Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)
   Robert Garcia
   Agency Name
   City of Long Beach
   Agency Street Address
   333 W. Ocean Blvd
   Designated Contact Person (Name and title, if different)
   Mark Taylor
   Area Code/Phone Number
   E-mail (Optional)
   562-570-6801
   mayor@longbeach.gov

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Carnival Cruise Foundation
   Name
   3655 N.W. 87th Ave
   Miami
   FL
   33178
   Address
   City
   State
   Zip Code

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
   Community Partners- Mayor's Fund for Education
   Name
   65 Pine Ave. #898
   Long Beach
   CA
   90802-4718
   Address
   City
   State
   Zip Code

4. Payment Information (Complete all information.)
   Date of Payment: 4/12/2017
   Amount of Payment: (In-Kind FMV) $ 25,000.00
   (Round to whole dollars.)
   Payment Type:
   ☐ Monetary Donation or ☐ In-Kind Goods or Services (Provide description below.)
   Brief Description of In-Kind Payment: A competitive grant award applied for and received during open solicitation process.
   Purpose: (Check one and provide description below.)
   ☐ Legislative ☐ Governmental ☐ Charitable
   Describe the legislative, governmental, charitable purpose, or event: To support educational efforts in Long Beach

5. Amendment Description and/or Comments
   Notice of payment received on 6/15/2017
   

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 8-4-17
   
FPPC Form 803 (December/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)