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, Chief of Staff

Area Code/Phone Number (Optional)
(562) 570-6801

E-mail mayor@longbeach.gov

Date of Original Filing: (month, day, year)

2. Payor Information (For additional payors, include an attachment with the names and addresses.)
Gulfstream Aerospace

Name
4150 Donald Douglas Drive

Address
City Long Beach

State CA

Zip Code 90808

3. Payee Information (For additional payees, include an attachment with the names and addresses.)
Long Beach Century Club

Name
P.O. Box 3969

Address
City Long Beach

State CA

Zip Code 90803

4. Payment Information (Complete all information.)

Date of Payment: 5/2/2019 (month, day, year)

Amount of Payment: (In-Kind FMV) $7,500.00 (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: Support of youth amateur athletics 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 May 10, 2019

By

FPPC Form 803 (January/2018)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)