



**Los Angeles City Ethics Commission**

July 11, 2014

The Honorable City Council  
c/o Holly Wolcott, Interim City Clerk  
200 North Spring Street  
City Hall – 3rd Floor  
Los Angeles CA 90012

**Re: Council File Number 14-0911  
Appointment of Cheryl Revkin to the  
Disabled Access Appeals Commission**

***FOR COUNCIL CONSIDERATION***

Dear Councilmembers:

Cheryl Revkin was appointed by the Mayor to the Disabled Access Appeals Commission on June 30, 2014. The Ethics Commission received Dr. Revkin's pre-confirmation financial disclosure statement on July 9, 2014. In compliance with Los Angeles Municipal Code § 49.5.10, a copy of Dr. Revkin's financial disclosure statement is enclosed.

If you have questions, please feel free to contact me at (213) 978-1960.

Sincerely,

Shannon Prior  
Ethics Program Manager

*Enclosures:*

*CA Form 700*  
*CEC Form 60*

cc: Mayor Eric Garcetti

# Pre-confirmation Statement

LOS ANGELES CITY  
ETHICS COMMISSION

CALIFORNIA FORM **700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS

JUL 9 2014

### COVER PAGE

RECEIVED

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Revin Cheryl

#### 1. Office, Agency, or Court

Agency Name

Disabled Access Appeals Commission

Division, Board, Department, District, if applicable

Your Position

Commissioner

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

Agency: Position:

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

☐ State

☐ Judge or Court Commissioner (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, 2013, through December 31, 2013.

☐ Leaving Office: Date Left (Check one)

-or-

The period covered is through December 31, 2013.

☐ The period covered is January 1, 2013, through the date of leaving office.

☐ Assuming Office: Date assumed

☐ The period covered is through the date of leaving office.

☒ Pre-confirmation (Date appointed or reappointed)

#### 4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page:

☐ 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. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE

Business or Agency Address, if different from Mailing Address

DAY TIME TELEPHONE NUMBER

E-MAIL ADDRESS (OPTIONAL)

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

Date Signed 7/7/14  
(month, day, year)

Signature

# Pre-confirmation Statement

LOS ANGELES CITY  
ETHICS COMMISSION



City Ethics Commission  
200 N Spring Street  
City Hall — 24th Floor  
Los Angeles, CA 90012  
Mail Stop 129  
(213) 978-1960

## Restricted Source Financial Disclosure Statement CEC Form 60

Elected City officials, general managers and chief administrative officers of City agencies, members of City boards and commissions, and individuals nominated to positions subject to City Council approval must file this form in conjunction with the state Form 700. Please refer to the attached instructions for additional information.

☒ Original Filing ☐ Amended Filing (original filed on \_\_\_\_/\_\_\_\_/20\_\_\_\_)

Total Pages: \_\_\_\_

Name: **Revkin, Cheryl**  
(Last, First, Middle)

Agency: Disabled Access Appeals Commission

Position: Commissioner

Phone: [REDACTED]

Email: [REDACTED]

Type of Statement: ☒ Pre-confirmation Date of nomination: 06 / 30 / 20 14  
☐ Assuming Office First day in position: \_\_\_\_ / \_\_\_\_ / 20 14  
☐ Annual \_\_\_\_ / \_\_\_\_ / 20 13 through December 31, 20 13  
☐ Leaving Office Last day in office: \_\_\_\_ / \_\_\_\_ / 20 14

I had the following interests associated with restricted sources during this reporting period:

### ☐ 1. REAL PROPERTY

The following interest in real property was leased from or to, co-owned by, purchased from, or sold to a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Address or assessor's parcel number of real property: \_\_\_\_\_

Interest co-owned/purchased/sold by/leased by or to: ☐ Me ☐ My spouse/registered domestic partner  
☐ My dependent child

Interest was: ☐ Leased ☐ Co-owned ☐ Purchased (date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_) ☐ Sold (date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_)

Nature of interest: ☐ Ownership/Deed or Trust ☐ Easement ☐ Leasehold (years remaining: \_\_\_\_)  
☐ Other: \_\_\_\_\_

Value of interest: ☐ \$2,000—\$10,000 ☐ \$10,001—\$100,000 ☐ \$100,001—\$1,000,000 ☐ Over \$1,000,000

Do you have additional real property interests to report? ☐ No ☐ Yes, and \_\_\_\_ additional pages are attached.

### ☐ 2. INVESTMENTS

The following investments (other than real property) were co-owned by, purchased from, or sold to a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Name of investment: \_\_\_\_\_

Nature of investment: ☐ Stock ☐ Partnership ☐ Other \_\_\_\_\_

Investment co-owned/purchased/sold by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child

Investment was: ☐ Co-owned ☐ Purchased (date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_) ☐ Sold (date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_)

Value of investment: ☐ \$2,000—\$10,000 ☐ \$10,001—\$100,000 ☐ \$100,001—\$1,000,000 ☐ Over \$1,000,000

Do you have additional investments to report? ☐ No ☐ Yes, and \_\_\_\_ additional pages are attached.



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200 N Spring Street  
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Mail Stop 129  
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## Restricted Source Financial Disclosure Statement CEC Form 60

### ☐ 3. INCOME

The following income was received from a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Business activity of source: \_\_\_\_\_

Your business position: \_\_\_\_\_

Income received by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child

Value of income: ☐ \$500—\$1,000 ☐ \$1,001—\$10,000 ☐ \$10,001—\$100,000 ☐ Over \$100,000

Income was: ☐ Salary/Commission ☐ Loan repayment ☐ Rental income ☐ Sale of \_\_\_\_\_  
(e.g., car, boat, etc.)

☐ Other: \_\_\_\_\_

Do you have additional income to report? ☐ No ☐ Yes, and \_\_\_\_\_ additional pages are attached.

### ☐ 4. GIFTS

The following gifts cumulatively valued at \$50 or more were received from a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Business activity of source: \_\_\_\_\_

Gifts received by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child

Dates received: \_\_\_\_/\_\_\_\_/20\_\_\_\_; \_\_\_\_/\_\_\_\_/20\_\_\_\_ Value of gifts: \_\_\_\_\_

Description of gifts: \_\_\_\_\_

Do you have additional gifts to report? ☐ No ☐ Yes, and \_\_\_\_\_ additional pages are attached.

### ☐ 5. BOARD POSITIONS

The following position was held on the board of a restricted source.

Name of restricted source: \_\_\_\_\_

Address of restricted source: \_\_\_\_\_

Position title: \_\_\_\_\_

Position held by: ☐ Me ☐ My spouse/registered domestic partner ☐ My dependent child

Do you have additional positions to report? ☐ No ☐ Yes, and \_\_\_\_\_ additional pages are attached.

### ☒ 6. NO INTERESTS

I had no reportable interests in real property, investments, income, gifts, or board positions associated with restricted sources during this reporting period.

#### Certification

I declare under penalty of perjury under the laws of the State of California that I have read the instructions for this form, and the information provided is true and complete.

07/07/14

Date