

Behested Payment Report

A Public Document

Behested Payment Report

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California Form 803
For Official Use Only

2019 OCT 18 AM 10:36

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)

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.)

Boeing

Name

PO Box 516 M/C 5084-7000

Address

St. Louis

City

MO

State

63166-0516

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

Address

Long Beach

City

CA

State

90802-4718

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/23/2019
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 75,000.00
(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 2019/2020 Early Learning Initiative.

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 10/8/2019
DATE

By 