

Behested Payment Report

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Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp 17 AUG 11 PM 4:	California Form 803 For Official Use Only
Robert Garcia Agency Name			
City of Long Beach Agency Street Address		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
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	Long Beach	CA	90802
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

65 Pine Ave. #898	Long Beach	CA	90802-4718
Address	City	State	Zip Code

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 DATE

