**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**

   **California** Form 803
   - For Official Use Only

2. **Payor Information** *(For additional payors, include an attachment with the names and addresses.)*
   - **SEIU Local 2015**

   **Name**
   - 2910 Beverly Blvd.

   **City**
   - Los Angeles

   **State**
   - CA

   **Zip Code**
   - 90057

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

   **City**
   - Los Angeles

   **State**
   - CA

   **Zip Code**
   - 90017

4. **Payment Information** *(Complete all information.)*
   - **Date of Payment:** 7/9/2018
   - **Amount of Payment:** *(In-Kind FMV)* $7,500

   **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** 8/2/2018

   **DATE**