STATEMENT OF ECONOMIC INTERESTS

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Lowenthal Suja

1. Office, Agency, or Court
   Agency Name (Do not use acronyms)
   City Officials - City Council
   Division, Board, Department, District, if applicable
   Your Position
   Councilmember - 2nd 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 __________________________
   □ Judge or Court Commissioner (Statewide Jurisdiction)
   □ City of __________________________
   □ 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 ______/_____/__________
                     (Check one)
   □ 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
   ▶ Total number of pages including this cover page: ____________

5. Verification
   MAILING ADDRESS
   (Business or Agency Address Recommended - Public Document)
   333 W. Ocean Blvd., Lobby Level
   Long Beach CA 90802
   CITY
   STATE
   ZIP CODE
   DAYTIME TELEPHONE NUMBER ( )
   E-MAIL ADDRESS
   suja.lowenthal@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 03/17/2015 02:45 PM
   Signature __________________________
   Electronic Submission (File the originally signed statement with your filing officer.)
### SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Merchant Shipping Association</td>
<td>250 Montgomery Street, Ste 700, San Francisco, CA 94104</td>
<td>Non-profit shipping association</td>
</tr>
<tr>
<td><strong>DATE (mm/dd/yy)</strong></td>
<td><strong>VALUE</strong></td>
<td><strong>DESCRIPTION OF GIFT(S)</strong></td>
</tr>
<tr>
<td>04 / 29 / 14</td>
<td>$ 65.00</td>
<td>Annual luncheon</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>NAME OF SOURCE (Not an Acronym)</strong></td>
<td>ADDRESS (Business Address Acceptable)</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>Gary DeLong</td>
<td>1437 La Perla Avenue, Long Beach, CA 90815</td>
<td></td>
</tr>
<tr>
<td><strong>DATE (mm/dd/yy)</strong></td>
<td><strong>VALUE</strong></td>
<td><strong>DESCRIPTION OF GIFT(S)</strong></td>
</tr>
<tr>
<td>09 / 13 / 14</td>
<td>$ 150.00</td>
<td>LB Bar Assoc 'Tribute to Vern Schooley'</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>NAME OF SOURCE (Not an Acronym)</strong></td>
<td>ADDRESS (Business Address Acceptable)</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
</tr>
<tr>
<td>International City Theater</td>
<td>300 E Ocean Blvd, Long Beach, CA 90802</td>
<td></td>
</tr>
<tr>
<td><strong>DATE (mm/dd/yy)</strong></td>
<td><strong>VALUE</strong></td>
<td><strong>DESCRIPTION OF GIFT(S)</strong></td>
</tr>
<tr>
<td>09 / 27 / 14</td>
<td>$ 185.00</td>
<td>2014 Encore Gala</td>
</tr>
<tr>
<td>/ / /</td>
<td>$</td>
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</tbody>
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**Comments:**

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FPPC Form 700 (2014/2015) Sch. D
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov