

**STATEMENT OF ECONOMIC INTERESTS**

Date Received  
Official Use Only

COVER PAGE 

Filed Date:  
03/26/2013 02:35 PM

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Neal Steven

**1. Office, Agency, or Court**

Agency Name  
City Officials - City Council  
Division, Board, Department, District, if applicable  
Your Position  
Councilmember - 9th 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, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2012.
- 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, 2012, 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: 3

- 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



herein and in any attached schedules is true and complete. I acknowledge that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/26/2013 02:35 PM  
(month, day, year)

**SCHEDULE D  
 Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
**Port of Long Beach**  
 ADDRESS *(Business Address Acceptable)*  
**925 Harbor Plaza, Long Beach, CA 90802**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**State of the Port/CCEJ Humanitarian Awards**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 19 / 12	\$ 65.00	1 ticket
05 / 17 / 12	\$ 180.00	2 tickets
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Long Beach Education Foundation**  
 ADDRESS *(Business Address Acceptable)*  
**1515 Hughes Way, Long Beach, CA 90810**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Save Middle School Sports Luncheon**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 08 / 12	\$ 50.00	1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**YMCA of Greater Long Beach**  
 ADDRESS *(Business Address Acceptable)*  
**3605 LB Blvd., #210, Long Beach, CA 90807**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Good Friday Breakfast**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 06 / 12	\$ 80.00	2 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Long Beach Convention and Visitors Bureau**  
 ADDRESS *(Business Address Acceptable)*  
**301 E. Ocean Blvd., #1900, Long Beach, CA 90802**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 07 / 12	\$ 69.00	Hotel Discount Coupon
12 / 27 / 12	\$ 180.00	12 tickets to Chill
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Grand Prix Association**  
 ADDRESS *(Business Address Acceptable)*  
**3000 Pacific Avenue, Long Beach, CA 90806**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Grand Prix**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 14 / 12	\$ 390.00	3 weekend passes to Grand Prix
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
**Pat Brown Institute**  
 ADDRESS *(Business Address Acceptable)*  
**5151 State University Drive, LA, CA 90032**  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Awards Dinner**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 31 / 12	\$ 150.00	1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_

**SCHEDULE D  
 Income - Gifts**

▶ NAME OF SOURCE (Not an Acronym)  
**Volunteer Center Team 100**

ADDRESS (Business Address Acceptable)  
**1230 Cravens Ave., Torrance, CA 90501**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Blue Martinin Ball**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 02 / 12	\$ 100.00	2 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Operation Jump Start**

ADDRESS (Business Address Acceptable)  
**3515 Linden Ave., Long Beach, CA 90807**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Graduation Ceremony**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 12	\$ 50.00	1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**CA Aquatics Therapy and Wellness Center**

ADDRESS (Business Address Acceptable)  
**6801 LB Blvd., Long Beach, CA 90805**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Evelyn DuPont Awards**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 09 / 12	\$ 100.00	1 ticket
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**Rainbow Promotions**

ADDRESS (Business Address Acceptable)  
**3505 LB Blvd., Long Beach, CA 90807**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**LB Jazz Festival**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 10 / 12	\$ 450.00	3 tickets
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)  
**CA Conference for Equality and Justice**

ADDRESS (Business Address Acceptable)  
**444 W. Ocean Blvd., #940, Long Beach, CA 90802**

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
**Human Relations Banquet**

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 18 / 12	\$ 75.00	1 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)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_