

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 17 JAN 27 PM 3:27	California Form 803 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: _____ (month, day, year)	
Shawna Stevens, Chief of Staff			
Area Code/Phone Number 562-570-6137	E-mail (Optional) shawna.stevens@longbeach.gov		

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

UFCW Local 324
Name

5830 Stanton Ave., PO Box 5004 Buena Park CA 90622
Address City State Zip Code

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

California Aquatic Therapy and Wellness Center, Inc. (Pools of Hope)
Name

6801 Long Beach Blvd. Long Beach CA 90805
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 5/25/2016 Amount of Payment: (In-Kind FMV) \$ 5,000
(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: _____

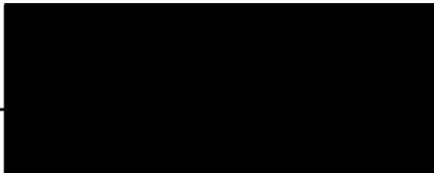
Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: Donation to California Aquatic Therapy and Wellness Center, a 501(c)(3) organization, to support the Uptown Jazz Festival on 6/11/16.

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  FOR CPUC MEMBER