

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 E-mail (Optional) 562-570-6801 mayor@longbeach.gov		Date Stamp 17 AUG -4 PM 3: 04	California Form 803 For Official Use Only
		<input type="checkbox"/> 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.)

Tony Shashoni
 Name
 9200 W. Sunset Blvd. West Hollywood CA 90069
 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: 4/12/2017 (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 [Redacted]