

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

|   |   |                            |
|---|---|----------------------------|
| <input type="checkbox"/> Amendment of Filing<br><input type="checkbox"/> Check box if an Amendment<br>/ / (Month, Day, Year)<br># Confirmation Number | Date Stamp (Agency)<br>FILED BY<br>LOS ANGELES COUNTY<br>2022 NOV 22 PM 2: 12 | <b>CALIFORNIA FORM 803</b> |
|   | CAMPAIGN FINANCE  |                            |

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

|  |  |                                      |
|--|--|--------------------------------------|
| ELECTED OFFICER OR CPUC MEMBER:<br>Miller, Erik  | AGENCY NAME:<br>Long Beach Unified School Dist | AGENCY STREET ADDRESS:               |
| DESIGNATED CONTACT PERSON (NAME AND TITLE):<br>Leticia Rodriguez, Executive Secretary to the Board/Supt. | AREA CODE/PHONE NUMBER:<br>562-997-8240        | E-MAIL:<br>lrodriguez@lbschools.net. |

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

|  |           |   |              |                    |
|--|-----------|---|--------------|--------------------|
| NAME:<br>PIH   | ADDRESS:  | CITY:<br>Whittier                                 | STATE:<br>CA | ZIP CODE:<br>90602 |
| <input type="checkbox"/> Donor Advised Fund (DAF)<br>(see instructions)                          | DAF NAME: | DONOR(S) AND DONOR'S ADVISOR: (SEE INSTRUCTIONS.) |              |                    |
| <input type="checkbox"/> Payor is a named party or the subject of a proceeding before my agency. |           | BRIEF DESCRIPTION OF PROCEEDINGS:                 |              |                    |

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

|   |   |                    |              |                    |
|---|---|--------------------|--------------|--------------------|
| NAME:<br>Rancho Los Amigos Foundation   | ADDRESS:  | CITY:<br>Downey    | STATE:<br>CA | ZIP CODE:<br>90242 |
| For a nonprofit organization payee, provide a brief description of any relationship to the official, official's immediate family member or staff member in the role of founder, salaried employee, decision-making capacity (board member or executive officer) or position on an honorary or advisory board. |   |                    |              |                    |
| NAME AND TITLE:<br>Erik Miller  | ROLE WITH THE NONPROFIT ORGANIZATION:<br>Executive Director | BRIEF DESCRIPTION: |              |                    |

**4. Payment Information** (Complete all information. For estimated payment information check the box below.)

| DATE (MONTH/DAY/YEAR) | AMOUNT    | PAYMENT TYPE  | BRIEF DESCRIPTION OF IN-KIND PAYMENT | PURPOSE   | DESCRIBE THE LEGISLATIVE, GOVERNMENTAL, CHARITABLE PURPOSE, OR EVENT: |
|-----------------------|-----------|---|--------------------------------------|---|---|
| 8/30/2022             | \$5000.00 | <input checked="" type="checkbox"/> MONETARY DONATION<br><input type="checkbox"/> IN-KIND GOODS OR SERVICES |                                      | <input type="checkbox"/> LEGISLATIVE<br><input type="checkbox"/> GOVERNMENTAL<br><input checked="" type="checkbox"/> CHARITABLE | Hospital Rehabilitation Care  |
|                       |           | <input type="checkbox"/> MONETARY DONATION<br><input type="checkbox"/> IN-KIND GOODS OR SERVICES            |                                      | <input type="checkbox"/> LEGISLATIVE<br><input type="checkbox"/> GOVERNMENTAL<br><input type="checkbox"/> CHARITABLE            |   |

The (DATE/AMOUNT) is an estimate and reflects my best efforts at obtaining the accurate information.

REASON FOR ESTIMATE:

**5. Amendment Description and/or Comments** (Provide date of original filing or confirmation number in Part 1.)

**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 10/19/2022  
DATE

By \_\_\_\_\_ SIGNATURE