## Behested Payment Report

**1. Elected Officer or CPUC Member**  
(Last name, First name)  
Garcia, Robert  

**Agency Name**  
City of Long Beach  

**Agency Street Address**  
411 W. Ocean Blvd, 11th Floor, Long Beach, CA 90802  

**Designated Contact Person**  
(Name and title, if different)  
Diana Tang, Chief of Staff  

**Area Code/Phone Number**  
562-570-6801  
**E-mail (Optional)**  
mayor@longbeach.gov  

**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.)  

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bob Foster</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Partners Mayor's Fund for Education</td>
<td>1000 North Alameda Street, Suite 240</td>
<td>Los Angeles</td>
<td>CA</td>
<td>90012</td>
</tr>
</tbody>
</table>

**4. Payment Information**  
(Complete all information.)  

<table>
<thead>
<tr>
<th>Date of Payment:</th>
<th>Amount of Payment:</th>
<th>Payment Type:</th>
<th>Brief Description of In-Kind Payment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/8/2019</td>
<td>(In-Kind FMV) $5,000.00</td>
<td>□ Monetary Donation or □ In-Kind Goods or Services</td>
<td></td>
</tr>
</tbody>
</table>

**Purpose:**  
(Check one and provide description below.)  
□ Legislative  
□ Governmental  
☒ Charitable  

Describe the legislative, governmental, charitable purpose, or event:  
To support educational efforts of the Mayor's Fund for Education and the 2019 Internship Challenge Reception  

**5. Amendment Description and/or Comments**  

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**6. Verification**  
I certify, under penalty of perjury under the laws of the State of California herein is true and complete.  

<table>
<thead>
<tr>
<th>DATE</th>
<th>By</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/29/19</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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