

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

11 DEC 22 AM 11:31
Public Document

RECEIVED
CITY CLERK
LONG BEACH, CA
11 DEC 20 AM 11:31

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
Long Beach City Council
Division, Board, Department, District, if applicable
Your Position
Councilmember, District 1

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge (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, 2010, through December 31, 2010.
-or-
The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____ through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

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

[Redacted Signature Area]

herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California

Date Signed 12-13-2011 (month, day, year) Sig: _____

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Date Received
 RECEIVED
 CITY CLERK
 LONG BEACH, CALIF.

DB

11 APR -1 PM 4:43

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
 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.

Agency: _____ Position: _____

RECEIVED
 FAIR POLITICAL
 PRACTICES COMMISSION
 11 APR - 7 PM 2:29

2. Jurisdiction of Office (Check at least one box)

- State
- Multi-County _____
- City of Long Beach
- Judge (Statewide Jurisdiction)
- County of _____
- Other _____

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

- Annual:** The period covered is January 1, 2010, through December 31, 2010. **-or-**
 The period covered is _____ through December 31, 2010.
- Assuming Office:** Date _____
- Candidate:** Election Year _____ Office sought, if different than Part 1: _____
- Leaving Office:** Date Left _____ (Check one)
 The period covered is January 1, 2010, 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: 4
- 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., Lobby Level Long Beach CA 90802

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
 () robert.garcia@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.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 4.1.2011 Signature (d)(5)
 (month, day, year) filing official.)

**SCHEDULE D
Income – Gifts**

Name

Robert Garcia

▶ NAME OF SOURCE

Long Beach Heritage

ADDRESS (Business Address Acceptable)

P.O. Box 92521 Long Beach CA 90809

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 18 / 10	\$ 115	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

Virginia Acevedo

ADDRESS (Business Address Acceptable)

908 Gladys Avenue, Long Beach CA 90804

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Human Rights Campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 13 / 10	\$ 550	2 (\$275 each) tickets Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

Long Beach Chamber of Commerce

ADDRESS (Business Address Acceptable)

One World Trade Center, Suite 206 Long Beach CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 24 / 10	\$ 190	2 tickets (\$95 each) Chamber Gala
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

BNSF

ADDRESS (Business Address Acceptable)

One World Trade Center, Suite 1680, Long Beach CA 90831

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 6 / 10	\$ 75	Sen. Lowenthal Roast
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

Verizon

ADDRESS (Business Address Acceptable)

One World Trade Center, Suite 206, Long Beach CA 90831

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 8 / 10	\$ 200	Luncheon State of the County
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

11 DEC 22 PM 3:02

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

▶ 1. BUSINESS ENTITY OR TRUST

Name Long Beach Post, Inc.

Address (Business Address Acceptable) 4720 E. 2nd Street, #7 Long Beach CA 90803

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
Internet News Site	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	
<input checked="" type="checkbox"/> \$10,001 - \$100,000	____/____/10 ____/____/10
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Other _____	
YOUR BUSINESS POSITION _____	

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property _____

Description of Business Activity or
City or Other Precise Location of Real Property _____

FAIR MARKET VALUE		IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$2,000 - \$10,000			
<input type="checkbox"/> \$10,001 - \$100,000		____/____/10	____/____/10
<input type="checkbox"/> \$100,001 - \$1,000,000		ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INTEREST			
<input type="checkbox"/> Property Ownership/Deed of Trust		<input type="checkbox"/> Stock	<input type="checkbox"/> Partnership
<input type="checkbox"/> Leasehold _____		<input type="checkbox"/> Other _____	
		Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached			

Comments: _____

Verification

Print Name Robert Garcia

Office, Agency or Court Long Beach City Council

Statement Type 2010/2011 Annual _____ Annual Assuming Leaving Candidate
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12-13-2011 Signatur (d)(5)
(month, day, year)

SCHEDULE C

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
Long Beach City College
ADDRESS (Business Address Acceptable)
4901 E. Carson, Long Beach CA 90808
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
Director of Public Affairs
GROSS INCOME RECEIVED
[] \$500 - \$1,000 [] \$1,001 - \$10,000
[x] \$10,001 - \$100,000 [] OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED
[x] Salary [] Spouse's or registered domestic partner's income
[] Loan repayment [] Partnership
[] Sale of _____
(Property, car, boat, etc.)
[] Commission or [] Rental Income, list each source of \$10,000 or more
[] Other _____
(Describe)

1. INCOME RECEIVED
NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION
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
[] Loan repayment [] Partnership
[] Sale of _____
(Property, car, boat, etc.)
[] Commission or [] Rental Income, list each source of \$10,000 or more
[] Other _____
(Describe)

Comments:

2. LOAN RECEIVED

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 _____% [] None
TERM (Months/Years) _____
SECURITY FOR LOAN
[] None [] Personal residence
[] Real Property _____
Street address _____
City _____
[] Guarantor _____
[] Other _____
(Describe)

Verification
Print Name Robert Garcia Office, Agency or Court Long Beach City Council
Statement Type [x] 2010/2011 Annual [] Annual (yr) [] Assuming [] Leaving [] Candidate
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 certify under penalty of perjury under the laws of the State of California that (d)(5) rect.
Date Signed 12-13-2011 (month, day, year) Signat

11 DEC 22 PM 3:02

SCHEDULE D
Income – Gifts

▶ **NAME OF SOURCE**
Long Beach Heritage

ADDRESS (Business Address Acceptable)
P.O. Box 92521 Long Beach CA 90809

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 15 / 10	\$ 115.00	Dinner
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE**
BNSF

ADDRESS (Business Address Acceptable)
One World Trade Center, Suite 1680 Long Beach CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 6 / 10	\$ 75.00	Sen. Lowenthal Roast
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE**
Virginia Acevedo

ADDRESS (Business Address Acceptable)
908 Gladys Ave. Long Beach CA 90804

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 13 / 10	\$ 275.00	HRC Banquet
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE**
Verizon

ADDRESS (Business Address Acceptable)
One World Trade Center, Suite 1680 Long Beach CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 8 / 10	\$ 200	State of the County
/ /	\$	
/ /	\$	

▶ **NAME OF SOURCE**

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Verification

Print Name Robert Garcia

Office, Agency or Court Long Beach City Council

Statement Type 2010/2011 Annual Assuming Leaving
 (yr) Annual Candidate

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 12-13-2011
(d)(5) day, year

Signature

Comments: Received and used one ticket to attend the HRC Banquet