

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
MUNGO STACY ROSE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF LONG BEACH
Division, Board, Department, District, if applicable Your Position
COUNCIL DISTRICT FIVE COUNCILMEMBER

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

Agency: SPRING STREET CORRIDOR JPA Position: LONG BEACH MEMBER

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of LOS ANGELES
 City of LONG BEACH Other _____

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

Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is ____/____/____, through December 31, 2015.
 Assuming Office: Date assumed ____/____/____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2015, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) Total number of pages including this cover page: 2

Schedules attached

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 Recommended - Public Document)
333 W. OCEAN BLVD., LOBBY LEVEL LONG BEACH CA 90802
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(562) 570-5555



**SCHEDULE D
 Income – Gifts**

Name
MUNGO, STACY R.

▶ NAME OF SOURCE (Not an Acronym)
P2S ENGINEERING, INC.

ADDRESS (Business Address Acceptable)
5000 E. SPRING ST., LONG BEACH, CA 90815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSULTING ENGINEERING FIRM

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 01 / 23 / 15 | \$ 50.00 | 2ND ANNUAL STATE |
| ___ / ___ / ___ | \$ _____ | OF TRADE & TRANS. |
| ___ / ___ / ___ | \$ _____ | LUNCHEON TICKET |

▶ NAME OF SOURCE (Not an Acronym)
SIGNAL HILL PETROLEUM, INC.

ADDRESS (Business Address Acceptable)
2633 CHERRY AVE., SIGNAL HILL, CA 90755

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENERGY COMPANY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 02 / 27 / 15 | \$ 60.00 | LIVING ETHICS |
| ___ / ___ / ___ | \$ _____ | EVERYDAY SEM. |
| ___ / ___ / ___ | \$ _____ | BREAKFAST TICKET |

▶ NAME OF SOURCE (Not an Acronym)
YELLOW CAB / L.A. TAXI CO-OP

ADDRESS (Business Address Acceptable)
2129 W. ROSECRANS AVE., GARDENA, CA 90249

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRANSPORTATION COMPANY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 11 / 19 / 15 | \$ 50.00 | 2015 STATE OF THE |
| ___ / ___ / ___ | \$ _____ | COUNTY ADDRESS |
| ___ / ___ / ___ | \$ _____ | LUNCHEON TICKET |

▶ NAME OF SOURCE (Not an Acronym)
SIGNATURE FLIGHT SUPPORT

ADDRESS (Business Address Acceptable)
3333 E. SPRING ST., 205, LONG BEACH, CA 90806

BUSINESS ACTIVITY, IF ANY, OF SOURCE
AVIATION COMPANY

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 05 / 15 | \$ 75.00 | FLY ON THE FORD |
| ___ / ___ / ___ | \$ _____ | PREVIEW TICKET |
| ___ / ___ / ___ | \$ _____ | |

▶ 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: _____