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

   ▶ 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
      (Statewide Jurisdiction)
   [ ] Multi-County ____________________________
   [ ] County of ____________________________
   [X] City of Long Beach
   [ ] Other ____________________________

3. Type of Statement (Check at least one box)
   
      -or-
      The period covered is _____/_____/, _________, through December 31, 2020.
   [ ] Assuming Office: Date assumed _____/_____/
   [ ] Candidate: Date of Election ____________ and office sought, if different than Part 1:
   [ ] Leaving Office: Date Left _____/_____/
      (Check one circle.)
      [ ] The period covered is January 1, 2020, through the date of leaving office.
      -or-
      The period covered is _____/_____/, _________ through the date of leaving office.

4. Schedule Summary (must complete)  ► Total number of pages including this cover page: 5
   Schedules attached
   [X] Schedule A-1 - Investments — schedule attached
   [X] Schedule A-2 - Investments — schedule attached
   [ ] 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
   -or- [ ] None - No reportable interests on any schedule

5. Verification

   MAILING ADDRESS  STREET  CITY  STATE  ZIP CODE
   (Business or Agency Address Recommended - Public Document)
SCHEDULE A-1
Investments
Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)
Investments must be itemized.
Do not attach brokerage or financial statements.

Name
Laura Doud

NAME OF BUSINESS ENTITY

Peloton
GENERAL DESCRIPTION OF THIS BUSINESS

Physical Fitness
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:
01 / 01 / 20 12 / 31 / 20
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

Vanguard
GENERAL DESCRIPTION OF THIS BUSINESS

Investments
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:
01 / 01 / 20 12 / 31 / 20
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
/ / 20 / / 20
ACQUIRED DISPOSED

NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

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:
/ / 20 / / 20
ACQUIRED DISPOSED

Comments:
## 1. BUSINESS ENTITY OR TRUST

**All Star Carpet Care**

**Name**
5318 E. 2nd Street, Long Beach, CA 90803

**Address (Business Address Acceptable)**

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

### GENERAL DESCRIPTION OF THIS BUSINESS

- **Carpet cleaning/care**

### FAIR MARKET VALUE

- $0 - $1,999
- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

### IF APPLICABLE, LIST DATE:

- 01/01/20
- 12/31/20

### ACQUIRED

### DISPOSED

### NATURE OF INVESTMENT

- ☑ Spouse
- Other

### YOUR BUSINESS POSITION

- Community property

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

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

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

- None or ☑ Names listed below

Jim Doud, spouse & owner of All Star Carpet Care

## 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**

<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>01/01/20</td>
</tr>
<tr>
<td>$10,001 - $100,000</td>
<td>01/01/20</td>
</tr>
<tr>
<td>$100,001 - $1,000,000</td>
<td>01/01/20</td>
</tr>
<tr>
<td>Over $1,000,000</td>
<td>01/01/20</td>
</tr>
</tbody>
</table>

### ACQUIRED

### DISPOSED

### NATURE OF INTEREST

- Property Ownership/Deed of Trust
- Stock
- Partnership

- Leasehold
- Other

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

---

**Comments:**
## SCHEDULE C
Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

**NAME OF SOURCE OF INCOME**

- **All Star Carpet Care**

**ADDRESS** *(Business Address Acceptable)*

5318 E, 2nd Street, Long Beach, CA 90803

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

- Carpet Care

**YOUR BUSINESS POSITION**

- Community property

**GROSS INCOME RECEIVED**

- [ ] $500 - $1,000
- [x] $10,001 - $100,000
- [ ] OVER $100,000

**CONSIDERATION FOR WHICH INCOME WAS RECEIVED**

- [x] 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.)*
  
  *(Describe)*

- [ ] Loan repayment

- [ ] Commission or [ ] Rental Income, list each source of $10,000 or more

  *(Describe)*

- [ ] 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**

**TERM** *(Months/Years)*

**SECURITY FOR LOAN**

- [ ] None
- [ ] Personal residence

- [ ] Real Property
  
  *(Street address)*

  *(City)*

  *(Guarantor)*

- [ ] Other *(Describe)*

**Comments:**
**NAME OF SOURCE (Not an Acronym)**

**Assistance League of Long Beach**

**ADDRESS (Business Address Acceptable)**

6220 E Spring St, Long Beach, CA 90815

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

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 / 07 / 20</td>
<td>$80.00</td>
<td>Awards Luncheon honoring Jane Netherton as Woman of the Year</td>
</tr>
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Comments: ____________________________________________

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FPPC Form 700 - Schedule D (2020/2021)

advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov