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
   (562) 570-6801

   E-mail (Optional)
   mayor@longbeach.gov

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

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

   Name
   PO Box 280820

   Address
   City
   Northridge
   CA
   90012

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

   Name
   P.O. Box 3969

   Address
   City
   Long Beach
   CA
   90803

4. Payment Information (Complete all information.)

   Date of Payment:
   May 4, 2017
   (month, day, year)

   Amount of Payment: (In-Kind FMV)
   $3,000
   (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
   Support of youth amateur athletics in Long Beach.

5. Amendment Description and/or Comments
   Contribution information received May 9, 2019.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

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 May 10, 2019
   By ____________________________

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