**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

A PUBLIC DOCUMENT

---

### 1. Office, Agency, or Court

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Your Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Officials - City Council</td>
<td>Councilmember - 3rd District</td>
</tr>
</tbody>
</table>

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

**2. Jurisdiction of Office** *(Check at least one box)*

- [x] State
- [ ] Judge or Court Commissioner (Statewide Jurisdiction)
- [ ] Multi-County
- [ ] County of __________
- [ ] City of Long Beach
- [ ] Other __________

**3. Type of Statement** *(Check at least one box)*

- [x] Annual: The period covered is January 1, 2018, through December 31, 2018.
- [ ] Leaving Office: Date Left _____/______/_______ *(Check one circle.)*
  - [ ] The period covered is January 1, 2018, 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: 5

**Schedules attached**

- [ ] Schedule A-1 - Investments – schedule attached
- [x] Schedule A-2 - Investments – schedule attached
- [x] Schedule B - Real Property – schedule attached
- [x] Schedule C - Income, Loans, & Business Positions – schedule attached
- [x] Schedule D - Income – Gifts – schedule attached
- [x] Schedule E - Income – Gifts – Travel Payments – schedule attached

- [ ] None - No reportable interests on any schedule

---

### 5. Verification

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 04/01/2019 05:36 PM

Signature ____________________________

(File the originally signed paper statement with your filing official.)
### SCHEDULE A-2

**Investments, Income, and Assets of Business Entities/Trusts**
(Ownership Interest is 10% or Greater)

#### 1. BUSINESS ENTITY OR TRUST

**Jacob Tucker, Inc.**

- **Name:**
- **Address (Business Address Acceptable):**

  - **Check one:**
    - Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Eye Lash Extension Business**

**NATuRE OF INTEREST**

- Partnership
- Sole Proprietorship
- C Corporation

**YOUR BUSINESS POSITION**

- Part owner

**FAIR MARKET VALUE**

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

**IF APPLICABLE,** **LIST DATE:**

- 02/15/18 ACQUIRED
- 02/18/18 DISPOSED

**FAIR MARKET VALUE**

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

**NATURE OF INVESTMENT**

- Property Ownership/Deed of Trust
- Stock
- Partnership

- Leasehold
- Yrs. remaining
- Other

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

---

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

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

**IF APPLICABLE,** **LIST DATE:**

- 02/18/18 ACQUIRED
- 02/18/18 DISPOSED

---

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

- **Check one box:**
  - None
  - Names listed below

**Name**

- Susan Price
- Jacob Tucker, Inc.

**Address**

- 4805 E. 2nd Street
- 4805 E. 2nd Street

**City**

- Eye Lash Extension Business
- Eye Lash Extension Business

**Yrs. remaining**

- 02
- 02

**Income Source**

- C Corporation
- C Corporation

- part owner
- part owner

---

#### 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**

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

**IF APPLICABLE,** **LIST DATE:**

- 02/18/18 ACQUIRED
- 02/18/18 DISPOSED

**FAIR MARKET VALUE**

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

**NATURE OF INTEREST**

- Property Ownership/Deed of Trust
- Stock
- Partnership

- Leasehold
- Yrs. remaining
- Other

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

---

**Comments:**
## SCHEDULE B

**Interests in Real Property**

*(Including Rental Income)*

### NAME OF LENDER

* Susan Price

### ADDRESS

- **6328 N. Marina Pacifica Dr.**
  - Long Beach, CA 90803

### BUSINESS ACTIVITY, IF ANY, OF LENDER

#### INTEREST RATE

- **None**

#### TERM (MONTHS/YEARS)

- **None**

### FAIR MARKET VALUE

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

#### IF APPLICABLE, LIST DATE:

- **1/1/18**
- **1/1/18**

### NATURE OF INTEREST

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

#### YRS. REMAINING

- None

### 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

### FAIR MARKET VALUE

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

#### IF APPLICABLE, LIST DATE:

- **1/1/18**
- **1/1/18**

### NATURE OF INTEREST

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

#### YRS. REMAINING

- None

### 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

### Comments:

---

* You are not required to report loans from a commercial lending institution 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

#### INTEREST RATE

- **None**

#### TERM (MONTHS/YEARS)

- **None**

### HIGHEST BALANCE DURING REPORTING PERIOD

- $500 - $1,000
- $1,001 - $10,000
- **$10,001 - $100,000**
- Over $100,000

- Guarantor, if applicable
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF SOURCE</th>
<th>YOUR BUSINESS POSITION</th>
<th>GROSS INCOME RECEIVED</th>
<th>CONSIDERATION FOR WHICH INCOME WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neogenomics</td>
<td>31 Columbia Aliso Viejo, CA 92656</td>
<td>Medical Research</td>
<td>Director</td>
<td>No Income - Business Position Only</td>
<td>Salary</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$500 - $1,000</td>
<td>Spouse’s or registered domestic partner’s income</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$1,001 - $10,000</td>
<td>(For self-employed use Schedule A-2.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$10,001 - $100,000</td>
<td>Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OVER 100,000</td>
<td>Sale of (Real property, car, boat, etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Loan repayment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Commission or Rental Income, list each source of $10,000 or more</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Other (Describe)</td>
</tr>
</tbody>
</table>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, 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>ADDRESS (Business Address Acceptable)</th>
<th>BUSINESS ACTIVITY, IF ANY, OF LENDER</th>
<th>HIGHEST BALANCE DURING REPORTING PERIOD</th>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
<th>SECURITY FOR LOAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neogenomics</td>
<td>31 Columbia Aliso Viejo, CA 92656</td>
<td>Medical Research</td>
<td></td>
<td></td>
<td></td>
<td>None</td>
</tr>
<tr>
<td>Neogenomics</td>
<td>31 Columbia Aliso Viejo, CA 92656</td>
<td>Medical Research</td>
<td></td>
<td></td>
<td></td>
<td>Personal residence</td>
</tr>
</tbody>
</table>

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>AES</td>
<td>690 N. Studabaker Rd. Long Beach, CA 90803</td>
<td>Battery Storage</td>
<td>10 / 24 / 18</td>
<td>$100</td>
<td>(2) Dinner tickets for A Few Good Men- Ronald McDonald House</td>
</tr>
<tr>
<td>Matthew Faulkner</td>
<td>1760 Termino Ave. Long Beach, 90804</td>
<td>Community Hospital Foundation</td>
<td>09 / 15 / 18</td>
<td>$250</td>
<td>(2) Dinner tickets to Las Damas De La Plaza dinner.</td>
</tr>
</tbody>
</table>

**Comments:**

---

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov