

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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(MIDDLE)

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
FOSTER ROBERT G

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
CITY OF LONG BEACH  
Division, Board, Department, District, if applicable  
LEGISLATIVE DEPARTMENT  
Your Position  
CITY MAYOR

► 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, 2013, through December 31, 2013.
- Leaving Office: Date Left 07 / 14 / 2014 (Check one)
- 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: \_\_\_\_\_
- 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
- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
333 WEST OCEAN BLVD. 14TH FLOOR LONG BEACH CA 90802  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
( 562 ) 570-6801

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

**SCHEDULE A-1**  
**Investments**  
**Stocks, Bonds, and Other Interests**  
 (Ownership Interest is Less Than 10%)  
 Do not attach brokerage or financial statements.

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <b>ROBERT G. FOSTER</b>
--

▶ NAME OF BUSINESS ENTITY  
**Various Diversified Mutual Funds**

GENERAL DESCRIPTION OF THIS BUSINESS

**Registered with the SEC**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT **Mutual Funds**  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Various Governmental Bonds, including**

GENERAL DESCRIPTION OF THIS BUSINESS

**Municipal Bonds**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT **Bonds**  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**CA Municipal Money Market**

GENERAL DESCRIPTION OF THIS BUSINESS

**Municipal Bonds**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT **Money Market Funds**  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Ice Energy, Inc.**

GENERAL DESCRIPTION OF THIS BUSINESS

**Appliance Energy Technology**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT **Options**  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

▶ NAME OF BUSINESS ENTITY  
**Gridco Systems**

GENERAL DESCRIPTION OF THIS BUSINESS

**Energy**

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT **Options**  
 Stock       Other (Describe)  
 Partnership       Income Received of \$0 - \$499  
     Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 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:  
 \_\_\_\_/\_\_\_\_/13      \_\_\_\_/\_\_\_\_/13  
 ACQUIRED      DISPOSED

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



**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <b>ROBERT G. FOSTER</b>
---

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
California ISO

ADDRESS (Business Address Acceptable)  
P.O. Box 639014 Folsom, CA 95763

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
Board Governor

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Hydrogen Energy California, LLC

ADDRESS (Business Address Acceptable)  
189 E. Front Street Buttonwillow, CA 93206

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Energy

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_ %     None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
\_\_\_\_\_ City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

# SCHEDULE C

## Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

<b>CALIFORNIA FORM 700</b>
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <b>Bob Foster</b>

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Faubel Public Affairs

ADDRESS (Business Address Acceptable)  
25 Orchard, Lake Forest CA 92630

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
Consultant

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 Salary     Spouse's or registered domestic partner's income  
 Loan repayment     Partnership  
 Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)  
 Commission or     Rental Income, list each source of \$10,000 or more  
 Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE      TERM (Months/Years)

\_\_\_\_\_ %     None    \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence  
 Real Property \_\_\_\_\_  
Street address  
City  
 Guarantor \_\_\_\_\_  
 Other \_\_\_\_\_  
(Describe)

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

**SCHEDULE D**  
**Income – Gifts**

Name  
**ROBERT G. FOSTER**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Kraig Kojian**

ADDRESS *(Business Address Acceptable)*  
**100 W. Broadway #120 Long Beach, CA 90802**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 14 / 14	\$ 66.00	Balvenie Carribbean
___ / ___ / ___	\$ _____	Cask 14yr old Single
___ / ___ / ___	\$ _____	Malt Scotch Whiskey

▶ NAME OF SOURCE *(Not an Acronym)*  
**Total Transportation Services, Inc.**

ADDRESS *(Business Address Acceptable)*  
**18735 S. Ferris Place Compton, CA 90220**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 02 / 14	\$ 100.00	TTSI Super Bowl Party
___ / ___ / ___	\$ _____	2 tickets (\$50 each)
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE *(Not an Acronym)*  
**Keesal, Young & Logan**

ADDRESS *(Business Address Acceptable)*  
**400 Oceangate Long Beach, CA 90802**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 10 / 14	\$ 110.00	Silver engraved platter
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE *(Not an Acronym)*  
**Melissa Brookman**

ADDRESS *(Business Address Acceptable)*  
**6500 Atlantic Avenue Long Beach, CA 90805**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 10 / 14	\$ 50.00	Barnes & Noble Gift
___ / ___ / ___	\$ _____	Card
___ / ___ / ___	\$ _____	

▶ 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  
 Robert G. Foster

- 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 \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
EPCOR Utilities  
 ADDRESS (Business Address Acceptable)  
2000-10423 101st Street NE  
 CITY AND STATE  
Edmonton, Canada  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ 4,181.13  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Travel Reimbursement

▶ NAME OF SOURCE (Not an Acronym)  
California ISO  
 ADDRESS (Business Address Acceptable)  
P.O. Box 639014  
 CITY AND STATE  
Folsom, CA  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 01/01/14 - 07/14/14 AMT: \$ 2,654.54  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_  
Travel reimbursement for various meetings attended  
as a governor on the ISO board

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
 \_\_\_\_\_  
 ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_  
 CITY AND STATE  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ AMT: \$ \_\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income  
 Made a Speech/Participated in a Panel  
 Other - Provide Description \_\_\_\_\_

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