NAME OF FILER  
LAST NAME  FIRST NAME  MIDDLE INITIAL
Gonzalez  Lena  A

1. Office, Agency, or Court
Agency Name:  (Do not use acronyms)
City Officials - City Council
Division, Board, Department, District, if applicable
Your Position

Councilmember - 1st 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  ☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County ____________________________  ☐ County of ____________________________
☒ City of Long Beach________________________  ☐ Other ____________________________

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: 06/11/2019
   (Check one circle.)
   The period covered is __________./________./_________ through December 31, 2018.
   ☐ 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: 3

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
☐ Schedule F - Real Property – schedule attached

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

5. Verification
MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
(Business or Agency Address Recommended - Public Document)
333 W. Ocean Blvd., Lobby Level  Long Beach  CA  90802

DAYTIME TELEPHONE NUMBER  EMAIL ADDRESS

(month, day, year)  (File the originally signed paper statement with your filing official)
SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Microsoft

ADDRESS (Business Address Acceptable)
1 Microsoft Way, Redmond, WA 98052

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Computer Technology

YOUR BUSINESS POSITION
Business Services Representative

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
☐ 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
☐ $10,001 - $100,000
☐ 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 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
☐ $500 - $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 ___________________________
☐ Other ______________________________ (Describe)

Comments: ____________________________

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Lena Gonzalez

FPPC Form 700 (2018/2019)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
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<td>332 Long Beach Blvd. Long Beach, CA 90802</td>
<td>400 Oceangate #1400 Long Beach, CA 90802</td>
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<tr>
<td>PR Firm</td>
<td>Law Firm</td>
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<tr>
<td>04/13/19             $270.20 Two Grand Prix Dinner Tickets</td>
<td>04/09/19             $60 Champagne Bottle</td>
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Comments:________________________________________