

COVER PAGE

Filed Date: 03/20/2018 11:00 AM
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, 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.
 - or-
 - The period covered is _____, through the date of leaving office.

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

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 03/20/2018 11:00 AM 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)*
 FM3 Research

ADDRESS *(Business Address Acceptable)*
 12100 Wilshire Blvd, Los Angeles 90025

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Research firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 27 / 17	\$ 80	Gift box
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ 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 / 11 / 17	\$ 92	Theater Tickets
04 / 08 / 17	\$ 92	Theater Tickets
07 / 14 / 17	\$ 92	Theater Tickets

▶ NAME OF SOURCE *(Not an Acronym)*
 International City Theater

ADDRESS *(Business Address Acceptable)*
 330 E. Seaside Way, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Theater Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 03 / 17	\$ 94	Theater Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*
 Musical Theater West (continued)

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)
10 / 29 / 17	\$ 92	Theater Tickets
____ / ____ / ____	\$ _____	_____
____ / ____ / ____	\$ _____	_____

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

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Convention and Visitors

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 22 / 17	\$ 120	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)
08 / 05 / 17	\$ 200	Concert Tickets
10 / 28 / 17	\$ 200	Admission Tickets
____ / ____ / ____	\$ _____	_____

Comments: _____

SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*
 Royal Business Bank

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

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Bank

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 20 / 17	\$ 75	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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____

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

Name
 Robert Garcia

- 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)
Harvard
 ADDRESS (Business Address Acceptable)
79 John F. Kennedy St.
 CITY AND STATE
Cambridge, MA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational
 DATE(S): 07 / 15 / 17 - 07 / 18 / 17 AMT: \$ 1,570
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Participated in educational seminars in New York City.
 ▶ If Gift, Provide Travel Destination _____
Hotel and travel for Bloomberg Harvard Leadership Initiative

▶ NAME OF SOURCE (Not an Acronym)
Los Angeles 2028
 ADDRESS (Business Address Acceptable)
10960 Wilshire Blvd. Suite 1050
 CITY AND STATE
Los Angeles, CA
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Olympic Committee
 DATE(S): 09 / 10 / 17 - 09 / 15 / 17 AMT: \$ 13,187
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Met with IOC members to discuss Olympic venues
 ▶ If Gift, Provide Travel Destination _____
Travel with Committee to IOC Meeting in Peru

▶ NAME OF SOURCE (Not an Acronym)
The Aspen Institute
 ADDRESS (Business Address Acceptable)
One Dupont Circle, NW SUite 700
 CITY AND STATE
Washington, DC
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational
 DATE(S): 11 / 17 / 17 - 11 / 20 / 17 AMT: \$ 1,077
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Participated in educational seminars
 ▶ If Gift, Provide Travel Destination _____
Hotel and travel for Rodel Fellowship in New Orleans

▶ NAME OF SOURCE (Not an Acronym)
The Aspen Institute
 ADDRESS (Business Address Acceptable)
One Dupont Circle, NW SUite 700
 CITY AND STATE
Washington, DC
 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational
 DATE(S): 02 / 02 / 17 - 02 / 05 / 17 AMT: \$ 1,048
 (If gift)
 ▶ MUST CHECK ONE: Gift -or- Income
 Made a Speech/Participated in a Panel
 Other - Provide Description _____
Participated in educational seminars
 ▶ If Gift, Provide Travel Destination _____
Hotel stay for Rodel Fellowship in Aspen, Co

Comments: _____