4/3/17
(month, day, year)

Signature [Redacted] (filing official.)

Eric Garcetti
Form 700 – 2016 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
 \$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
 _____ / _____ / 16 _____ / _____ / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Ross Stores Inc.

GENERAL DESCRIPTION OF THIS BUSINESS
Retail Clothing

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
 _____ / _____ / 16 _____ / _____ / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
IPDR Associates

GENERAL DESCRIPTION OF THIS BUSINESS
Hotel at 435 Culver Blvd., Los Angeles

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
 _____ / _____ / 16 _____ / _____ / 16
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Del Rey Vista Associates

GENERAL DESCRIPTION OF THIS BUSINESS
Apartments at 11519 Culver Blvd., Los Angeles

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
 _____ / _____ / 16 _____ / _____ / 16
 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

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
 _____ / _____ / 16 _____ / _____ / 16
 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

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
 _____ / _____ / 16 _____ / _____ / 16
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Eric M. Garcetti

▶ NAME OF SOURCE (Not an Acronym)
 Morphosis Architects

ADDRESS (Business Address Acceptable)
 3440 Wesley St., Culver City, CA 90232

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Architecture

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 29 / 16	\$ 68.00	Book
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Turkish Airlines

ADDRESS (Business Address Acceptable)
 2101 Rosecrans Ave. #5264, El Segundo, CA 90245

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Airline

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 04 / 16	\$ 150.00	Promotional Items
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Dollar Shave Club

ADDRESS (Business Address Acceptable)
 13335 Maxella Ave., Marina del Rey, CA 90292

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Shaving Supplies

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 04 / 16	\$ 75.00	Promotional Items
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE (Not an Acronym)
International Association of Fire Fighters
ADDRESS (Business Address Acceptable)
1750 New York Ave. NW, Ste 300
CITY AND STATE
Washington, DC 20006

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

DATE(S) 04 / 03 / 16 - 04 / 05 / 16 AMT. \$ 718.12
(If gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Washington, DC

▶ NAME OF SOURCE (Not an Acronym)
World Trade Center Los Angeles
ADDRESS (Business Address Acceptable)
350 S. Figueroa St.
CITY AND STATE
Los Angeles, CA 90071

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

DATE(S) 05 / 12 / 16 - 05 / 16 / 16 AMT. \$ 4515.06
(If gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Delegation Trip

▶ If Gift, Provide Travel Destination _____
Auckland, New Zealand

▶ NAME OF SOURCE (Not an Acronym)
Center for American Progress
ADDRESS (Business Address Acceptable)
1333 H St. NW, 10th Fl.
CITY AND STATE
Washington, DC 20005

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

DATE(S) 06 / 19 / 16 - 06 / 22 / 16 AMT. \$ 6,150.00
(If gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Delegation Trip

▶ If Gift, Provide Travel Destination _____
Beijing, China

▶ NAME OF SOURCE (Not an Acronym)
International Association of Fire Fighters
ADDRESS (Business Address Acceptable)
1750 New York Ave. NW, Ste. 300
CITY AND STATE
Washington, DC 20006

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

DATE(S) 08 / 17 / 16 - 08 / 18 / 16 AMT. \$ 380.00
(If gift)

▶ MUST CHECK ONE Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ If Gift, Provide Travel Destination _____
Las Vegas, NV

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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ 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) 11 / 29 / 16 - 11 / 30 / 16 AMT \$ 776.36
 (If gift)

▶ MUST CHECK ONE Gift -or- Income

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

▶ If Gift, Provide Travel Destination Mexico City, Mexico

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE

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

DATE(S) ____/____/____ - ____/____/____ AMT \$ _____
 (If gift)

▶ MUST CHECK ONE Gift -or- Income

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

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE

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

DATE(S) ____/____/____ - ____/____/____ AMT \$ _____
 (If gift)

▶ MUST CHECK ONE Gift -or- Income

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

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE

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

DATE(S) ____/____/____ - ____/____/____ AMT \$ _____
 (If gift)

▶ MUST CHECK ONE Gift -or- Income

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

▶ If Gift, Provide Travel Destination _____

Comments: _____