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 Austin AI 18 APR 2 PM 2:45

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
 City Council
 Division, Board, Department, District, if applicable
 District 8
 Your Position
 Councilmember

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

Agency: SEE ATTACHED Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County Imperial, Los Angeles, Orange, Riverside, County of _____
 City of San Bernardino & Ventura Counties Other _____

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
 -or-
 The period covered is _____, through December 31, 2017.
 Assuming Office: Date assumed _____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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 <i>(Business or Agency Address Recommended - Public Document)</i>	STREET	CITY	STATE	ZIP CODE
333 West Ocean Blvd., 14th Floor		Long Beach	CA	90802
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(562) 570-6685	AI.Austin@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 3/30/18
 (month, day, year)

Austin, Al
Form 700 Statement of Economic Interests
Cover Page Attachment

Section 1: Additional Positions

<u>Agency</u>	<u>Position</u>
Gateway Cities Council of Governments	Director
Southern California Association of Governments Community, Economic & Housing Development Committee	Member

SCHEDULE D
Income – Gifts

Name
Al Austin

▶ NAME OF SOURCE *(Not an Acronym)*
Gainwell Industrial LTD

ADDRESS *(Business Address Acceptable)*
2 Shagang Road Zhongshan Guangdong

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Furniture Manufacturer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 4 / 17	\$ 50.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Zhongshan Municipal People's Government

ADDRESS *(Business Address Acceptable)*
1 Songyuan Road Zhongshan City

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 4 / 17	\$ 49.00	Lunch & Gift Exchange
8 / 4 / 17	\$ 46.00	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Chinese People's Assn for Friendship w/ForeignCoun

ADDRESS *(Business Address Acceptable)*
No. 1 Taijichang Street, Doncheng District Beijing

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 28 / 17	\$ 104.00	Lunch & Gift Exchange
7 / 28 / 17	\$ 66.00	Tour & Dinner
7 / 29 / 17	\$ 16.00	Tour & Lunch

▶ NAME OF SOURCE *(Not an Acronym)*
Sichuan People's Assn for Friendship w/ForeignCoun

ADDRESS *(Business Address Acceptable)*
100 East Section 3, 1st Ring Rd. Chengdu

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 30 / 17	\$ 61.00	Dinner & Tour
7 / 31 / 17	\$ 26.00	Lunch
7 / 29 / 17	\$ 61.00	Dinner & Gift Exchange

▶ NAME OF SOURCE *(Not an Acronym)*
Chinese People's Assn for Friendship w/ForeignCoun

ADDRESS *(Business Address Acceptable)*
No. 1 Taijichang Street, Doncheng District Beijing

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
7 / 30 / 17	\$ 36.00	Lunch & Tour
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
People's Government of Guangdong Province

ADDRESS *(Business Address Acceptable)*
45 Shamian Street Guangzhou

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Foreign Government Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 2 / 17	\$ 46.00	Lunch
8 / 3 / 17	\$ 23.00	Lunch
/ /	\$	
/ /	\$	

Comments: _____

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

Name
 Al Austin

- 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)
League of California Cities
 ADDRESS (Business Address Acceptable)
1400 K Street
 CITY AND STATE
Sacramento, CA

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Advocacy for cities and their residents

DATE(S): 4 / 17 / 17 - 4 / 18 / 17 AMT: \$ 206.08
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Lodging provided for Boardmember volunteer service

▶ If Gift, Provide Travel Destination _____

▶ NAME OF SOURCE (Not an Acronym)
Chinese People's Assn for Friendship w/Foreign Coun
 ADDRESS (Business Address Acceptable)
No. 1 Taijichang Street, Doncheng District
 CITY AND STATE
Beijing, PR China

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

DATE(S): 7 / 27 / 17 - 8 / 5 / 17 AMT: \$ 6450.00
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
travel for international issues programs

▶ If Gift, Provide Travel Destination _____
China

▶ NAME OF SOURCE (Not an Acronym)
League of California Cities
 ADDRESS (Business Address Acceptable)
1400 K Street
 CITY AND STATE
Sacramento, CA

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

DATE(S): 11 / 17 / 17 - 11 / 18 / 17 AMT: \$ 302.59
 (If gift)

▶ MUST CHECK ONE: Gift -or- Income

Made a Speech/Participated in a Panel

Other - Provide Description _____
Lodging provided for Boardmember volunteer service

▶ 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: _____