

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
CITY CLERK
LONG BEACH, CA



Please type or print in ink.

11 MAR 31 PM 1:00 (MIDDLE)

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
City of Long Beach
Division, Board, Department, District, if applicable
1st District
Your Position
Vice Mayor/Councilmember

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: California Coastal Commission Position: Commissioner

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

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

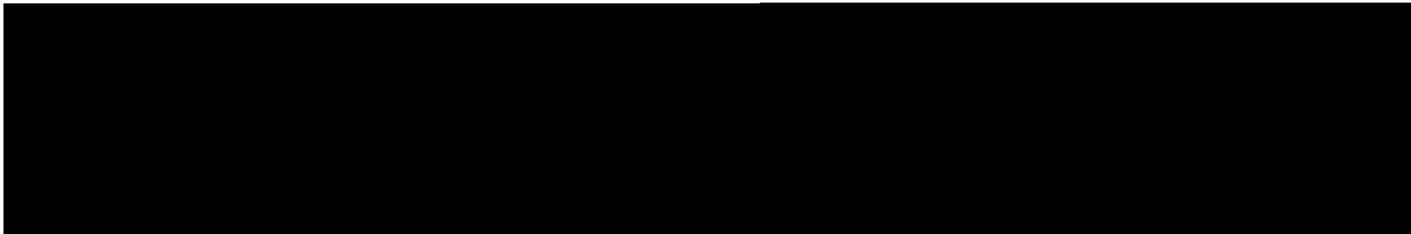
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2013, through December 31, 2013.
-or-
The period covered is _____ through December 31, 2013.
- Assuming Office: Date assumed _____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left _____ (Check one)
 - The period covered is January 1, 2013, 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



Date Signed 03/31/2014
(month, day, year)

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Robert Garcia

1. BUSINESS ENTITY OR TRUST

Long Beach Post
 Name
301 Pine Avenue, Suite B
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE LIST DATE
<input type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>13</u>
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship

YOUR BUSINESS POSITION Officer

1. BUSINESS ENTITY OR TRUST

Name
 Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE LIST DATE
<input type="checkbox"/> \$0 - \$1,999	_____ / ____ / <u>13</u>
<input type="checkbox"/> \$2,000 - \$10,000	_____ / ____ / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship

YOUR BUSINESS POSITION

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$1,001 - \$10,000	

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

<input type="checkbox"/> \$0 - \$499	<input type="checkbox"/> \$10,001 - \$100,000
<input type="checkbox"/> \$500 - \$1,000	<input type="checkbox"/> OVER \$100,000
<input type="checkbox"/> \$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)

None

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

None

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

Check one box
 INVESTMENT REAL PROPERTY

Name of Business Entity if Investment or Assessor's Parcel Number or Street Address 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	_____ / ____ / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / ____ / <u>13</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

Check box if additional schedules reporting investments or real property are attached

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

Check one box
 INVESTMENT REAL PROPERTY

Name of Business Entity if Investment or Assessor's Parcel Number or Street Address 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	_____ / ____ / <u>13</u>
<input type="checkbox"/> \$10,001 - \$100,000	_____ / ____ / <u>13</u>
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED DISPOSED
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold Other

Check box if additional schedules reporting investments or real property are attached

Comments:

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Robert Garcia

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>University of Southern California</u> ADDRESS (Business Address Acceptable) <u>USC - Los Angeles CA 90089</u> BUSINESS ACTIVITY IF ANY OF SOURCE <u>College</u> YOUR BUSINESS POSITION <u>Faculty</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income (if each source of \$10,000 or more) <input type="checkbox"/> Other _____ <small>(Describe)</small>	NAME OF SOURCE OF INCOME <u>ETA Advertising</u> ADDRESS (Business Address Acceptable) <u>301 Pine Ave., Suite B, Long Beach, CA 90802</u> BUSINESS ACTIVITY IF ANY OF SOURCE <u>Advertising Agency</u> YOUR BUSINESS POSITION <u>Consultant</u> GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Partnership <input type="checkbox"/> Sale of _____ <small>(Real property, car, boat, etc.)</small> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income (if each source of \$10,000 or more) <input checked="" type="checkbox"/> Other <u>Consulting work</u> <small>(Describe)</small>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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*	INTEREST RATE	TERM (Months/Years)
ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY IF ANY OF LENDER 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"/> Name _____ SECURITY FOR LOAN <input type="checkbox"/> Name _____ <input type="checkbox"/> Personal Residence <input type="checkbox"/> Real Property _____ <small>(Street Address)</small> <input type="checkbox"/> Guarantor _____ <input type="checkbox"/> Other _____ <small>(Describe)</small>	

Comments:

SCHEDULE D
Income – Gifts

Name
 Robert Garcia

▶ NAME OF SOURCE (Not an Acronym)
 MAD Event Management
 ADDRESS (Business Address Acceptable)
 29 Annabelle Ln., Warwick, NY 10990
 BUSINESS ACTIVITY IF ANY OF SOURCE
 Event Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 23 / 13	\$ 140.00	Convention ticket
___ / ___ / ___	\$	
___ / ___ / ___	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Musical Theatre West
 ADDRESS (Business Address Acceptable)
 4350 E 7th St., Long Beach, CA 90804
 BUSINESS ACTIVITY IF ANY OF SOURCE
 Musical Theater

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 12 / 13	\$ 140.00	Theater tickets
___ / ___ / ___	\$	
___ / ___ / ___	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Rainbow Productions
 ADDRESS (Business Address Acceptable)
 3505 Long Beach Blvd. Ste 2G, LB, CA 90807
 BUSINESS ACTIVITY IF ANY OF SOURCE
 Event Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 09 / 13	\$ 340.00	Concert tickets
___ / ___ / ___	\$	
___ / ___ / ___	\$	

▶ NAME OF SOURCE (Not an Acronym)
 Downtown Long Beach Business Associates
 ADDRESS (Business Address Acceptable)
 100 W Broadway, Ste. 120, LB, CA 90802
 BUSINESS ACTIVITY IF ANY OF SOURCE
 Business Improvement District

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 14 / 13	\$ 110.00	Event tickets
___ / ___ / ___	\$	
___ / ___ / ___	\$	

▶ 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)
___ / ___ / ___	\$	
___ / ___ / ___	\$	
___ / ___ / ___	\$	

▶ 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)
___ / ___ / ___	\$	
___ / ___ / ___	\$	
___ / ___ / ___	\$	

Comments: _____
