STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Richardson Rex

1. Office, Agency, or Court
Agency Name: (Do not use acronyms)
City Officials - City Council
Division, Board, Department, District, if applicable: Your Position
Councilmember - 9th 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 Long Beach ____________________ ☐ County of ____________________
☐ Other ____________________

3. Type of Statement (Check at least one box)
☒ Annual: The period covered is January 1, 2015, through December 31, 2015.
- or - The period covered is _______/_____/_______, through December 31, 2015.
☐ Leaving Office: Date Left _______/_____/_______
- or - The period covered is _______/_____/_______, through the date of leaving office.
☐ Assuming Office: Date assumed _______/_____/_______
☐ Candidate: Election year _________ and office sought, if different than Part 1: ____________________

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 6
Schedules attached
☐ 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
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
( )
E-MAIL ADDRESS shawna.stevens@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 04/01/2016 06:45 PM Signature ____________________
(month, day, year) (File the originally signed statement with your filing officer.)

FPPC Form 700 (2015/2016)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Rex Richardson Corp.

Name

236 E. Barclay St., Long Beach, CA, 90805

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2  ☑ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Community/civic engagement and government affairs

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

ACQUIRED DISPOSED

/ / 15 / / 15

NATURE OF INVESTMENT

☐ Partnership  ☑ Sole Proprietorship  ☐ Other

YOUR BUSINESS POSITION

Consultant

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

☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000

☑ $10,001 - $100,000

OVER $100,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF $10,000 OR MORE (Attach a separate sheet if necessary)

☐ None or ☑ Names listed below

SEIU ULTCW

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

ACQUIRED DISPOSED

/ / 15 / / 15

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust  ☐ Stock  ☐ Partnership

☐ Leasehold  ☐ Other  Yrs. remaining

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

Comments: __________________________

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Rex Richardson

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2  ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ $0 - $1,999
☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

ACQUIRED DISPOSED

/ / 15 / / 15

NATURE OF INVESTMENT

☐ Partnership  ☐ Sole Proprietorship  ☐ Other

YOUR BUSINESS POSITION

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

☐ $2,000 - $10,000
☐ $10,001 - $100,000
☐ $100,001 - $1,000,000
☐ Over $1,000,000

ACQUIRED DISPOSED

/ / 15 / / 15

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust  ☐ Stock  ☐ Partnership

☐ Leasehold  ☐ Other  Yrs. remaining

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

Comments: __________________________

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

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Southern California</td>
<td></td>
</tr>
<tr>
<td>734 W. Adams, LA, CA 90089</td>
<td></td>
</tr>
</tbody>
</table>

**YOUR BUSINESS POSITION**  
Admissions Advisor

**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
  (For self-employed use Schedule A-2.)
- 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

**NAME OF SOURCE OF INCOME**  
Renovate America

**ADDRESS (Business Address Acceptable)**  
15073 Ave. of Science, San Diego, CA 92128

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

**YOUR BUSINESS POSITION**  
Community Development Manager

**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
  (For self-employed use Schedule A-2.)
- 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

**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:*

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
<th>SECURITY FOR LOAN</th>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>None</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

**Guarantor**

- Real Property
- Street address
- City
- Other

Comments:
### SCHEDULE C
**Income, Loans, & Business Positions**
(Other than Gifts and Travel Payments)

#### 1. INCOME RECEIVED

**NAME OF SOURCE OF INCOME**

Southern California Association of Government

**ADDRESS (Business Address Acceptable)**

818 West 7th Street, 12th Floor, Los Angeles, CA 90017

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

**YOUR BUSINESS POSITION**

Council Member

**GROSS INCOME RECEIVED**

- [ ] $500 - $1,000
- [ ] $1,001 - $10,000
- [ ] $10,001 - $100,000
- [x] OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- [ ] Salary
- [ ] Spouse’s or registered domestic partner’s income
  
  (For self-employed use Schedule A-2.)
- [ ] 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
  
  (Describe)
- [x] Other
  
  Member of the SCAG Regional Council Executive Board
  
  (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**

- [ ] %
- [x] None

**TERM (Months/Years)**

**SECURITY FOR LOAN**

- [ ] None
- [ ] Personal residence
- [ ] Real Property
  
  Street address
  
  City
- [ ] Guarantor
  
  (Describe)
- [ ] Other
  
  (Describe)

**Comments:**
## SCHEDULE D
Income – Gifts

### NAME OF SOURCE (Not an Acronym)

**Butterfield Communications**

ADDRESS (Business Address Acceptable)

P.O. Box 4085, Palos Verdes Peninsula, CA 90274

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Business**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/10/15</td>
<td>$250</td>
<td>Event ticket</td>
</tr>
</tbody>
</table>

### NAME OF SOURCE (Not an Acronym)

**Matt Knabe**

ADDRESS (Business Address Acceptable)

801 S. Figueroa St., Los Angeles, CA 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Business**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/20/15</td>
<td>$100</td>
<td>Event ticket</td>
</tr>
</tbody>
</table>

### NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Business**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
</table>

### NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Business**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
</table>

### NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Business**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
</table>

### NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

**Business**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
</table>

### Name
Rex Richardson

**Comments:**

---

**FPPC Form 700 (2015/2016) Sch. D**
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov
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 $460 gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel that occurred on or after January 1, 2016, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)
Community Partners
ADDRESS (Business Address Acceptable)
1000 N. Alameda St.
CITY AND STATE
Los Angeles, CA

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

DATE(S): 07 / 31 / 15 - 08 / 02 / 15 AMT: $ 400
(if gift)

► MUST CHECK ONE: ☑ Gift -or- □ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► If Gift, Provide Travel Destination

► 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)

► MUST CHECK ONE: □ Gift -or- □ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

► If Gift, Provide Travel Destination

Comments:

FPPC Form 700 (2015/2016) Sch. E
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov