Behested Payment Report

A Public Document

California Form 803

I8 AUG -6 PM 3: 07 Date Stamp

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

☐ **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.)*

International Brotherhood of Electrical Workers Local 11
Name

297 N. Marengo Ave.	Pasadena	CA	91101
Address	City	State	Zip Code

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

Economic and Policy Impact Center
Name

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

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

Date of Payment: __5/18/2018__
(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