

Behested Payment Report

A Public Document

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

RECEIVED  
CITY CLERK  
LONG BEACH, CA  
Date Stamp  
17 JUN -6 PM 4: 08

California Form 803

For Official Use Only

Amendment (See Part 5)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

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

City Light and Power

Name

6312 S. Fiddlers Green Circle 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: 3/30/2017  
(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

Notice of payment received 6/1/2017

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information contained herein is true and complete.

[Redacted Signature]

Executed on 6/10 DATE

B