

Behested Payment Report

A Public Document

Behested Payment Report

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California Form 803
For Official Use Only

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 | E-mail (Optional)
 562-570-6137 | shawna.stevens@longbeach.gov

7 JAN 27 PM 3:28
 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.)
 Inner Circle Investments Inc.
 Name
 2700 Pacific Coast Highway, 2nd Floor | Torrance | CA | 90505
 Address | City | State | Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
 Southern California Association of Governments
 Name
 818 West 7th Street, 12th Floor | Los Angeles | CA | 90017
 Address | City | State | Zip Code

4. Payment Information (Complete all information.)
 Date of Payment: 9/25/2016 | Amount of Payment: (In-Kind FMV) \$ 10,000
 (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 Southern California Association of Governments to support Activate Uptown, a free family event highlighting mobility and healthy living, on 10/1/2016.

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 [Redacted Signature]