

Behested Payment Report

A Public Document

Behested Payment Report

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

Date Stamp

17 JAN 27 PM 3: 27

California Form 803

For Official Use Only

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.)

Beth El

Name

6729 Long Beach Blvd.

Address

Long Beach

City

CA

State

90805

Zip Code

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

Long Beach Education Foundation

Name

1515 Hughes Way

Address

Long Beach

City

CA

State

90810

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/16/2015  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 20,000  
(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 the Long Beach Education

Foundation, a 501(c)(3) organization, to support students and families in North Long Beach.

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 1-27-17  
DATE

By \_\_\_\_\_  
MEMBER