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Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp 18 AUG -6 PM 3:07	California Form 803 For Official Use Only
Richardson, Rex Agency Name			
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>		<input type="checkbox"/> Amendment <i>(See Part 5)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Shawna Stevens, Chief of Staff			
Area Code/Phone Number 562-570-6137	E-mail <i>(Optional)</i> shawna.stevens@longbeach.gov		

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

Ek & Ek LLC <i>Name</i>			
461 W. 6th St., Suite 233 <i>Address</i>	San Pedro <i>City</i>	CA <i>State</i>	90731 <i>Zip Code</i>

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

Economic and Policy Impact Center <i>Name</i>			
777 S. Figueroa St., Suite 4050 <i>Address</i>	Los Angeles <i>City</i>	CA <i>State</i>	90017 <i>Zip Code</i>

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

Date of Payment: 5/16/2018 *(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 8/3/2018
DATE

