

**COVER PAGE**

Filed Date: 03/31/2015 11:45 AM  
SAN: 031300023-STH-0023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Uranga Roberto

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

Agency Name (Do not use acronyms)  
City Officials - City Council  
Division, Board, Department, District, if applicable Your Position  
Councilmember - 7th 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 07 / 15 / 2014, through December 31, 2014.
- 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.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**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  
( ) Roberto.Uranga@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 03/31/2015 11:45 AM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE D  
Income – Gifts**

Name

Roberto Uranga

▶ NAME OF SOURCE *(Not an Acronym)*  
Mitsubishi Cement

ADDRESS *(Business Address Acceptable)*  
1150 Pier F Ave., Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Ready Mix Concrete Supplier

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 30 / 14</u>	\$ <u>250</u>	<u>Evening Reception- Tug Boat Race</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Tesoro Refinery

ADDRESS *(Business Address Acceptable)*  
2101 E. Pacific Coast Hwy., Wilmington, CA 90744

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Oil Refinery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 03 / 14</u>	\$ <u>350</u>	<u>Boys and Girls Club Gala</u>
<u>11 / 14 / 14</u>	\$ <u>50</u>	<u>State of the County Luncheon</u>
<u>   /   /   </u>	\$ <u>      </u>	<u>                  </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
SA Recycling

ADDRESS *(Business Address Acceptable)*  
482 Pier T Ave., Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Commercial and Industrial Recycling

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 03 / 14</u>	\$ <u>250</u>	<u>Dodger game tickets</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)*  
\_\_\_\_\_

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)*  
\_\_\_\_\_

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: \_\_\_\_\_