

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
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NAME OF FILER (LAST) (FIRST) (MIDDLE)
 Reyes, Eduardo P.

1. Office, Agency, or Court

Agency Name
 Los Angeles City Council
 Division, Board, Department, District, if applicable
 Council District One
 Your Position
 Council Member
 Agency: _____ Position: _____

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

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

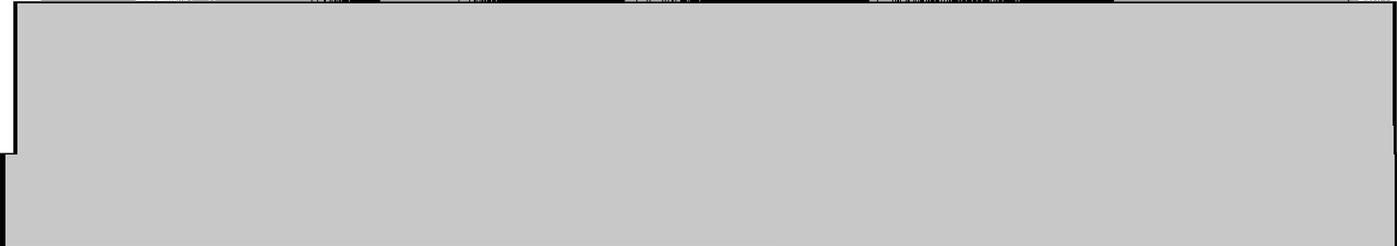
State Judge (Statewide Jurisdiction)
 Multi-County _____ County of _____
 City of Los Angeles Other _____

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

Annual: The period covered is January 1, 2010, through December 31, 2010.
 -or-
 The period covered is ____/____/____, through December 31, 2010.
 Assuming Office: Date ____/____/____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____
 (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None."
 ► Total number of pages including this cover page: 5
 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



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

Date Signed March 30, 2011
 (month, day, year)

Signature

SCHEDULE D
Income – Gifts

Name
Eduardo P. Reyes

▶ NAME OF SOURCE
Mr. Frank McCourt, Los Angeles Dodgers
 ADDRESS (Business Address Acceptable)
1000 Elysian Park Ave., Los Angeles, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Council Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 19 / 10</u>	<u>\$ 100.00</u>	<u>Game Ticket</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
Leni Boorstin, Los Angeles Philharmonic Association
 ADDRESS (Business Address Acceptable)
151 S. Grand Avenue, Los Angeles, CA 90012
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Council Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 01 / 10</u>	<u>\$ 212.00</u>	<u>2 Concert Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE
UCLA Chancellor Gene Block
 ADDRESS (Business Address Acceptable)
405 Hilgard Avenue, Los Angeles, CA 90095
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Council Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 02 / 10</u>	<u>\$ 200.00</u>	<u>2 Game Tickets</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

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

Name
 Eduardo P. Reyes

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
 National League of Cities

ADDRESS (Business Address Acceptable)
 1301 Pennsylvania Ave., NW

CITY AND STATE
 Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Association of City Officials - Board Member

DATE(S): 01 / 06 / 10 - 01 / 09 / 10 AMT: \$ 615.88
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel reimbursement for NLC Officers & Board Planning Meeting.

▶ NAME OF SOURCE
 National League of Cities

ADDRESS (Business Address Acceptable)
 1301 Pennsylvania Ave., NW

CITY AND STATE
 Washington, DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Association of City Officials - Board Member

DATE(S): 06 / 08 / 10 - 06 / 10 / 10 AMT: \$ 1619.72
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Travel reimbursement for NLC Board Finance Committee Meeting & Lobby Day.

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION:

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION:

Comments: _____