

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 Form 803

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 Greenwood Village CO 80111  
Address City State 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 Long Beach CA 90802  
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 5/4/2017 Amount of Payment: (In-Kind FMV) \$ 5,000.00  
(month, day, year) (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

