

Behested Payment Report

A Public Document

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name) Robert Garcia		Date Stamp 17 AUG 31 PM 3:07	<b>California Form 803</b> For Official Use Only
Agency Name City of Long Beach			
Agency Street Address 333 W. Ocean Blvd.		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ (month, day, year)	
Designated Contact Person (Name and title, if different) Mark Taylor			
Area Code/Phone Number (562) 570-6801	E-mail (Optional) Mayor@longbeach.gov		

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

Hotel Queen Mary			
Name			
5851 Legacy Circle	Plano	TX	75024
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			
1000 N. Alameda Street, Suite 240	Los Angeles	CA	90012
Address	City	State	Zip Code

4. Payment Information (Complete all information.)

Date of Payment: Aug. 17, 2016 (month, day, year)      Amount of Payment: (In-Kind FMV) \$ 5,000 (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: Support education in the City of Long Beach.

5. Amendment Description or Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 August 31, 2017  
DATE

