

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



Please type or print in ink.

NAME OF FILER (LAST) Johnson (FIRST) James (MIDDLE) 14 JAN 14 PM 4:49

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Long Beach

Division, Board, Department, District, if applicable

City Council

Your Position

Councilmember

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, Multi-County, City of Long Beach, Judge or Court Commissioner, County of, Other

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

- Annual: The period covered is January 1, 2013, through December 31, 2013. Leaving Office: Date Left, Assuming Office: Date assumed, Candidate: Election year

4. Schedule Summary

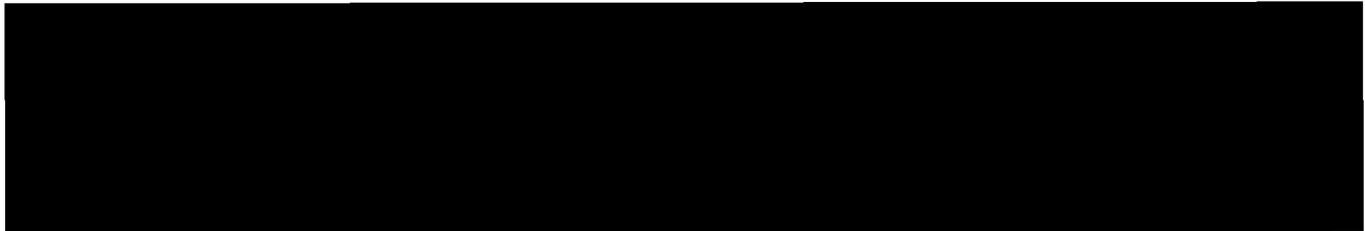
Check applicable schedules or "None."

Total number of pages including this cover page:

- Schedule A-1 - Investments, Schedule A-2 - Investments, Schedule B - Real Property, Schedule C - Income, Loans, & Business Positions, Schedule D - Income - Gifts, Schedule E - Income - Gifts - Travel Payments

None - No reportable interests on any schedule

5. Verification



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

Date Signed 1/14/2014 (month, day/year)

**SCHEDULE A-1
Investments**

Stocks, Bonds, and Other Interests
(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

| |
|---|
| <p>CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION</p> <p>Name _____</p> |
|---|

▶ NAME OF BUSINESS ENTITY
Capital One Financial

GENERAL DESCRIPTION OF THIS BUSINESS
Financial Services

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____ (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
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IF APPLICABLE, LIST DATE:
 _____/_____/13 _____/_____/13
 ACQUIRED DISPOSED

Comments: _____

**SCHEDULE D
Income – Gifts**

Name _____

▶ NAME OF SOURCE (Not an Acronym)
University of California, Los Angeles

ADDRESS (Business Address Acceptable)
Los Angeles

BUSINESS ACTIVITY, IF ANY, OF SOURCE
University

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|----------|----------------------------|
| 10 / 12 / 13 | \$ 70.00 | 2 tickets to football game |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ 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)
Leal Trejo LLP

ADDRESS (Business Address Acceptable)
3767 Worsham Ave., Long Beach, CA 90808

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|-----------|---|
| 11 / 09 / 13 | \$ 160.00 | Regional Hispanic Chamber of Commerce Event |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ 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)
Water Education for Latino Leaders

ADDRESS (Business Address Acceptable)
930 Colorado Blvd., Bldg 2, L.A. 90041

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Water Conference

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|--------------------|-----------|------------------------------------|
| 03 / 22 / 13 | \$ 150.00 | Attend one day of water conference |
| ____ / ____ / ____ | \$ _____ | _____ |
| ____ / ____ / ____ | \$ _____ | _____ |

▶ 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: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 Name _____

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
American Council on Germany
 ADDRESS (Business Address Acceptable)
14 East 60th St, Suite 1000
 CITY AND STATE
New York, New York
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): 07/18/13 - 07/26/13 AMT: \$ 3165
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S) _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): _____ AMT: \$ _____
 (if gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description _____

Comments: _____