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Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member *(Last name, First name)*

Richardson, Rex

18 AUG -6 PM 3:07

Date Stamp

California Form 803

For Official Use Only

Agency Name

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)*

Shawna Stevens, Chief of Staff

Area Code/Phone Number: 562-570-6137

E-mail *(Optional)*: shawna.stevens@longbeach.gov

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____ *(month, day, year)*

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

North Cord Management, LLC
Name

1900 Main St., 5th Floor — Address
Irvine — City
CA — State
92614 — Zip Code

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

Economic and Policy Impact Center
Name

777 S. Figueroa St., Suite 4050 — Address
Los Angeles — City
CA — State
90017 — Zip Code

4. Payment Information *(Complete all information.)*

Date of Payment: 5/2/2018 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 10,000 *(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 EPIC, a 501(c)(4) organization, to support programming and their launch event on May 16th.

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 8/6/2018
DATE

[redacted]