

Behested Payment Report

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LONG BEACH, California

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 Stamp: 2020 JAN 31 PM 3:44
 Form 803 For Official Use Only
 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.)
 Marathon Petroleum Company
 Name
 2350 E. 223rd St., Carson CA 90810
 Address City State Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
 Partners of Parks
 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: 6/13/2019 (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

