

Behested Payment Report

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Behested Payment Report

California Form 803
For Official Use Only

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)

Diana Tang, Chief of Staff

Area Code/Phone Number
562-570-6801

E-mail (Optional)
mayor@longbeach.gov

2019 DEC 11 PM 3:33

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
Address

Northridge
City

CA
State

90012
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
Address

Long Beach
City

CA
State

90802-4718
Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 11/11/2019
(month, day, year)

Amount of Payment: (In-Kind FMV) \$ 1,000.00
(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 and the Internship Challenge Reception event.

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 12/5/2019
DATE

By

