

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 03/29/2023 02:02 PM
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Doud Laura

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
City of Long Beach Other

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

Annual: The period covered is January 1, 2022, through December 31, 2022. Leaving Office: Date Left (Check one circle.)
-or- The period covered is through December 31, 2022. The period covered is January 1, 2022, through the date of leaving office.
-or- Assuming Office: Date assumed 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 (required)

Total number of pages including this cover page: 5

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)
411 W Ocean Blvd Long Beach CA 90802
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

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 03/29/2023 02:02 PM Signature Laura Doud
(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

Name _____

Laura Doud

▶ 1. INCOME RECEIVED **▶ 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 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* _____	INTEREST RATE _____ % <input type="checkbox"/> None	TERM (Months/Years) _____
ADDRESS (Business Address Acceptable) _____	SECURITY FOR LOAN	
BUSINESS ACTIVITY, IF ANY, OF LENDER _____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
HIGHEST BALANCE DURING REPORTING PERIOD <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Real Property _____ <small style="margin-left: 150px;">Street address</small> <small style="margin-left: 150px;">City</small>	
	<input type="checkbox"/> Guarantor _____	
	<input type="checkbox"/> Other _____ <small style="margin-left: 150px;">(Describe)</small>	

Comments: _____

SCHEDULE D
Income – Gifts

Name
Laura Doud

▶ NAME OF SOURCE (Not an Acronym)
Lallande Law, PLC
 ADDRESS (Business Address Acceptable)
2801 E Spring St. Suite 200, Long Beach, CA 90806
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
YMCA 55th Annual Good Friday Breakfast

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 07 / 22</u>	<u>\$ 75.00</u>	<u>One ticket to event-breakfast/program</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
COLB Environmental Resources
 ADDRESS (Business Address Acceptable)
411 West Ocean Blvd., Long Beach, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Mayor Garcia Exclusive Farewell Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 12 / 22</u>	<u>\$ 125.00</u>	<u>1 ticket to event-dinner/program</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Children Today's
 ADDRESS (Business Address Acceptable)
2951 Long Beach Blvd., Long Beach, CA 90806
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
25th Annual Anniversary Party

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 01 / 22</u>	<u>\$ 175.00</u>	<u>1 ticket to event-dinner/program</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Anonymous Donor
 ADDRESS (Business Address Acceptable)
address, not available
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Rancho Los Alamitos' 10th Annual Cottonwood Awards Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 26 / 22</u>	<u>\$ 200.00</u>	<u>One ticket to event-lunch/program</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CSU Long Beach
 ADDRESS (Business Address Acceptable)
1250 Bellflower Blvd., Long Beach, CA 90840
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
No Barriers Event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 29 / 22</u>	<u>\$ 19.00</u>	<u>parking fee</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
AT&T
 ADDRESS (Business Address Acceptable)
address, not available
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Long Beach Area Chamber of Commerce, 131st Annual Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 23 / 22</u>	<u>\$ 65.00</u>	<u>1 ticket to event-dinner/program</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____

SCHEDULE D
Income – Gifts

Name
Laura Doud

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 01 / 22</u>	<u>\$ 53.00</u>	<u>Bottle of champagne</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Friends of Long Beach Fire Fighter (FOLBFF)
 ADDRESS *(Business Address Acceptable)*
3205 N. Lakewood Blvd., Long Beach, CA 90808
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
2022 Meritorious Awards Ceremony

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 18 / 22</u>	<u>\$ 69.00</u>	<u>1 ticket to event-lunch/program</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Port of Long Beach
 ADDRESS *(Business Address Acceptable)*
415 West Ocean Blvd., Long Beach, CA 90802
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Nell & John Wooden Ethics in Leadership Awards (Ukleja Center)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 20 / 22</u>	<u>\$ 300.00</u>	<u>2 tickets to event-dinner/program</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)*
Womenshelter of Long Beach
 ADDRESS *(Business Address Acceptable)*
4201 Long Beach Blvd., Suite 102, Long Beach, CA 90807
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
2022 Gala

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 13 / 22</u>	<u>\$ 300.00</u>	<u>2 tickets to event-dinner/program</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: _____
