

Behested Payment Report

A Public Document

1. Elected Officer or CPUC Member (Last name, First name)

Richardson, Rex

Date Stamp  
2020 JAN 31 PM 3:41

California Form 803  
For Official Use Only

Agency Name

City of Long Beach

Agency Street Address

411 W. ocean Blvd, 11th Fl. Long Beach, CA 90802

Designated Contact Person (Name and title, if different)

Matthew Hamlett, Chief of Staff

Amendment (See Part 5)

Area Code/Phone Number

(562) 570-6137

E-mail (Optional)

matthew.hamlett@longbeach.gov

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

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

Leaf and Lion

Name

6978 Stanley Ave.

Long Beach

CA

90805

Address

City

State

Zip Code

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

Partners of Park S

Name

1150 E. 4th St, Suite 104, Long Beach

CA

90802

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 6/19/2019  
(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 support programming at the Uptown Jazz Festival, a free family event, on 7/6/2019.

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 1/31/2020  
DATE

