Behested Payment Report

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

   □ Amendment (See Part 8)
   Date of Original Filing: ___________ (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Long Beach Fire Fighters Association PAC

   Name
   2201 E. Spring St., #222
   Signal Hill CA 90755
   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: 1/4/2018 (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:

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

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) (December/2015)