1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Long Beach

Division, Board, Department, District, if applicable

Your Position
City Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST

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)

X Annual: The period covered is January 1, 2017, through December 31, 2017.

☐ Leaving Office: Date Left ______/_____/_______

(Do not use acronyms)

☐ The period covered is January 1, 2017, through the date of leaving office.

☐ The period covered is ______/_____/_______, through the date of leaving office.

☐ Assuming Office: Date assumed ______/_____/_______

☐ Candidate: Date of Election ____________ and office sought, if different than Part 1: ____________________________

4. Schedule Summary (must complete)

► Total number of pages including this cover page: __6

Schedules attached

X Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
X Schedule B - Real Property – schedule attached

☐ Schedule C - Income, Loans, & Business Positions – schedule attached
X Schedule D - Income - Gifts – schedule attached
X Schedule E - Income - Gifts - Travel Payments – schedule attached

- or -

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS
(Street and/or Agency Address Recommended - Public Document)
333 W Ocean Blvd Fl 14
Long Beach, CA 90802-7974

DAYTIME TELEPHONE NUMBER
(562) 570-6300

E-MAIL ADDRESS
suzie.price@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 ____________

Signature ____________________________

(File the originally signed statement with your filing official.)
**STATEMENT OF ECONOMIC INTERESTS**

**EXPANDED STATEMENT LIST**

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Division, Board, Department, District</th>
<th>Position or Title</th>
<th>Jurisdiction</th>
<th>Type of Statement</th>
<th>Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Cerritos Wetlands Authority</td>
<td></td>
<td>Governing Board Member</td>
<td>Multi-county Los Angeles, Orange</td>
<td>Annual</td>
<td>01/01/17 - 12/31/17</td>
</tr>
</tbody>
</table>

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name: Susan Price
## NAME OF BUSINESS ENTITY

**Danaher, Inc**

### GENERAL DESCRIPTION OF THIS BUSINESS

**Medical Device**

### FAIR MARKET VALUE

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

### NATURE OF INVESTMENT

- **Stock**
- **Other**

- Partnership
  - Income Received of $0 - $499
  - Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- **ACQUIRED**
- **DISPOSED**

### NAME OF BUSINESS ENTITY

**Susan Price**

### GENERAL DESCRIPTION OF THIS BUSINESS

**Danaher, Inc**

### FAIR MARKET VALUE

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

### NATURE OF INVESTMENT

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- **Stock**
- **Other**

- Partnership
  - Income Received of $0 - $499
  - Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- **ACQUIRED**
- **DISPOSED**

### NAME OF BUSINESS ENTITY

**Susan Price**

### GENERAL DESCRIPTION OF THIS BUSINESS

**Danahe, Inc**

### FAIR MARKET VALUE

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

### NATURE OF INVESTMENT

- **Stock**
- **Other**

- Partnership
  - Income Received of $0 - $499
  - Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- **ACQUIRED**
- **DISPOSED**

### NAME OF BUSINESS ENTITY

**Danahe, Inc**

### GENERAL DESCRIPTION OF THIS BUSINESS

**Medical Device**

### FAIR MARKET VALUE

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

### NATURE OF INVESTMENT

- **Stock**
- **Other**

- Partnership
  - Income Received of $0 - $499
  - Income Received of $500 or More (Report on Schedule C)

**IF APPLICABLE, LIST DATE:**

- **ACQUIRED**
- **DISPOSED**
## SCHEDULE B

**Interests in Real Property**
*(Including Rental Income)*

**ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS**

6328 N. Marina Pacifica Drive

**CITY**

Long Beach, CA

<table>
<thead>
<tr>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000 - $10,000</td>
<td></td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td></td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>1/1/17 ACQUIRED</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>1/1/17 DISPOSED</td>
</tr>
</tbody>
</table>

**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Leasehold
- Easement
- Other

<table>
<thead>
<tr>
<th>NAT. OF INTEREST</th>
<th>Yrs. remaining</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ownership/Deed of Trust</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leasehold</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- None
- Minoo Maasoumi - Tenant

### Comments:

*You are not required to report loans from commercial lending institutions 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**

<table>
<thead>
<tr>
<th>ADDRESS (Business Address Acceptable)</th>
</tr>
</thead>
</table>

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**

<table>
<thead>
<tr>
<th>%</th>
<th>None</th>
</tr>
</thead>
</table>

**TERM (Months/Years)**

<p>| | |</p>
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</table>

**HIGHEST BALANCE DURING REPORTING PERIOD**

<table>
<thead>
<tr>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
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</thead>
<tbody>
<tr>
<td>$10,001 - $100,000</td>
<td>OVER $100,000</td>
</tr>
</tbody>
</table>

- Guarantor, if applicable

---

**Guarantor, if applicable**

**Comments:**

---

**FPPC Form 700 (2017/2018) Sch. B**

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)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Mark Price

ADDRESS (Business Address Acceptable)
475 Sansome Street # 570, San Francisco, CA 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Consulting - Engineering

YOUR BUSINESS POSITION
Consultant

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

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ 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)

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:
### SCHEDULE D
Income – Gifts

**Name:**
Susan Price

<table>
<thead>
<tr>
<th>NAME OF SOURCE (Not an Acronym)</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calstad - Grand Pirx Dinner</td>
<td>100 Oceangate, 12th Floor, Long Beach, CA</td>
<td>Public Relations - Grand prix</td>
<td>04 / 08 / 17</td>
<td>$252.14</td>
<td>(2) Dinner Tickets</td>
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<tr>
<td>Jeff Fullerton - Conservation Corps Dinner Fundraiser</td>
<td>18201 Von Karman #800, Irvine, CA 92612</td>
<td>Project Management</td>
<td>06 / 26 / 17</td>
<td>$125.00</td>
<td>Fundraiser Event</td>
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Comments:

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FPPC Form 700 (2017/2018) Sch. D
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov