Behested Payment Report

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Behested Payment Report

California Form 803

For Official Use Only

Date Stamp

1. Elected Officer or CPUC Member *(Last name, First name)*

Robert Garcia

Agency Name

City of Long Beach

Agency Street Address

411 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)*

☐ **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.)*

Charlene and Ronald Foster

Name

Address	City	State	Zip Code
124 Brookside Avenue	Santa Cruz	CA	95060

3. Payee Information *(For additional payees, include an attachment with the names and addresses.)*

Long Beach Public Library Foundation

Name

Address	City	State	Zip Code
65 Pine Ave, Suite 875	Long Beach	CA	90802

4. Payment Information *(Complete all information.)*

Date of Payment: 9/13/19 *(month, day, year)*

Amount of Payment: *(In-Kind FMV)* $ $5,000 *(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 provide resources to the Long Beach Billie Jean King Main Library.

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 October 8, 2019 (DATE) By [redacted] (MEMBER)