

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Initial Filing Received  
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Please type or print in ink.

NAME OF FILER (LAST) Garcia (FIRST) Robert (MIDDLE)

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

Agency Name (Do not use acronyms)

City of Long Beach

Division, Board, Department, District, if applicable

Your Position

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
- Multi-County \_\_\_\_\_
- City of Long Beach
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- 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 \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_\_\_**

**Schedules attached**

- 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., 14th Floor Long Beach CA 90802

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 562 ) 570-6801 Mayor@LongBeach.gov

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Robert Garcia

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 University of Southern California

ADDRESS (Business Address Acceptable)  
 USC-Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education

YOUR BUSINESS POSITION  
 Fellowship

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

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

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

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Pomona College

ADDRESS (Business Address Acceptable)  
 333 N. College Way, Pomona, CA 91711

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education

YOUR BUSINESS POSITION  
 Part-Time Lecturer

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or     Rental Income, list each source of \$10,000 or more

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

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*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS (Business Address Acceptable)		
_____		
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD	<input type="checkbox"/> Real Property _____	Street address
<input type="checkbox"/> \$500 - \$1,000		_____
<input type="checkbox"/> \$1,001 - \$10,000		City
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	(Describe)

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

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

**CALIFORNIA FORM 700**  
 FAIR POLITICAL PRACTICES COMMISSION

Name  
 Robert Garcia

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME  
 California State University, Long Beach

ADDRESS (Business Address Acceptable)  
 1250 Bellflower Blvd., Long Beach, CA 90840

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Education

YOUR BUSINESS POSITION  
 Part-Time Lecturer

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

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 Garcia**

▶ NAME OF SOURCE (Not an Acronym)

**Musical Theater West**

ADDRESS (Business Address Acceptable)

**4350 E. 7th St., Long Beach, CA 90804**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Musical Theater**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 14 / 15	\$ 130.00	Theater Tickets
04 / 18 / 15	\$ 130.00	Theater Tickets
11 / 06 / 15	\$ 130.00	Theater Tickets

▶ NAME OF SOURCE (Not an Acronym)

**Danielle Ruiz**

ADDRESS (Business Address Acceptable)

**3629 Charlemagne Ave, Long Beach, CA 90808**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Transportation**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 15	\$ 75.00	Gift Card
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

**Long Beach Convention and Visitors Bureau**

ADDRESS (Business Address Acceptable)

**301 E. Ocean Blvd., Suite 1900, LB, CA 90802**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Convention Sales**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 15	\$ 129.00	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

**Queen Mary**

ADDRESS (Business Address Acceptable)

**1126 Queens Highway, Long Beach, CA 90802**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Tourist Attraction**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 15	\$ 96.00	Admission Tickets
10 / 31 / 15	\$ 200.00	Admission Tickets
/ /	\$	

▶ NAME OF SOURCE (Not an Acronym)

**Don Schmitz**

ADDRESS (Business Address Acceptable)

**29350 Pacific Coast Hwy, Malibu, CA 90265**

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Planning**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 15	\$ 130.00	Gift Basket
/ /	\$	
/ /	\$	

▶ 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: \_\_\_\_\_