

**STATEMENT OF ECONOMIC INTERESTS  
 COVER PAGE**

Date Initial Filing  
 Received  
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**RECEIVED**  
 CITY CLERK  
 LONG BEACH, CA

Please type or print in ink.

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

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 City of Long Beach  
 Division, Board, Department, District, if applicable  
 Your Position  
 Mayor

► 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
- Multi-County \_\_\_\_\_
- City of Long Beach
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of \_\_\_\_\_
- Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2014, through December 31, 2014.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

- Check applicable schedules or "None." ► Total number of pages including this cover page: \_\_\_\_\_
- 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)  
 333 W. Ocean Blvd., 14th Floor Long Beach CA 90802

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 562 ) 570-6801 Mayor@longbeach.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.



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

<b>CALIFORNIA FORM 700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Robert Garcia
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**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**Universtiy of Southern California**

ADDRESS *(Business Address Acceptable)*  
**USC-Los Angeles, CAS 90089**

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

YOUR BUSINESS POSITION  
**Fellowship**

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  
(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

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
**ETA Advertising**

ADDRESS *(Business Address Acceptable)*  
**301 Pine Ave., Suite B, Long Beach, CA 90802**

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

YOUR BUSINESS POSITION  
**Researcher**

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  
(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

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, 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)

\_\_\_\_\_ %       None      \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income – Gifts**

Name  
Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*  
ETA Advertising  
 ADDRESS *(Business Address Acceptable)*  
301 Pine Avenue, Suite B, Long Beach, CA 90802  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Advertising

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 15 / 14</u>	<u>\$ 350.00</u>	<u>Tickets to charity event</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Ruben Smith  
 ADDRESS *(Business Address Acceptable)*  
1 MacArthur Place, Suite 200, Santa Ana, CA 92707  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Legal

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 21 / 14</u>	<u>\$ 300.00</u>	<u>Tickets to charity event</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Musical Theater West  
 ADDRESS *(Business Address Acceptable)*  
4350 E. 7th St., Long Beach, CA 90804  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Musical Theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 12 / 14</u>	<u>\$ 180.00</u>	<u>Theater tickets</u>
<u>11 / 15 / 14</u>	<u>\$ 100.00</u>	<u>Theater tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
MAD Event Management  
 ADDRESS *(Business Address Acceptable)*  
29 Annabelle Ln., Warwick, NJ 10990  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Event Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 26 / 14</u>	<u>\$ 140.00</u>	<u>Convention tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Queen Mary  
 ADDRESS *(Business Address Acceptable)*  
1126 Queens Highway, Long Beach, CA 90802  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Attraction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 24 / 14</u>	<u>\$ 285.00</u>	<u>Event tickets</u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>
<u>   /   /   </u>	<u>\$      </u>	<u>          </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE *(Not an Acronym)*  
 Gay & Lesbian Victory Institute

ADDRESS *(Business Address Acceptable)*  
 1133 15th St. NW

CITY AND STATE  
 Washington, DC

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ 2,518.00  
*(If gift)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

CITY AND STATE

501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_\_  
*(If gift)*

TYPE OF PAYMENT: (must check one)     Gift     Income

Made a Speech/Participated in a Panel

Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_