

Behested Payment Report

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LONG BEACH, CA

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

Date Stamp
2019 OCT 31 PM 3:36

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.)

Bob Foster

Name

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

1000 North Alameda Street, Suite 240 Los Angeles CA 90012
Address City State Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 10/8/2019
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 5,000.00
(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 of the Mayor's Fund for Education and the 2019 Internship Challenge Reception

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information contained herein is true and complete.

Executed on 10/29/19
DATE

By

[Redacted Signature]