

Behested Payment Report

A Public Document

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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 OCT 18 AM 10:36

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.)

Carnival Foundation

Name

3655 N.W. 87th Ave.

Address

Miami

City

FL

State

33178

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

Address

Los Angeles

City

CA

State

90012

Zip Code

4. Payment Information (Complete all information.)

Date of Payment: 9/20/2019
(month, day, year)

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 the 2019/2020 Early Learning Initiative.

5. Amendment Description and/or Comments

6. Verification

I certify, under penalty of perjury under the laws of the State of California, that the information herein is true and complete.

Executed on 10/17/19
DATE

By _____

