Behested Payment Report

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

   Richardson, Rex

   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

   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.)

   Name

   Marathon Petroleum Company

   Address

   2350 E. 223rd St., Carson

   City

   CA

   State

   90810

   Zip Code

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

   Name

   Partners of Parks

   Address

   1150 E. 4th St., Suite 104

   City

   Long Beach

   State

   CA

   Zip Code

4. Payment Information (Complete all information.)

   Date of Payment: __6/13/2019__

   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 7/4/2019.

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

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