CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A PUBLIC DOCUMENT

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

Austin Richard

1. Office, Agency, or Court

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

Division, Board, Department, District, if applicable
District 8

Your Position
Council Member

Agency: see attached
Position: 

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

☐ State
☐ Multi-County
[ ] City of Long Beach

☐ County of
☐ Other Gateway Cities Council of Governments

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

[ ] Annual: The period covered is January 1, 2018, through December 31, 2018.

☐ Leaving Office: Date Left __/__/______

☐ The period covered is January 1, 2018, through the date of leaving office.

☐ Assuming Office: Date assumed __/__/______

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

☐ 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: __________

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 Flr
Long Beach, CA 90802

STREET
CITY
STATE
ZIP CODE

(562) 570-6685

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS
Al Austin @ Long Beach.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

(Fill the originally signed paper statement with your filing official.)
**Section 1: Additional Positions**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gateway Cities Council of Governments</td>
<td>Director</td>
</tr>
<tr>
<td>Southern California Association of Governments</td>
<td>Member</td>
</tr>
<tr>
<td>Community, Economic &amp; Housing Development Committee</td>
<td></td>
</tr>
</tbody>
</table>
## 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>
</tr>
</thead>
<tbody>
<tr>
<td>AFSCME Council 57</td>
<td>2330 N. Hollywood Way #209 Burbank CA</td>
</tr>
</tbody>
</table>

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

N/A

**YOUR BUSINESS POSITION**

Business Agent

**GROSS INCOME RECEIVED**

- $0 - $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
- Other ________________________ (Describe)

### 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:

**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

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

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

**INTEREST RATE**

________________%  □ None

**TERM (Months/Years)**

__________

**SECURITY FOR LOAN**

□ None  □ Personal residence

□ Real Property  Street address

__________

□ Guarantor  City

__________

□ Other  (Describe)

__________

Comments: ________________________________
SCHEDULE D
Income – Gifts

NAME OF SOURCE (Not an Acronym)
CALSTA
ADDRESS (Business Address Acceptable)
1020 Ocean, Suite 12th Floor, PMB 332
Laguna Beach, CA 92651

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Networking

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)
4/14/18 $210.89 Dinner

NAME OF SOURCE (Not an Acronym)
Hoglobal
ADDRESS (Business Address Acceptable)
950 W. 190th St., Torrance CA 90602

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Networking

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)
11/7/18 $200 [Event Tickets]

NAME OF SOURCE (Not an Acronym)
IBEW Local 11
ADDRESS (Business Address Acceptable)
6023 Garfield Ave., Commerce CA 90040

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Networking

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)
1/19/19 $200 [Event Tickets]

Comments:

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)

NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yyyy) VALUE DESCRIPTION OF GIFT(S)

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