

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name)		Date Stamp	<b>California 803</b> Form For Official Use Only
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)		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
Shawna Stevens, Chief of Staff			
Area Code/Phone Number	E-mail (Optional)		
562-570-6137	shawna.stevens@longbeach.gov		

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

SEIU Local 2015  
Name

2910 Beverly Blvd. Los Angeles CA 90057  
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: 7/9/2018 Amount of Payment: (In-Kind FMV) \$ 7,500  
(month, day, year) (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 8/2/2018  
DATE

