NAME OF FILER
(ZLAST)

Mary

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, Retired Judge, Pro Tem Judge, or Court Commissioner
☐ 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, 2020, through December 31, 2020.
☐ Leaving Office: Date Left ______/_____/_______
☐ The period covered is ______/_____/_______ through December 31, 2020.
☐ 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: 1
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
STREET
CITY
STATE
ZIP CODE

(Business or Agency Address Recommended - Public Document)