

**COVER PAGE**

Filed Date: 04/03/2017 05:07 PM  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Richardson Rex

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

Agency Name (Do not use acronyms)  
City Officials - City Council  
Division, Board, Department, District, if applicable Your Position  
Councilmember - 9th 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, 2016, through December 31, 2016.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.
- 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, 2016, 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: 6**

**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., Lobby Level Long Beach CA 90802  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( ) shawna.stevens@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 04/03/2017 05:07 PM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)







**SCHEDULE D**  
**Income – Gifts**

Name  
 Rex Richardson

▶ NAME OF SOURCE *(Not an Acronym)*  
 Molina Healthcare

ADDRESS *(Business Address Acceptable)*  
 200 Oceangate, Suite 100, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Managed care company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 15 / 16	\$ 300	Event ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 International Association of Fire Fighters Local 372

ADDRESS *(Business Address Acceptable)*  
 3333 E. Spring St., Suite. 222, Long Beach, CA 90806

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 12 / 16	\$ 175	Event ticket and dinner
05 / 15 / 16	\$ 275	Golf tournament
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Matt Knabe

ADDRESS *(Business Address Acceptable)*  
 801 S. Figueroa St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Strategic communications

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 16	\$ 100	Event ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Calstad

ADDRESS *(Business Address Acceptable)*  
 332 Long Beach Blvd, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Public relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 16 / 16	\$ 240	2 event tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Union Pacific

ADDRESS *(Business Address Acceptable)*  
 1400 Douglas Street, Omaha, NE 68179

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Railroad company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 16 / 16	\$ 65	Event 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

Name  
 Rex Richardson

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- 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 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

▶ NAME OF SOURCE *(Not an Acronym)*  
 Participatory Budgeting Project

ADDRESS *(Business Address Acceptable)*  
 540 President St, 1st Floor

CITY AND STATE  
 Brooklyn, NY

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): 05 / 19 / 16 - 05 / 23 / 16 AMT: \$ 1700  
*(If gift)*

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_  
Boston, MA

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ MUST CHECK ONE:  Gift **-or-**  Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ If Gift, Provide Travel Destination \_\_\_\_\_

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