

Behested Payment Report

A Public Document

Behested Payment Report

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|--|------------------------------|---|--|
| 1. Elected Officer or CPUC Member (Last name, First name) | | RECEIVED CITY CLERK Date Stamp, CA 17 JAN 27 PM 3:27 | California Form 803 For Official Use Only |
| Richardson, Rex Agency Name | | | |
| City of Long Beach Agency Street Address | | <input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year) | |
| 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 | E-mail (Optional) | | |
| 562-570-6137 | shawna.stevens@longbeach.gov | | |

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

Tesoro Companies, Inc.
Name

19100 Ridgewood Parkway San Antonio TX 78259
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: 6/6/2016 Amount of Payment: (In-Kind FMV) \$ 10,000
(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 the LB Education Foundation, a 501(c)(3) organization, for student programming and to support Village Fest, a free family festival, on 10/1/2016.

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 By _____
DATE OR CPUC MEMBER