

Behested Payment Report

A Public Document

Behested Payment Report

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

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

UFCW Local 324
Name

5830 Stanton Ave., PO Box 5004 Buena Park CA 90622
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: 6/7/2017 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 09/26/2017
DATE

