NAME OF FILER

Mungo

Stacy

1. Office, Agency, or Court

Agency Name: (Do not use acronyms)
City Officials - City Council
Division, Board, Department, District, if applicable

Your Position

Councilmember - 5th 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

☐ 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, 2014, through December 31, 2014.

☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is ______/_____/______, through

☐ Assuming Office: Date assumed ______/_____/______

☐ Other ____________________________

☐ The period covered is ______/_____/______, through

☐ Candidate: Election assumed ______/_____/______ and office sought, if different than Part 1: ____________________________

4. Schedule Summary

☐ Total number of pages including this cover page: 2

☐ 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

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
333 W. Ocean Blvd., Lobby Level
Long Beach, CA 90802

STREET

CITY

STATE

ZIP CODE

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 04/01/2015 02:48 PM

Signature

Electronic Submission

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

### Philanthropy

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 18 / 14</td>
<td>$145.00</td>
<td>LB Symphony Ticket</td>
</tr>
</tbody>
</table>

### LBCC Board of Trustees

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 / 29 / 14</td>
<td>$200.00</td>
<td>Charity Gala Ticket</td>
</tr>
<tr>
<td>10 / 31 / 14</td>
<td>$60.00</td>
<td>Hall of Fame Lunch Ticket</td>
</tr>
</tbody>
</table>

### Comments:

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**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)**

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