

Behested Payment Report

A Public Document

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LONG BEACH, CA

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

Date Stamp

18 MAY -2 PM 3: 20

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.)

Plumbers Local Union No 78

Name

1111 W James M Wood Blvd.

Los Angeles

CA

90015

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: 4/11/18  
(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 EPIC, a

501(c)(4) organization, to support programming and their launch event on May 16th.

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  
DATE

