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**Behested Payment Report**

**A Public Document**

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> <i>(Last name, First name)</i>		<b>18 AUG -6 PM 3 08</b> <small>Date Stamp</small>	<b>California Form 803</b> <small>For Official Use Only</small>
Richardson, Rex <b>Agency Name</b>			
City of Long Beach <b>Agency Street Address</b>			
333 W. Ocean Blvd., 14th Floor, Long Beach, CA 90802 <b>Designated Contact Person</b> <i>(Name and title, if different)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(See Part 5)</i>  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Shawna Stevens, Chief of Staff			
Area Code/Phone Number 562-570-6137	E-mail <i>(Optional)</i> shawna.stevens@longbeach.gov		

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

Yaakov Greenspan <small>Name</small>			
520 W. Willow St.	Long Beach	CA	90806
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

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

Economic and Policy Impact Center <small>Name</small>			
777 S. Figueroa St., Suite 4050	Los Angeles	CA	90017
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>

**4. Payment Information** *(Complete all information.)*

**Date of Payment:** 5/16/2018 (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 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 8/3/2018  
DATE

By

