**Behested Payment Report**

**A Public Document**

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)**
   
   Mayor@longbeach.gov

   **Date of Original Filing:**
   
   (month, day, year)

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

   **Hotel Queen Mary**
   
   **Name**
   
   5851 Legacy Circle

   **Address**
   
   Plano, TX 75024

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

   **Address**
   
   Los Angeles, CA 90012

4. **Payment Information** *(Complete all information.)*

   **Date of Payment:**
   
   Aug. 17, 2016

   **Amount of Payment:** *(In-Kind FMV)*
   
   $5,000

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

   **Brief Description of In-Kind Payment:**
   
   Support education in the City of Long Beach.

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

   **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