CALIFORNIA FORM 700
STATEMENT OF ECONOMIC INTERESTS
COVG Page

NAME OF FILER

Garcia  Robert

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Long Beach
Division, Board, Department, District, if applicable
Mayor

► 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.
-OR-
The period covered is _______/_______/_______, through
December 31, 2014.

☐ Assuming Office: Date assumed _______/_______/_______

☐ Leaving Office: Date left _______/_______/_______

☐ 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

► Total number of pages including this cover page: _______

☐ 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
333 W. Ocean Blvd., 14th Floor
Long Beach, CA 90802

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
(562) 570-6801

E-MAIL ADDRESS
Mayor@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 therein is accurate and complete. Signature: ____________________________ Date: 15 MAR - 6 PM 3:22
**SCHEDULE A-2**
Investments, Income, and Assets of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

**1. BUSINESS ENTITY OR TRUST**

Name: Robert Garcia

**Long Beach Post**

Address (Business Address Acceptable):

Check one:
- [ ] Trust, go to 2
- [x] Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>$0 - $999</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,001 - $10,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over $100,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INVESTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>[x] Partnership</td>
</tr>
<tr>
<td>[ ] Sole Proprietorship</td>
</tr>
<tr>
<td>[ ] Other</td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION**

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

Check one:
- [ ] $0 - $499
- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [ ] OVER $100,000

<table>
<thead>
<tr>
<th>None</th>
<th>Names listed below</th>
</tr>
</thead>
</table>

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE**

(Attach a separate sheet if necessary)

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:
- [ ] INVESTMENT
- [ ] REAL PROPERTY

Name of Business Entity, if Investment, or Assessor’s Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
<th>$2,000 - $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$10,001 - $100,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Over $100,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NATURE OF INTEREST</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Property ownership/Deed of Trust</td>
</tr>
<tr>
<td>[ ] Stock</td>
</tr>
<tr>
<td>[ ] Partnership</td>
</tr>
</tbody>
</table>

[ ] Leasehold

Yrs. remaining

[ ] Other

Check box if additional schedules reporting investments or real property are attached

Comments:

**CALIFORNIA FORM 700**
Fair Political Practices Commission

FPCC Advice Email: advice@fppc.ca.gov
FPCC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

NAME OF SOURCE OF INCOME

University of Southern California

ADDRESS (Business Address Acceptable)
USC-Los Angeles, CAS 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Education

YOUR BUSINESS POSITION

Fellowship

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☐ $1,001 - $10,000
☒ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of ____________________________________________ (Real property, car, boat, etc.)
☐ Loan repayment
☐ Commission or ☐ Rental Income, list each source of $10,000 or more

☐ Other ____________________________________________ (Describe)

☐ Other ____________________________________________ (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ETA Advertising

ADDRESS (Business Address Acceptable)
301 Pine Ave., Suite B, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Advertising

YOUR BUSINESS POSITION

Researcher

GROSS INCOME RECEIVED
☐ $500 - $1,000 ☒ $1,001 - $10,000
☐ $10,001 - $100,000 ☐ OVER $100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
☐ Salary ☒ Spouse's or registered domestic partner's income
☐ Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
☐ Sale of ____________________________________________ (Real property, car, boat, etc.)
☐ Loan repayment
☐ Commission or ☐ Rental Income, list each source of $10,000 or more

☐ Other ____________________________________________ (Describe)

☐ Other ____________________________________________ (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

INTEREST RATE

TERM (Months/Years)

☐ % ☐ None

SECURITY FOR LOAN
☐ None ☐ Personal residence
☐ Real Property

Street address

City

☐ Guarantor

☐ Other ____________________________________________ (Describe)

Comments:

☐ Other ____________________________________________ (Describe)
<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ETA Advertising</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>301 Pine Avenue, Suite B, Long Beach, CA 90802</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Advertising</td>
</tr>
<tr>
<td>DATE (mm/dd/yy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
</tr>
<tr>
<td>03/15/14</td>
<td>$350.00</td>
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</table>

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>Ruben Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>1 MacArthur Place, Suite 200, Santa Ana, CA 92707</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Legal</td>
</tr>
<tr>
<td>DATE (mm/dd/yy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
</tr>
<tr>
<td>03/21/14</td>
<td>$300.00</td>
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<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>Musical Theater West</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>4350 E. 7th St., Long Beach, CA 90804</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Musical Theater</td>
</tr>
<tr>
<td>DATE (mm/dd/yy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
</tr>
<tr>
<td>07/12/14</td>
<td>$180.00</td>
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<tr>
<td>11/15/14</td>
<td>$100.00</td>
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<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>MAD Event Management</th>
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<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>29 Annabelle Ln., Warwick, NJ 10990</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Event Management</td>
</tr>
<tr>
<td>DATE (mm/dd/yy)</td>
<td>VALUE</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
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<tr>
<td>07/26/14</td>
<td>$140.00</td>
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<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>Queen Mary</th>
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</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>1126 Queens Highway, Long Beach, CA 90802</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Attraction</td>
</tr>
<tr>
<td>DATE (mm/dd/yy)</td>
<td>VALUE</td>
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<tr>
<td>-----------------</td>
<td>------</td>
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<tr>
<td>10/24/14</td>
<td>$285.00</td>
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</table>

Comments: ____________________________
SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the $440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)
Gay & Lesbian Victory Institute
ADDRESS (Business Address Acceptable)
1133 15th St. NW
CITY AND STATE
Washington, DC
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/____ AMT: $2,518.00
(if gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☑ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

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Comments: ..............................................................

► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/____ AMT: $
(if gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

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Comments: ..............................................................

► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/____ AMT: $
(if gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

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Comments: ..............................................................

► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE

☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): ___/___/____ AMT: $
(if gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

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Comments: ..............................................................