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 E-mail (Optional)
   562-570-6801 mayor@longbeach.gov

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
   Retail Design Collaborative/Studio111
   Name
   245 E. Third Street
   Address City State Zip Code
   Long Beach CA 90802

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 City State Zip Code
   Long Beach CA 90802-4718

4. Payment Information (Complete all information.)
   Date of Payment: 8/1/2017 (month, day, year)
   Amount of Payment: (In-Kind FMV) $15,600.00
   (Round to whole dollars.)
   Payment Type: ☐ Monetary Donation or ☒ In-Kind Goods or Services (Provide description below.)
   Brief Description of In-Kind Payment: Office space provided, at a monthly equivalent of $1,950. And will reach a total for 2017 of $15,600. Amount crossed $5,000.00 threshold after Aug. 1, 2017.
   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

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 8/11/17

FPPC Form 803 (December/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)