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. Payee Information (For additional payees, include an attachment with the names and addresses.)  
   Carnival Foundation  
   Name  
   3655 N.W. 87th Ave.  
   Miami  
   FL  
   33178  
   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 North Alameda Street, Suite 240  
   Los Angeles  
   CA  
   90012  
   Address City State Zip Code

4. Payment Information (Complete all information.)  
   Date of Payment: 6/22/2018  
   Amount of Payment: (In-Kind FMV) $25,000.00  
   (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 of the Mayor's Fund for Education and "Cradle to Career Initiative".

5. Amendment Description and/or Comments  
   Payment notification received 5/13/2019.

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 5/14/19  
   DATE  
   By  

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