**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

**NAME OF FILER**

Andrews

(LAST) Dee

(FIRST) (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 - 6th 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)**
   
   
   -or-
   
   The period covered is ________/______/________, through December 31, 2014.
   
   [ ] Leaving Office: Date Left ________/______/________
   
   (Check one)
   
   -or-
   
   The period covered is ________/______/________, through the date of leaving office.
   
   [ ] Assuming Office: Date assumed ________/______/________
   
   [ ] Candidate: Election assumed ________/______/________

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
   
   -or-
   
   □ 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**
   
   (Business or Agency Address Recommended - Public Document)
   
   333 W. Ocean Blvd., Lobby Level
   
   Long Beach
   
   CA 90802
   
   **STREET**
   
   **CITY**
   
   **STATE**
   
   **ZIP CODE**
   
   **DAYTIME TELEPHONE NUMBER**
   
   ( )
   
   **E-MAIL ADDRESS**
   
   dee.andrews@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** 03/16/2015 10:04 AM
   
   (month, day, year)

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

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<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>NAME OF SOURCE (Not an Acronym)</th>
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<tr>
<td>Long Beach Convention Center</td>
<td>Roy Hasset</td>
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<tr>
<td>300 E, Ocean Blvd, Long Beach, CA 90802</td>
<td>539 E. Bixby Rd, #59, Long Beach, CA 90807</td>
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<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
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<tr>
<td>DATE (mm/dd/yy)</td>
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<table>
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**Comments:**