

Behested Payment Report

A Public Document

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CITY CLERK

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
562-570-6801

E-mail (Optional)
robert.garcia@longbeach.gov

Date Stamp

17 AUG -7 PM 3:30

California 803
Form

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: June 5, 2017
(month, day, year)

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

City of Light and Power

Name

6312 S. Fiddlers Green Cir Suite 200E

Address

Greenwood Village

City

CO

State

80111

Zip Code

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

Musica Angelica Baroque Orchestra

Name

65 Pine Ave. #12

Address

Long Beach

City

CA

State

90802

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 5/4/2017
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000.00
(Round to whole dollars.)

Payment Type: Monetary Donation or In-Kind Goods or Services (Provide description below.)

Brief Description of In-Kind Payment:

Purpose: (Check one and provide description below.) Legislative Governmental Charitable

Describe the legislative, governmental, charitable purpose, or event: To support musical performances.

5. Amendment Description and/or Comments

Original filing used wrong payor information.

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 8/7/2017
DATE

By

