

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 04/01/2019 12:31 PM
SAN: 031300023-STH-0023

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Andrews De Louis

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City Officials - City Council
Division, Board, Department, District, if applicable Your Position
Councilmember - 6th 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.
-or-
The period covered is ____/____/____, through December 31, 2018.
- 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, 2018, 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: 2

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 (Business or Agency Address Recommended - Public Document)	STREET	CITY	STATE	ZIP CODE
<u>333 W. Ocean Blvd., Lobby Level</u>	<u>Long Beach</u>	<u>CA</u>	<u>90802</u>	
DAYTIME TELEPHONE NUMBER ()	EMAIL ADDRESS <u>dee.andrews@longbeach.gov</u>			

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 04/01/2019 12:31 PM Signature Electronic Submission
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
De Louis Andrews

▶ NAME OF SOURCE *(Not an Acronym)*
Long Beach National Association for the Advancement of Colored People
 ADDRESS *(Business Address Acceptable)*
PO Box 1594 Long Beach, CA 90801
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 20 / 18</u>	\$ <u>200</u>	<u>Christmas toys for Sixth District residents</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Cambodia Town Inc
 ADDRESS *(Business Address Acceptable)*
2201 E Anaheim Street, Long Beach, CA 90804
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 27 / 18</u>	\$ <u>100</u>	<u>two tickets to Cambodia Town Gala</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
LA County Federation of Labor
 ADDRESS *(Business Address Acceptable)*
2130 W James M Wood Blvd, Los Angeles, CA 90006
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 03 / 18</u>	\$ <u>25</u>	<u>business lunch</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Murchison Consulting
 ADDRESS *(Business Address Acceptable)*
3333 Spring Street, Long Beach, CA 90806
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 11 / 18</u>	\$ <u>45</u>	<u>business dinner</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Keesal, Young, Logan
 ADDRESS *(Business Address Acceptable)*
400 Oceangate Long Beach, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 27 / 18</u>	\$ <u>100</u>	<u>birthday tree</u>
<u>04 / 15 / 18</u>	\$ <u>90</u>	<u>Grand Prix reception</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
Long Beach Convention and Visitor Bureau
 ADDRESS *(Business Address Acceptable)*
301 E Ocean Blvd, Long Beach, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 07 / 18</u>	\$ <u>460</u>	<u>two tickets to Music Angelica Baroque Orchestra</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____