

**COVER PAGE**

Filed Date: 03/23/2017 05:55 PM  
SAN: 031300023-STH-0023

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 Officials - City Council  
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  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: 2**

**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  
( ) robert.garcia@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 03/23/2017 05:55 PM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

**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 Productions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 13 / 16	\$ 170	Tickets
04 / 09 / 16	\$ 170	Tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 MAD Event Management

ADDRESS *(Business Address Acceptable)*  
 52 Forest Ave., 2nd Fl, Paramus, NJ 07652

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Event Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 17 / 16	\$ 210	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Long Beach Convention and Visitors Bureau

ADDRESS *(Business Address Acceptable)*  
 301 E. Ocean Bl., Ste. 1900, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Conventions and Visitors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 24 / 16	\$ 120	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Queen Mary

ADDRESS *(Business Address Acceptable)*  
 1126 Queens Hwy, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Tourist Attraction and Hotel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 16	\$ 200	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Long Beach Marriott

ADDRESS *(Business Address Acceptable)*  
 4700 Airport Plaza Dr., Long Beach, CA 90815

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Hotel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 16	\$ 150	Gift Basket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 Downtown Long Beach Alliance

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Business and Residents Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 16	\$ 400	Tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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