

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member <i>(Last name, First name)</i>		Date Stamp	California Form 803
Richardson, Rex Agency Name		18 MAY -2 PM 3: 20	For Official Use Only
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>	
Shawna Stevens, Chief of Staff	Date of Original Filing: _____ <i>(month, day, year)</i>		
Area Code/Phone Number	E-mail <i>(Optional)</i>		
562-570-6137	shawna.stevens@longbeach.gov		

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

L.B. Villa Park Inc.  
Name

6745 Atlantic Ave. Long Beach CA 90805  
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: 4/16/18 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 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 5/1/2018  
DATE

