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# Behested Payment Report

**A Public Document**

Behested Payment Report

**California Form 803**

For Official Use Only

18 JUL 12 PM 3:04

Date Stamp

**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

☐ **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 Resources Corporation
Name

PO Box 280820 | Northridge | CA | 90012
Address | City | State | Zip Code

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

Community Partners- Mayor's Fund for Education
Name

1000 N. Alameda St. Ste. 240 | Los Angeles | CA | 90012
Address | City | State | Zip Code

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

**Date of Payment:** 07/06/2018 *(month, day, year)*

**Amount of Payment:** *(In-Kind FMV)* $ 5,000.00 *(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 in Long Beach

**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 7/12/18 (DATE)

B [redacted]