

**Behested Payment Report**  
A Public Document

Type or Print in Ink.

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

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

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

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

NAME: <b>Sam's Roofing Materials</b>	ADDRESS:	CITY: <b>Paramount</b>	STATE: <b>CA</b>	ZIP CODE: <b>90723</b>
<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: <b>Rancho Los Amigos Foundation</b>	ADDRESS:	CITY: <b>Downey</b>	STATE: <b>CA</b>	ZIP CODE: <b>90242</b>
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: <b>Erik Miller</b>	ROLE WITH THE NONPROFIT ORGANIZATION: <b>Executive Director</b>	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:
9/29/2022	\$5,000.00	<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