

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 02/06/2020 01:21 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Uranga Roberto

1. Office, Agency, or Court

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

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

Agency: SEE ATTACHED LIST Position: _____

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

- State
- Multi-County _____
- City of Long Beach
- Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2019, through December 31, 2019.
- Leaving Office:** Date Left ____/____/_____
(Check one circle.)
- Assuming Office:** Date assumed ____/____/_____
-or- The period covered is ____/____/_____, through December 31, 2019.
- Candidate:** Date of Election _____ and office sought, if different than Part 1: _____
- The period covered is January 1, 2019, 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: 3

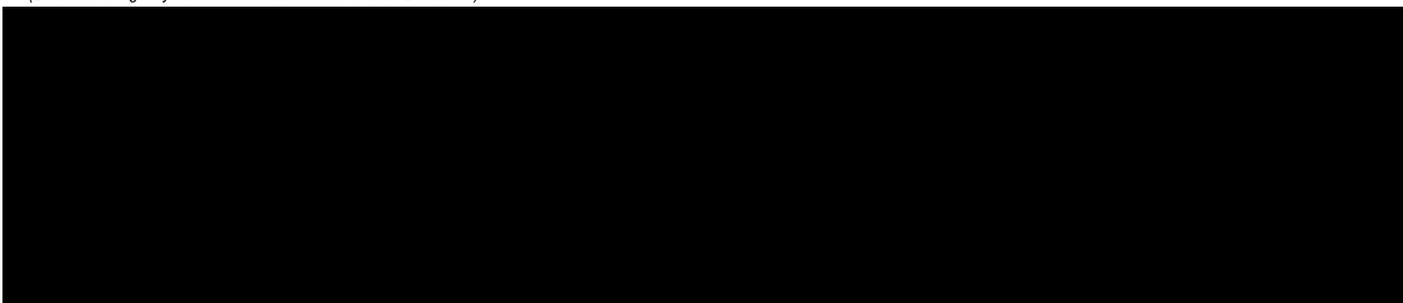
Schedules attached

- 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)



STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Roberto Uranga	

EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Coastal Commission		Commissioner	State California	Annual	01/01/19 - 12/31/19
Rivers and Mountains Conservancy		Board Member	State California	Annual	01/01/19 - 12/31/19
Santa Monica Bay Restoration Commission		Alternate Member of the Commission	State California	Annual	01/01/19 - 12/31/19
Los Cerritos Wetlands Authority		Governing Board Member	Multi-county Los Angeles, Orange	Annual	01/01/19 - 12/31/19
Watershed Conservation Authority		Governing Board Member	Multi-county Los Angeles, Orange	Annual	01/01/19 - 12/31/19

SCHEDULE D
Income – Gifts

Name
Roberto Uranga

▶ NAME OF SOURCE *(Not an Acronym)*
CalSTAD
 ADDRESS *(Business Address Acceptable)*
2386 Fair Oaks Blvd
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Annual event in Long Beach

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 13 / 19</u>	<u>\$ 280</u>	<u>Dinner event</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</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)
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____