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

Area Code/Phone Number 562-570-6801
E-mail (Optional) mayor@longbeach.gov

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
   65 Pine Ave. #898
   Long Beach CA 90802-4718

   Address
   City State Zip Code

4. Payment Information
   (Complete all information.)
   Date of Payment: 1/25/2019
   Amount of Payment: (In-Kind FMV) $10,000.00
   (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 as the title sponsor for the Mayor’s Fund 2 Year Celebration.

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 Feb 15, 2019

FFPC Form 803 (December/2015)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)