

Behested Payment Report

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LONG BEACH

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 17 JAN 27 PM	California 803 Form 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)			
Shawna Stevens, Chief of Staff		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	
562-570-6137	shawna.stevens@longbeach.gov		

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

Urban Commons Queensway, LLC

Name

1211 Puerta Del Sol, #170

San Clemente

CA

92673

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: 8/23/2016
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000
(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 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
DATE

By _____
CPUC MEMBER

