

Behested Payment Report

A Public Document

Behested Payment Report

1. Elected Officer or CPUC Member (Last name, First name) Robert Garcia		Date Stamp 19 FEB 15 PM 2:59	California Form 803 For Official Use Only
Agency Name			
City of Long Beach		<input type="checkbox"/> Amendment (See Part 5) Date of Original Filing: _____ <small>(month, day, year)</small>	
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  
(month, day, year) (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

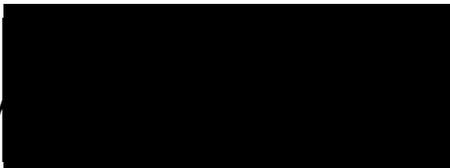
Describe the legislative, governmental, charitable purpose, or event: To support educational efforts in Long Beach as the title sponsor for the Mayor's Fund 2 Year Celebration.

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 14, 2019  
DATE

By  OR CPUC MEMBER