

Behested Payment Report

A Public Document

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

RECEIVED
CITY CLERK
LONG BEACH, CA
Date Stamp

17 JAN 27 PM 3:27

California 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.)

Paul Dennis, Weber Metals

Name

16706 Garfield Ave.

Paramount

CA

90723

Address

City

State

Zip Code

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

Long Beach Education Foundation

Name

1515 Hughes Way

Long Beach

CA

90810

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 8/3/2015
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000
(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 the Long Beach Education

Foundation, a 501(c)(3) organization, to support students and families in North Long Beach.

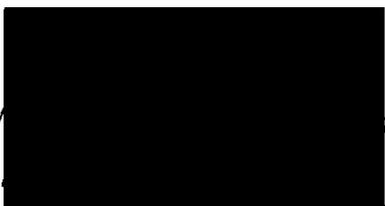
5. Amendment Description and/or Comments

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 1-27-17
DATE

By



OFFICER OR CPUC MEMBER