

**COVER PAGE**

Filed Date: 03/16/2015 10:04 AM  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Andrews Dee

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City Officials - City Council  
Division, Board, Department, District, if applicable Your Position  
Councilmember - 6th District

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of \_\_\_\_\_
- City of Long Beach  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- 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, 2014, 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: 2
- 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**

**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 W. Ocean Blvd., Lobby Level Long Beach CA 90802  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( ) dee.andrews@longbeach.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 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 foregoing is true and correct.

Date Signed 03/16/2015 10:04 AM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name  
Dee Andrews

▶ NAME OF SOURCE *(Not an Acronym)*  
Long Beach Convention Center  
 ADDRESS *(Business Address Acceptable)*  
300 E. Ocean Blvd, Long Beach, CA 90802  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 05 / 14</u>	<u>\$ 100.00</u>	<u>Fishing, Tackle Boat Show 4 tickets (\$25.00 each)</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Roy Hassett  
 ADDRESS *(Business Address Acceptable)*  
539 E. Bixby Rd, #59, Long Beach, CA 90807  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 06 / 14</u>	<u>\$ 168.00</u>	<u>Lobster Fest 4 tickets @ \$42 each</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Rainbow Promotions  
 ADDRESS *(Business Address Acceptable)*  
3505 Long Beach Blvd, Long Beach, CA 90807  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 05 / 14</u>	<u>\$ 380.00</u>	<u>Jazz Tickets 2 tickets @ \$190.00 each</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Bill Grisolia  
 ADDRESS *(Business Address Acceptable)*  
Dovey Dr Long Beach, CA 90808  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 25 / 14</u>	<u>\$ 175.00</u>	<u>6 tickets to the New Blues Festival (1 @ \$50 &amp; 6 @ \$25)</u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>

▶ 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)
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>
<u>   /   /   </u>	<u>\$      </u>	<u>                                  </u>

Comments: \_\_\_\_\_