**Behested Payment Report**

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, Chief of Staff

   **Area Code/Phone Number** *(Optional)*  
   (562) 570-6801

   **E-mail** *(Optional)*  
   mayor@longbeach.gov

   **Date of Original Filing** *(month, day, year)*

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2. **Payor Information** *(For additional payors, include an attachment with the names and addresses.)*  
   California Resource Corporation

   **Name**  
   P.O. Box 280820

   **Address**  
   Northridge, CA 90012

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

   **Name**  
   P.O. Box 3969

   **Address**  
   Long Beach, CA 90803

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

   **Date of Payment** *(month, day, year)*  
   4/26/2018

   **Amount of Payment** *(In-Kind FMV)*  
   $3,000

   **Payment Type**  
   ☑ Monetary Donation

   **Brief Description of In-Kind Payment**

   **Purpose** *(Check one and provide description below.)*  
   ☑ Charitable

   **Describe the legislative, governmental, charitable purpose, or event**

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

   Donation information received 5/9/19.

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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**  
   DATE

   **By**  
   [Handwritten Signature]

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**FPPC Form 803 (January/2018)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)**