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**Behested Payment Report**

**A Public Document**

Behested Payment Report

<b>1. Elected Officer or CPUC Member</b> (Last name, First name)		Date Stamp <b>10 DEC -7 AM 11: 35</b>	<b>California 803</b> Form For Official Use Only
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		<input type="checkbox"/> Amendment (See Part 5)	
Area Code/Phone Number	E-mail (Optional)	Date of Original Filing: _____ (month, day, year)	
562-570-6801	mayor@longbeach.gov		

**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: 10/29/2018 Amount of Payment: (In-Kind FMV) \$ 75,000.00  
(month, day, year) (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 Sponsoring the ReadyRosie/Early Education Family Engagement Programs.

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

Notice of funds distribution received on 12/3/2018

**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 Dec 5, 2018  
DATE

By \_\_\_\_\_

