1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Long Beach
Division, Board, Department, District, if applicable
Council
Your Position
Councilmember, District 7

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, 2016, through December 31, 2016.
- or -
The period covered is __________/_________/2016 through December 31, 2016.
☐ Leaving Office: Date Left __________/_________/2016
(Enter one)
- or -
The period covered is __________/_________/2016 through the date of leaving office.
- or -
Assuming Office: Date assumed __________/_________/2016
- or -
Candidate: Election year __________ and office sought, if different than Part 1:

4. Schedule Summary (must complete)

Total number of pages including this cover page: ________

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
- or -
☐ None - No reportable interests on any schedule

5. Verification

Mailing Address
333 West Ocean Blvd., 14th Floor
Long Beach, CA 90802
Daytime Telephone Number
(562) 570-7777
E-mail Address
district7@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 03/29/2017
(month day year)
Signature

### SCHEDULE D
Income – Gifts

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>ADDRESS</th>
<th>BUSINESS ACTIVITY</th>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Townsend Public Affairs</td>
<td>1401 Dove Street, Suite 330, Newport Beach, CA</td>
<td>Public Affairs</td>
<td>11/06/16</td>
<td>$280</td>
<td>Raiders Tickets</td>
</tr>
<tr>
<td>CALSTAD</td>
<td>2386 Fair Oaks Blvd. Ste 100, Sacramento, CA 95825</td>
<td>Strategy and Public Relations Firm</td>
<td>04/16/16</td>
<td>$225.00</td>
<td>Grand Prix Dinner</td>
</tr>
</tbody>
</table>

**Comments:**

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FPPC Form 700 (2016/2017) Sch. D
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov