

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Richardson, Rex Agency Name		Date Stamp 17 SEP 26 AM 10:59	California Form 803 For Official Use Only
City of Long Beach Agency Street Address			
333 W. Ocean Blvd., 14th Floor, Long Beach, CA 90802 Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Shawna Stevens, Chief of Staff			
Area Code/Phone Number 562-570-6137	E-mail (Optional) shawna.stevens@longbeach.gov		

2. Payor Information (For additional payors, include an attachment with the names and addresses.)

Ghost Management Group, LLC

Name

41 Discovery Irvine CA 92618
 Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)

Long Beach Education Foundation

Name

1515 Hughes Way Long Beach CA 90810
 Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 6/15/2017 Amount of Payment: (In-Kind FMV) \$ 5,000
(month, day, year) (Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment: _____

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Donation to the LB Education Foundation, a 501(c)(3) organization, for student programming and to support the Jazz Festival, a free family event, on 6/24/2017.

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that to the best of my knowledge, the information contained herein is true and complete.

Executed on 09/25/2017
DATE

