

COVER PAGE

A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
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.  
-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 06 / 11 / 2019 (Check one circle.)  
 The period covered is January 1, 2018, through the date of leaving office.  
-or-  The period covered is 01 / 01 / 2019, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3

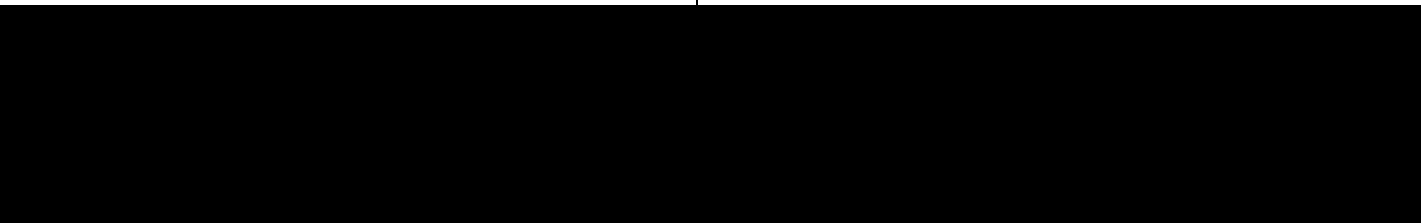
Schedules attached

Schedule A-1 - Investments – schedule attached  Schedule C - Income, Loans, & Business Positions – schedule attached  
 Schedule A-2 - Investments – schedule attached  Schedule D - Income – Gifts – schedule attached  
 Schedule B - Real Property – 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., 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)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

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Name

Lena Gonzalez

**▶ 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     No Income - Business Position Only

\$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)

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED     No Income - Business Position Only

\$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 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)

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

SECURITY FOR LOAN

None                       Personal residence

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

\_\_\_\_\_ City

Guarantor \_\_\_\_\_

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

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

**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
CALSTAD  
 ADDRESS *(Business Address Acceptable)*  
332 Long Beach Blvd. Long Beach, CA 90802  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
PR Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 13 / 19</u>	<u>\$ 270.20</u>	<u>Two Grand Prix Dinner Tickets</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
Skip Keesal  
 ADDRESS *(Business Address Acceptable)*  
400 Oceangate #1400 Long Beach, CA 90802  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 09 / 19</u>	<u>\$ 60</u>	<u>Champagne Bottle</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>

▶ 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>

▶ 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>

▶ 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: \_\_\_\_\_