

Please type or print in ink.

12 APR -9 PM 2:09

12 APR -2 PM 3:22

NAME OF FILER (LAST) Gabelich (FIRST) Rae (MIDDLE)

1. Office, Agency, or Court

Agency Name
City Officials - City Council
Division, Board, Department, District, if applicable
Your Position
Councilmember - 8th District

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

Agency: Position:

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, 2011, through December 31, 2011.
-or- The period covered is through December 31, 2011.
Leaving Office: Date Left
The period covered is January 1, 2011, through the date of leaving office.
The period covered is through the date of leaving office.
Assuming Office: Date assumed
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: 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



I certify under penalty of perjury under the laws of the State of California that

Date Signed April 2, 2012 (month, day, year)

Signature



SCHEDULE D
Income – Gifts

Name
Rae Gabelich

▶ NAME OF SOURCE
Gaska, Inc.
 ADDRESS (Business Address Acceptable)
Glendale, California
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Retail Shopping Centers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 15 / 11</u>	<u>\$ 150.00</u>	<u>Xmas Gift Basket</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE

 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

 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>

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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

Comments: _____
