

STATEMENT OF ECONOMIC INTEREST
COVER PAGE

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NAME OF FILER (LAST) MUNGO (FIRST) STACY (MIDDLE) ROSE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
CITY OF LONG BEACH
Division, Board, Department, District, if applicable
COUNCIL DISTRICT FIVE
Your Position
COUNCILMEMBER

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

Agency: SPRING STREET CORRIDOR JPA Position: LONG BEACH MEMBER

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County _____ County of LOS ANGELES
 City of LONG BEACH Other _____

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

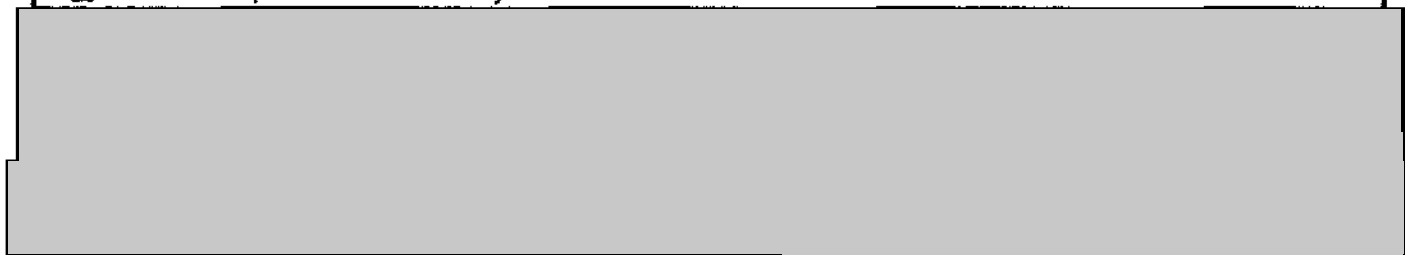
Annual: The period covered is January 1, 2015, through December 31, 2015.
-or-
The period covered is _____ through December 31, 2015.
 Assuming Office: Date assumed _____
 Leaving Office: Date Left _____ (Check one)
○ The period covered is January 1, 2015, through the date of leaving office.
-or-
○ The 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: 2

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 03/22/15 (month, day, year) Signature

**SCHEDULE D
 Income – Gifts**

Name
MUNGO, STACY R.

▶ NAME OF SOURCE *(Not an Acronym)*
P2S ENGINEERING, INC.

ADDRESS *(Business Address Acceptable)*
5000 E. SPRING ST., LONG BEACH, CA 90815

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSULTING ENGINEERING FIRM

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 23 / 15	\$ 50.00	2ND ANNUAL STATE
___ / ___ / ___	\$ _____	OF TRADE & TRANS.
___ / ___ / ___	\$ _____	LUNCHEON TICKET

▶ NAME OF SOURCE *(Not an Acronym)*
SIGNAL HILL PETROLEUM, INC.

ADDRESS *(Business Address Acceptable)*
2633 CHERRY AVE., SIGNAL HILL, CA 90755

BUSINESS ACTIVITY, IF ANY, OF SOURCE
ENERGY COMPANY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 27 / 15	\$ 60.00	LIVING ETHICS
___ / ___ / ___	\$ _____	EVERYDAY SEM.
___ / ___ / ___	\$ _____	BREAKFAST TICKET

▶ NAME OF SOURCE *(Not an Acronym)*
YELLOW CAB / L.A. TAXI CO-OP

ADDRESS *(Business Address Acceptable)*
2129 W. ROSECRANS AVE., GARDENA, CA 90249

BUSINESS ACTIVITY, IF ANY, OF SOURCE
TRANSPORTATION COMPANY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 19 / 15	\$ 50.00	2015 STATE OF THE
___ / ___ / ___	\$ _____	COUNTY ADDRESS
___ / ___ / ___	\$ _____	LUNCHEON TICKET

▶ NAME OF SOURCE *(Not an Acronym)*
SIGNATURE FLIGHT SUPPORT

ADDRESS *(Business Address Acceptable)*
3333 E. SPRING ST., 205, LONG BEACH, CA 90806

BUSINESS ACTIVITY, IF ANY, OF SOURCE
AVIATION COMPANY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 05 / 15	\$ 75.00	FLY ON THE FORD
___ / ___ / ___	\$ _____	PREVIEW TICKET
___ / ___ / ___	\$ _____	

▶ 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: _____