

Behested Payment Report
A Public Document

Type or Print in Ink.

<input type="checkbox"/> Amendment of Filing <input type="checkbox"/> Check box if an Amendment (Month, Day, Year) # _____ Confirmation Number	Date Stamp (Agency) LOS ANGELES COUNTY 2022 NOV 22 PM 2: 12 CAMPAIGN FINANCE	CALIFORNIA FORM 803
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1. Elected Officer or CPUC Member (Last name, First name)

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

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

NAME: SoCal Gas	ADDRESS:	CITY: Los Angeles	STATE: CA	ZIP CODE: 90030
<input type="checkbox"/> Donor Advised Fund (DAF) (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: Rancho Los Amigos Foundation	ADDRESS:	CITY: Downey	STATE: CA	ZIP CODE: 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: Erik Miller	ROLE WITH THE NONPROFIT ORGANIZATION: 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	\$20,000.00	<input checked="" type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input checked="" type="checkbox"/> CHARITABLE	Hospital Rehabilitation Care
		<input type="checkbox"/> MONETARY DONATION <input type="checkbox"/> IN-KIND GOODS OR SERVICES		<input type="checkbox"/> LEGISLATIVE <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> CHARITABLE	

The _____ 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