

Behested Payment Report

A Public Document

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CITY CLERK  
LONG BEACH, CA

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)  
mayor@longbeach.gov

Date Stamp  
17 AUG -4 PM 3: 04

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.)

Oxbow

Name

330 Golden Shore St., Ste. 210  
Address

Long Beach  
City

CA  
State

90802-4200  
Zip Code

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

Community Partners- Mayor's Fund for Education

Name

65 Pine Ave. #898  
Address

Long Beach  
City

CA  
State

90802-4718  
Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 5/31/2017  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 10,000.00  
(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 educational efforts in Long Beach

5. Amendment Description and/or Comments

Notice of payment received on 8/4/2017

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 8-4-17  
DATE

By

