

Behested Payment Report

A Public Document

Behested Payment Report

|   |                                 |  |   |
|---|---------------------------------|--|---|
| <b>1. Elected Officer or CPUC Member</b> <i>(Last name, First name)</i> |                                 | Date Stamp   | <b>California Form 803</b><br>For Official Use Only |
| Richardson, Rex   |                                 | <b>RECEIVED</b>  |   |
| <b>Agency Name</b>  |                                 | CITY CLERK   |   |
| Long Beach City Council   |                                 | LONG BEACH, CA   |   |
| <b>Agency Street Address</b>  |                                 | 06/15/2020 11:31AM   |   |
| 411 Ocean Blvd 11th Floor Long Beach CA 90802                           |                                 | <input type="checkbox"/> <b>Amendment</b> <i>(See Part 5)</i>      |   |
| <b>Designated Contact Person</b> <i>(Name and title, if different)</i>  |                                 | <b>Date of Original Filing:</b> _____<br><i>(month, day, year)</i> |   |
| Matthew Hamlett, Chief of Staff   |                                 |  |   |
| <b>Area Code/Phone Number</b>   | <b>E-mail</b> <i>(Optional)</i> |  |   |
| 5623946322  | matthew.hamlett@longbeach.gov   |  |   |

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

Bridge Point Long Beach LLC

|                                   |        |       |          |
|-----------------------------------|--------|-------|----------|
| Name                              |        |       |          |
| 1000 W Irving Park Road Suite 160 | Itasca | IL    | 60143    |
| Address                           | City   | State | Zip Code |

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

Ronnie's House

|                               |             |       |          |
|-------------------------------|-------------|-------|----------|
| Name                          |             |       |          |
| 42215 Washington St. Ste A196 | Palm Desert | CA    | 92211    |
| Address                       | City        | State | Zip Code |

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

**Date of Payment:** March 11th, 2020 *(month, day, year)*      **Amount of Payment:** *(In-Kind FMV)* \$ 10,000 *(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:** Support for women's entrepreneur programming.

**5. Amendment Description and/or Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Verification**

I certify, under penalty of perjury under the laws of the State of California, that the information provided herein is true and complete.

Executed on 06/14/2020 DATE

