

Behested Payment Report
A Public Document

Type or Print in Ink.

<p>Amendment of Filing <input type="checkbox"/> Check box if an Amendment</p> <p>_____/_____/_____ (Month, Day, Year)</p> <p># _____ Confirmation Number</p>	<p>Date Stamp (Agency)</p> <p>RECEIVED LOS ANGELES 2022 NOV 22 PM 2:14</p>	<p>CALIFORNIA FORM 803</p>
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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: CARRIZO FINANCE
DESIGNATED CONTACT PERSON (NAME AND TITLE): Leticia Rodriguez, Executive Secretary to the Supt/Board	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: Sutherland Healthcare Solutions, Inc.	ADDRESS:	CITY: Clifton	STATE: NJ	ZIP CODE: 07012-1663
<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:
10/25/2022	\$5,000	<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 _____ (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 11/16/2022
DATE

By _____
SIGNATURE