

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

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

Your Position

Mayor

► 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 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, 2015, through December 31, 2015. Leaving Office: Date Left _____ (Check one)
- or- The period covered is _____ through _____ The period covered is January 1, 2015, through the date of leaving office.
- Assuming Office: Date assumed _____ The period covered is _____ through the date of leaving office.
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

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

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

Date Signed 03/29/2016
(month, day, year)

Signature

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

NAME OF SOURCE OF INCOME
 University of Southern California

ADDRESS (Business Address Acceptable)
 USC-Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

YOUR BUSINESS POSITION
 Fellowship

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
 (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)

▶ 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME
 Pomona College

ADDRESS (Business Address Acceptable)
 333 N. College Way, Pomona, CA 91711

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

YOUR BUSINESS POSITION
 Part-Time Lecturer

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
 (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 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)

Comments: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name Robert Garcia

▶ 1 INCOME RECEIVED

NAME OF SOURCE OF INCOME
 California State University, Long Beach

ADDRESS (Business Address Acceptable)
 1250 Bellflower Blvd., Long Beach, CA 90840

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Education

YOUR BUSINESS POSITION
 Part-Time Lecturer

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
 (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)

▶ 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
 (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 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 TERM (Months/Years)
 _____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
Street address

City

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income – Gifts

Name
 Robert Garcia

▶ NAME OF SOURCE *(Not an Acronym)*
Musical Theater 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)
02 / 14 / 15	\$ 130.00	Theater Tickets
04 / 18 / 15	\$ 130.00	Theater Tickets
11 / 06 / 15	\$ 130.00	Theater Tickets

▶ NAME OF SOURCE *(Not an Acronym)*
Queen Mary

ADDRESS *(Business Address Acceptable)*
 1126 Queens Highway, Long Beach, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Tourist Attraction

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 26 / 15	\$ 96.00	Admission Tickets
10 / 31 / 15	\$ 200.00	Admission Tickets
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Danielle Ruiz

ADDRESS *(Business Address Acceptable)*
 3629 Charlemagne Ave, Long Beach, CA 90808

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Transportation

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 15 / 15	\$ 75.00	Gift Card
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Don Schmitz

ADDRESS *(Business Address Acceptable)*
 29350 Pacific Coast Hwy, Malibu, CA 90265

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Planning

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 15	\$ 130.00	Gift Basket
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*
Long Beach Convention and Visitors Bureau

ADDRESS *(Business Address Acceptable)*
 301 E. Ocean Blvd., Suite 1900, LB, CA 90802

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Convention Sales

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 15 / 15	\$ 129.00	Gift Basket
/ /	\$	
/ /	\$	

▶ 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: _____