

COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
AUSTIN II Alvin Richard

1. Office, Agency, or Court

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

► 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 County of
- City of LONG BEACH Other GATEWAY CITIES COUNCIL OF COURTS

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

- Annual: The period covered is January 1, 2018, through December 31, 2018. Leaving Office: Date Left / / (Check one circle.)
- or- The period covered is / / through The period covered is January 1, 2018, through the date of leaving office.
- Assuming Office: Date assumed / / The period covered is / / through the date of leaving office.
- Candidate: Date of Election and office sought, if different than Part 1:

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

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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
333 West Ocean Blvd, 14th floor Long Beach CA 90807
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(562) 570-6685 Al.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 4/1/18 Signature [Redacted]

(File the originally signed paper statement with your filing official.)

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
Alvin Austin II

▶ NAME OF SOURCE (Not an Acronym)
CALSTAD

ADDRESS (Business Address Acceptable)
100 OceanGate 12th floor, PMB 322, LB 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NETWORKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/14/18</u>	<u>\$210.89</u>	<u>DINNER</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
Herbolife

ADDRESS (Business Address Acceptable)
950 W. 140th St, Torrance CA 90502

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NETWORKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11/7/18</u>	<u>\$ 200</u>	<u>LAKER sporting event tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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)
IBEW Local 11

ADDRESS (Business Address Acceptable)
6023 Garfield Ave. Commerce CA 90040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NETWORKING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1/9/19</u>	<u>\$ 200</u>	<u>LAKER sporting event tickets</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ 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: _____