STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER

(LAST) Gonzalez

(FIRST) Lena

(MIDDLE)

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)

City Officials - City Council

Division, Board, Department, District, if applicable

Your Position

Councilmember - 1st District

► 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

☐ Multi-County ____________________________

☐ City of Long Beach

☐ County of ____________________________

☐ Other ____________________________

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

☐ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left ______/_____/______

- or -

The period covered is ______/_____/______, through December 31, 2014.

☐ Assuming Office: Date assumed ______/_____/______

☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Candidate: Election year ___________ and office sought, if different than Part 1: ____________________________

4. Schedule Summary

Check applicable schedules or “None.”

☐ 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

Total number of pages including this cover page: 2

5. Verification

MAILING ADDRESS

STREET

(City or Agency Address Recommended - Public Document)

333 W. Ocean Blvd., Lobby Level

CITY Long Beach

STATE CA

ZIP CODE 90802

DAYTIME TELEPHONE NUMBER ( )

E-MAIL ADDRESS

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 03/30/2015 02:05 PM

(month, day, year) Signature ____________________________

Electronic Submission (File the originally signed statement with your filing officer.)
## SCHEDULE D
Income – Gifts

### NAME OF SOURCE (Not an Acronym)
Keesal, Young & Logan

**ADDRESS (Business Address Acceptable)**
400 Oceangate, Long Beach, CA 90802

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>09 / 10 / 14</td>
<td>$60.00</td>
<td>Framed newspaper article</td>
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**Comments:**