

Behested Payment Report

A Public Document

Behested Payment Report

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LONG BEACH, CA

1. Elected Officer or CPUC Member (Last name, First name)		Date Stamp	California Form 803 For Official Use Only
Robert Garcia		17 JAN -4 AM 10: 21	
Agency Name		8 of	
City of Long Beach			
Agency Street Address			
333 W. Ocean Blvd			
Designated Contact Person (Name and title, if different)		<input type="checkbox"/> Amendment (See Part 5)	
Mark Taylor		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail (Optional)		
562-570-6801	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: 12/27/2017 (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 Jan. 3, 2017 DATE By _____

