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Behested Payment Report

A Public Document

Behested Payment Report

California Form 803

For Official Use Only

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

Richardson, Rex

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.)*

SEIU United Healthcare Workers West
Name

Address	City	State	Zip Code
560 Thomas L Berkeley Way	Oakland	CA	94612

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

Economic and Policy Impact Center
Name

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

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

Date of Payment: 5/11/2018 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 5,000 *(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 8/3/2018
DATE

[redacted]