

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California 803 Form For Official Use Only
Richardson, Rex		17 DEC 26 PM 4:47	
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)	
Shawna Stevens, Chief of Staff		Date of Original Filing: _____ (month, day, year)	
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.)

Southern California Pipe Trades District Council #16

Name

501 Shatto Place, Suite 400	Los Angeles	CA	90020
Address	City	State	Zip Code

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

Partners of Parks

Name

2760 N. Studebaker Rd.	Long Beach	CA	90815
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/23/2017 (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 Partners of Parks, a 501(c)(3) organization, to support the Veterans Day Celebration, a free family event honoring veterans, on 11/11/2017.

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 12/26/2017
DATE

