Behested Payment Report — A Public Document

California Form 803
For Official Use Only

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LONG BEACH, CA
06/15/2020 11:31AM

1. Elected Officer or CPUC Member *(Last name, First name)*

Richardson, Rex

Agency Name
Long Beach City Council

Agency Street Address
411 Ocean Blvd 11th Floor, Long Beach CA 90802

Designated Contact Person *(Name and title, if different)*
Matthew Hamlett, Chief of Staff

Area Code/Phone Number
5623946322

E-mail *(Optional)*
matthew.hamlett@longbeach.gov

☐ **Amendment** *(See Part 5)*

Date of Original Filing: _____ *(month, day, year)*

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

Birdge Point Long Beach LLC
Name

1000 W Irving Park Road Suite 160 | Itasca | IL
Address | City | State | Zip Code

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

Long Beach Center for Economic Inclusion
Name

3515 Linden Ave #56 | Long Beach | CA | 90807
Address | City | State | Zip Code

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

Date of Payment: April 8th 2020 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ 215,000 *(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: To support COVID-19 emergency programs including a senior food assistance and small business assistance.

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the [redacted]
herein is true and complete.

Executed on 06/14/2020
DATE