

Behested Payment Report

A Public Document

Behested Payment Report

RECEIVED  
CLERK  
LONG BEACH, CA

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  
562-570-6801

E-mail (Optional)  
mayor@longbeach.gov

Date Stamp

19 AUG -8 AM 11:11

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.)

California Community Foundation

Name

221 S. Figueroa St. #400

Long Beach

CA

90012

Address

City

State

Zip Code

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

Long Beach BLAST

Name

4201 Long Beach Blvd., Suite 201

Long Beach

CA

90807

Address

City

State

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 07/17/2019  
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 78,000.00  
(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 Ready to Rise, a program that serves at-risk youth in Long Beach.

5. Amendment Description and/or Comments

6. Verification

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

Executed on 8/8/19  
DATE

By

