

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Richardson Rex 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 - 9th 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 (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, 2021, through December 31, 2021. Leaving Office: Date Left ____/____/____ (Check one circle.)
- or- The period covered is ____/____/____, through December 31, 2021. The period covered is January 1, 2021, through the date of leaving office.
- Assuming Office: Date assumed ____/____/____ -or- 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: 7

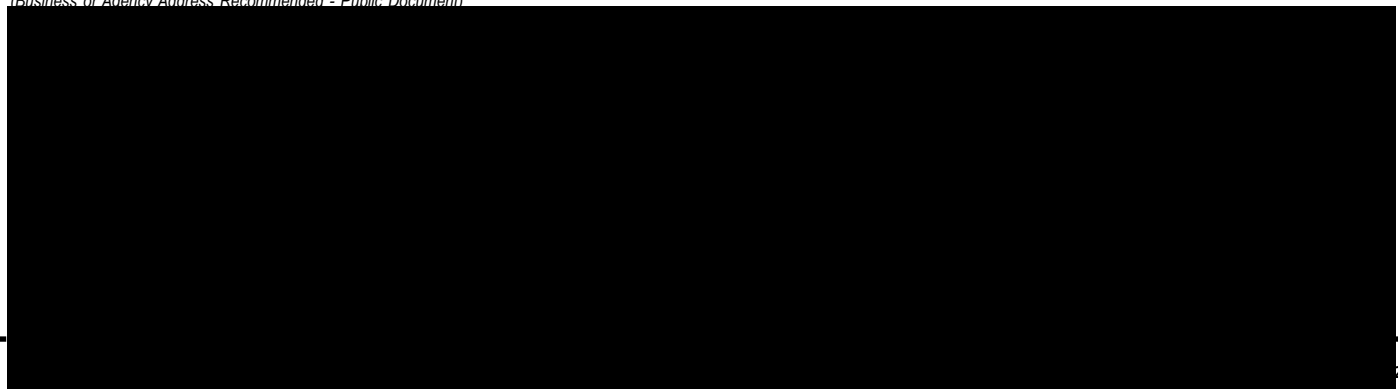
Schedules attached

- 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)



SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Rex Richardson

▶ 1. INCOME RECEIVED
▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
University of Southern California

ADDRESS (Business Address Acceptable)
3670 Trousdale Pkwy, Los Angeles, CA, 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
Admissions Advisor

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
UNIVERSITY OF SOUTHERN CALIFORNIA

ADDRESS (Business Address Acceptable)
3670 TROUSDALE PKWY LOS ANGELES CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
ADMISSIONS ADVISOR

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
Rex Richardson

▶ NAME OF SOURCE *(Not an Acronym)*
CALIF LEAGUE OF CITIES HOLIDAY RECEPTION
ADDRESS *(Business Address Acceptable)*
CALIF CLUB 538 S. FLOWER ST LA 90071
BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOLIDAY RECEPTION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 09 / 21</u>	<u>\$ 50</u>	<u>TICKETS</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
LONG BEACH CONVENTION CENTER
ADDRESS *(Business Address Acceptable)*
300 E. OCEAN BLVD LONG BEACH CA 90802
BUSINESS ACTIVITY, IF ANY, OF SOURCE
HOLIDAY GIFT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 21</u>	<u>\$ 250</u>	<u>BASKET AND WREATH</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
CAMERATA SINGERS GALA
ADDRESS *(Business Address Acceptable)*
LONG BEACH TERRACE 300 E. OCEAN BLVD LONG BEACH
BUSINESS ACTIVITY, IF ANY, OF SOURCE
RETURN TO STAGE PERFORMANCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 16 / 21</u>	<u>\$ 400</u>	<u>TICKETS/DINNER</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
LONG BEACH PUBLIC LIBRARY ANNUAL CELEBRATION
ADDRESS *(Business Address Acceptable)*
MOLAA 628 ALAMITOS AVEN LONG BEACH CA 90802
BUSINESS ACTIVITY, IF ANY, OF SOURCE
LIBRARY LEADERSHIP AWARD

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 21 / 21</u>	<u>\$ 225</u>	<u>TICKETS</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
CLIMATE RESOLVE COOLEST IN LA
ADDRESS *(Business Address Acceptable)*
525 S. HEWITT STREET LOS ANGELES CA 90013
BUSINESS ACTIVITY, IF ANY, OF SOURCE
AWARD CEREMONY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 24 / 21</u>	<u>\$ 400</u>	<u>DINNER, CEREMONY (X2)</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*
ORGANIC HARVEST GARDENS
ADDRESS *(Business Address Acceptable)*
6751 ATLANTIC AVE LONG BEACH CA 90805
BUSINESS ACTIVITY, IF ANY, OF SOURCE
SUPPORT LOCAL AGRICULTURE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 17 / 21</u>	<u>\$ 200</u>	<u>DINNER</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____